

21 MAR 1960

OD : TP : Reporting Only

Insured/Driver Liability: (            %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%]

( ) Total Loss Case     1 to e-mail Insurer **URGENTLY.**

Drive-In ( ) / Towed-In ( ) ; Invoice# VRS ( ) / NO ( ) ; Towing Co: ( )

- Luxury :

Driver/Owner:

Contract No:

Damaged Portion:

Checked by (Engr-In-Charge):

1) All: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$10)
3) TPI: Towing Fee	\$400.00
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Re-survey)	\$20
Korela (Mileage) INC Only (over 1000)	
6) TR: Re-inspection	\$75
7) NI: 1000 DA + SMRT Survey	\$160
8) NFUC: Additional Services	
ON:	
* NI: Casualty Cst / Tpl Allowance	\$3
* NI: Bayals Coordination	\$10
* FT: Post Tpl Inspection	\$23
* NI: DV / Collect Warrants Coordination	\$3
TP (NI) + TP (INC) w/ gas inc	\$20
2) NI: 1000 Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	29/09/2020 17:57
Date Of Accident	28/09/2020 02:00
Exact Location Of Accident	TAMAN JURONG S11 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4520S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG HOCK LAI JASPER
NRIC No	SXXXX753I
Email Address	JASPER_C@YMAIL.COM
Mobile Phone No	(LOCAL) +65-90660140
Alternative Phone No	OTHERS-90660140

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116749828
Cover Note Number	

### Driver

Name of Driver	CHANG HOCK LAI JASPER
NRIC No	SXXXX753I
Date Of Birth	11/06/1980
Occupation	INDOOR
Date Of Driving Pass	01/10/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90660140
Fax Number	
Contact Number	OTHERS-90660140
EMail Address	JASPER_C@YMAIL.COM

Address	BLK 296C BUKIT BATOK STREET22 #14-90
Postcode	653296
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ3657T
Vehicle Make/Model/Colour	MERCEDEZ BENZ C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW LAI POH GLORIA
NRIC/Passport Number	SXXXX488B
Contact Number	96275698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

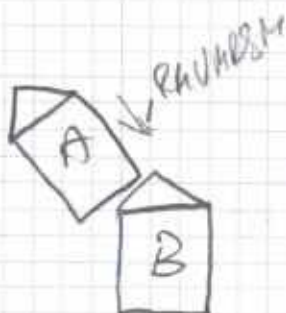


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



29/09/2020  
Reporting Centre Personnel's Signature  
Name: Rosa  
NRIC/FIN No.:



A) SKH 4520S  
B) SKZ 3657T.

I WAS REVERSING TO ALLOW A VEHICLE STOPPED BEHIND ME TO  
MOVE OUT WHEN I ACCIDENTALLY HIT MY RIGHT REAR ONTO THE SAID  
VEHICLE SKZ 3657T ON ITS LEFT FRONT.

I/We declare the foregoing particulars are true in every respect.

1745H

Date &amp; Time:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 28/09/2020 (DD/MM/YYYY), TIME: 0200H (HH:MM)

LOCATION: TAMAN JUKONG SII CARPARK (OPEN)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 4520S  
 b) INSURANCE COMPANY: INLONE  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES C180  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHANG HOE LIA JMSR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80167331 CONTACT: 90660140  
 c) ADDRESS: BLK 296C BT BUKIT ST 22 #14-90 (S) 673296

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: SHANE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK2 3657T MODEL: NERC C180  
 b) DRIVER'S NAME: LOW LAI POH GLORIA  
 c) NRIC/FIN/PASSPORT: S1179488B CONTACT: 96275698

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = JASPER\_CG4@mail.com  
 VIDEO

## Claim Handling

Task Transfer Exit

## Accident MT/1104925

LOS SAL SUB

Policy No.	5116749828	Vehicle No.	SKH45205	GST Registration No.	
Certificate No.					
Policyholder Name	CHANG HOCK LAI JASPER			Policyholder NRIC	S8016753I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

## Accident Details

Report Date	29/09/2020 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	28/09/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTI	Orange Force	No	ICM No.	
Accident Location	NA				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 296C #14-90	Address 2	BUKIT BATOK STREET 22	Address 3	SKYLINE II @ BUKIT BATOK
Address 4	SINGAPORE 653296	Address Type	Singapore address	Post Code	653296
Unit No.		Related Policy Number	5116749828		

## OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

## Investigation

Claim 002 OD-MX

New

## Claim Case Officer

Claim Type	OD-MX	Insured Name	CHANG HOCK LAI JASPER	Insured NRIC	
Contact No.(Mobile)	90660140	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	JASPER_C@YMAIL.COM	OT Vehicle Number	SKH45205	TP Vehicle Number	
Claim Description	SKH45205 / SKZ3657T ON 28 Sept 2020			Name of Preferred Workshop	
Preferred Workshop					
Preferred Repair Option	Preferred Workshop, Name unknown	Insured Liability report		Fully at Fault	
Date Registered	30/09/2020 15:36	Claim Close Date		Date Received	
Report Taken By	RDSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	



## Attachment

Accident No.	MT/1104925	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2020 00:00

Path *		Category *	Confidential	Urgency *
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

[Message Board](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:31	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:31	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:31	Photos	Normal	Photos 2020-9-30
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:31	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	Photos	Normal	Photos 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Sep 2020 10:30	SAS	Normal	SAS 2020-9-30

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)[Scan and uploading](#)

Hello, NAC\_PAYA\_UBI\_800601

\* Change Language

\* Change Password

\* Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116749828		CHANG HOCK LAI JASPER	580167531	GPC	drive CLASSIC	SKH4520S	SKH4520S	18/03/2020	17/03/2021