

Date In: 3/12/20 11:14	Job description	Date & Time Completed	Done by
Ref No NA/IMC20013295/64	SAS e-filing		
Veh No SMV 5883R	E-mail (within 2hrs, AIC 2hrs)		
ICIA 2/12/20 18:20	I-Motor Claims Form	01/11/13 2204 001	3/12/20 11:29
UD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GY 21396, INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

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

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

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

General Remarks:

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repoler.

Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

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

Date/Time	Action

NA 2100118	Invoice/Registration Checklist	Amount (\$)	Adm (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non-INC) against INC \$20		
	9) N12: Idao 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 Submission ..... 03/12/2020 11:14 (SGT)  
Date of Accident ..... 02/12/2020 18:20 (SGT)  
Exact Location of Accident ..... Dunbar Walk, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV5883R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE KIAN HONG (LI JIANHONG)  
NRIC No ..... SXXXX471J  
Email Address ..... ZACK\_LEE92@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-85338839  
Alternative Phone No ..... +65-85338839

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119263478  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE KIAN HONG (LI JIANHONG)  
NRIC No ..... SXXXX471J  
Date Of Birth ..... 21/11/1992  
Occupation ..... Indoor

Date Of Driving Pass .....	25/01/2019
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85338839
Alt. Phone Number .....	+65-85338839
Email Address .....	ZACK_LEE92@HOTMAIL.COM
Address .....	BLK 183B RIVERVALE CRES #16-251
Address complement .....	-
Postcode .....	542183
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY2139G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	THANASINGU ARUN
Work Permit No .....	GXXXX943R
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.
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.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

### **Sketch Plan**

Veh A: SMV5883R

Veh B: 6Y21396



Punbar Walk

**Describe Circumstances of the Accident**

My vehicle was parked at the roadside of Dunbar Walk. Then I felt an impact on the rear of my vehicle. I then alighted to check and realised that it was Veh B (4Y21396) that reversed its vehicle and collided onto the rear of my car.

**Declaration**

We declare the foregoing particulars are true in every respect.

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

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

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"/>	5119263478		LEE KIAN HONG (LI JIANHONG)	S9243471J	GPC	drive CLASSIC	SMV5883R	SMV5883R	09/10/2020	08/10/2021

Continue

<b>VEHICLE NO :</b> 5MV5883R		<b>MAKE/MODEL :</b> HONDA VEZEL		1500cc.
Date of Accident	02/12/2020	Time: 18:20	Foreign Veh Involved	YES / NO
Location of Accident	Dunbar Walk		Foreign Veh No	
Country of Loss				
Vehicle Damaged			No. of Veh Involved :	2
Claim Type	<b>OD / TP / REPORTING</b>		Was There Any Witness	YES / NO
<b>INSURANCE CO</b>	NTUC		Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :	
Policy No				
Fleet Policy	YES / NO			
<b>OTHER VEHICLES</b>				
<b>OWNER / CO. NAME</b>	LEE KIAN HONG (LE JIANHONG)	<b>VEHICLE B</b>	: 4Y21346	
NRIC / Co's Reg No.	S9243471J	Category	:	
Address	APT BLK 18 3B RIVERVALE CRESCENT	Driver's Name	: THANASENGU ARUN	
	#16-251 S (542183)	NRIC No	FIN : G3477943R	
Contact / Mobile No	8533 8839	Contact No	: 9187 1622	
Email Address	zack_lee92@hotmail.com	No. of Passenger :	2 (M)	
Date of Birth	20/11/1992			
Gender	M / F	<b>VEHICLE C</b>	:	
<b>DRIVER'S NAME</b>	AS ABOVE	Category	:	
NRIC No		Driver's Name	:	
Address		NRIC No	:	
		Contact No	:	
Contact / Mobile No		No. of Passenger :		
Email Address				
Date of Birth		<b>VEHICLE D</b>	:	
Gender	M / F	Category	:	
LICENSE PASSED DATE	25/01/2019	Driver's Name	:	
		NRIC No	:	
Occupation	Indoor / Outdoor	Contact No	:	
Relation with Owner	OWNER	No. of Passenger :		
Does Driver Own Any Other Veh ? YES / NO				
Vehicle Reg No				
Insurance Co				
Weather Condition	Clear / Raining / Others	Video Captured	: Yes / No	
Road Surface	Dry / Wet / Others			
<b>INJURED</b> : YES / NO				
Name of Injured	:	Police Report	: YES/NO	
Convey To Hospital by Ambulance	: YES / NO	If YES, Where	:	
<b>NO. OF PASSENGERS</b> :				
Name of Passenger	:	M / F	INJURED?	YES/NO
Name of Passenger	:	M / F	INJURED?	YES/NO
Name of Passenger	:	M / F	INJURED?	YES/NO
Name of Passenger	:	M / F	INJURED?	YES/NO
<b>REMARKS</b> :				
Name of Workshop	:	<b>SUCCESS UNITED PTE LTD</b>	Contact No	:
Address	:	2 Kaki Bukit AutoHub	Email	:
		Kaki Bukit Ave 2, #01-33/#02-29		
		Singapore 417921		
		Tel: 6746 1515 Fax: 6748 5015		

Yes camera.