

Date In: <b>01/10/2020 15:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NIA/INC20010555/Y</b>	SAS e-illing		
Veh No: <b>SZ 46167</b>	E-mail (3) (Auto share, AIG share)		
D.O.A: <b>30/09/2020 19:10</b>	I-Motor Claims Form	<b>MTH1105227-00</b>	<b>01/10/2020</b>
OD: <b>(TP) Reporting Only</b>	I-Motor W/O (With/Out OD share, TP share)		<b>16:22</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Peaturred Wksp / INC Assgn Wksp / QW: ( ) Yelt ( ) Fax ( )

TP Particulars: Vch No: **SCM 7800H** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Title: ( )

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

Year of Registration: ( ) Warranty: YHS ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$5000] ( )

Injury: \_\_\_\_\_

<b>NIA2005216</b>	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA / Damage Assessment (\$100)	INC (210)
Contact No:	3) TP / Towing Fee	\$60/45
Damage Portion:	4) PT / Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT / Follow-Through Survey (Resurvey)	\$20
	For claim/repair cost INC Only (over 10 Jan 200)	\$75
	6) TI / Re-inspection	\$100
	7) NI / (See DA + EMIT Survey	
	8) N/UC Additional Services	
	9) NI / (See Mobile	
	* NI: Courtesy Car / Tpl Allowance	\$3
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (See INC) against LIG	\$20
	10) NI / (See Mobile	\$0

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	01/10/2020 15:54
Date Of Accident	30/09/2020 19:10
Exact Location Of Accident	JUNCTION OF QUEENSWAY AND COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4616T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJAN KHANNA
NRIC No	SXXXX154J
Email Address	SUPRIYAKHANNA1@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96277088
Alternative Phone No	OFFICE-91887152

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV 4
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	THIRD PARTY
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	5108585954-01
Cover Note Number	

### Driver

Name of Driver	SUPRIYA KHANNA
NRIC No	SXXXX155I
Date Of Birth	18/08/1965
Occupation	INDOOR
Date Of Driving Pass	20/04/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96277088
Fax Number	
Contact Number	OFFICE-91887152
EEmail Address	SUPRIYAKHANNA1@YAHOO.COM.SG

Address	64 FARRER ROAD #05-03
Postcode	268848
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

### 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)	1

### 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	SCM7800H
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM K.T.
NRIC/Passport Number	
Contact Number	96349500
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;
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. The 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 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:

*S. Khan*  
1st October 3:30 PM  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Rishi*  
NRIC/FIN No.:

SKETCH PLAN

COMMONWEALTH AVENUE

- A) SLZ 4616T
- B) SCM 7800H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUEENSWAY

On 30<sup>th</sup> September at 7:10 AM, I was at Queensway, Commonwealth junction. The traffic signal changed to Amber, so I stopped. The car behind me tried to change the lane to the left and banged into the rear left side of my car.

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*J. Khan*  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

*[Signature]* 01/10/2010  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (30/09/2020) (DD/MM/YYYY), TIME: (19:10) (HH:MM)

LOCATION: Queensway Commonwealth Junction Traffic Signal

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 4616 T
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: S108585954-01
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: TOYOTA RAV4
- f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: RAJAN KHANNA (MALE) / FEMALE
- b) NRIC/FIN/PASSPORT: S2739154J CONTACT: 96277088
- c) ADDRESS: 64, FARRER ROAD, 05-03, SPANISH VILLAGE  
SINGAPORE - 268848

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

### DRIVER

- a) NAME: SUPRIYA KHANNA (MALE) / FEMALE
- b) NRIC/FIN/PASSPORT: S2739155I CONTACT: 91887152
- c) ADDRESS: 64, FARRER ROAD, 05-03, SPANISH VILLAGE  
SINGAPORE - 268848

\*d) DATE OF BIRTH: (18/08/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 20 April 2007

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE (WIFE)
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AFTER RAIN
- b) ROAD SURFACE: (DRY / WET / OTHERS) WET
- 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: SCM 7800 H MODEL: VOLKSWAGEN
- b) DRIVER'S NAME: MR. LIM K.T.
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96349500

## 9. THIRD PARTY VEHICLE

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

# No of passenger  
(including driver)  
(1)

# No of passenger  
(including driver)  
(1)

# No of passenger  
(including driver)  
( )

email = supriyakhanna1@yahoo.com.sg

VIDEO

thomas.pang@borneomotors.com.sg

## Claim Handling

Accident MT/1105227

Policy No.	5108585954-01	Vehicle No.	SLZ4616T	GST Registrat
Certificate No.				
Policyholder Name	RAJAN KHANNA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96277088	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	01/10/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/09/2020	Time of Accident hh:mm	19:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF QUEENSWAY AND COMMONWEALTH AVENUE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
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	64 FARRER ROAD	Address 2	#05-03 SPANISH VILLAGE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108585954-01	

▼ O1 Driver Info

Driver Name	Supriya Khanna	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	527391551	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	55	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1	91887152	Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLZ4616T	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	RA
Contact No.(Mobile)	96277088	Contact No. (Home)	54
Email Address	rajan.khanna@sc.com	O1 Vehicle Number	SL
Claim Description	SLZ4616T / SCM7800H ON 30 Sept 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	01/10/2020 16:18	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLI WAHAB	GIA report	Received
		Claim Close Date	

Print AK letter



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S108585954-01		RAJAN KHANNA	S27391541	GPC	drive PREMIUM	SLZ4616T	SLZ4616T	03/05/2020	02/05/2021

Continue