

Date In: 01/03/2021 16:03	Job description	Date & Time Completed	Done by
Ref No: NBA/INC21002779/V	SAS e-illing		
Veh No: SXF 7734	E-mail (By date time, A/C time)		
D.O.A: 26/02/2021 10:45	I-Motor Claim Form	01/03/2021 16:03	
OID (TP) Reporting Only	I-Motor W/O (With: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksr		

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

TP Policy No: () Veh No: **YP 257X** 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%; P: 80-100%]

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

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

() Walk-In Customer ; Customer's information strictly Confidential & strictly NO refer of reporter.

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

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

NA210/512	1) All Accident Reporting (\$30)	
Driver/Owner:	3) DA Damage Assessment (\$100)	INC () \$40/45
Contact No:	5) TP Towing Fee	\$120
Damaged Portion:	4) PF Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	3) PF Follow Through Survey (Resurvey)	\$30
	For all other items INC Only (ver 10 Jan 2008)	\$75
	6) TP Insurance	\$160
	7) NI Use DA + EMRI Survey	
	4) NIUC Additional Services	
	OR:	
	* NI Courtesy Car / Tpl Allowance	\$3
	* NI Repair Coordination	\$10
	* NI Post Repair Inspection	\$25
	* NI DV / Collect Access Coordination	\$35
	TP (NI) TP (4th INC) or last DRG	\$30
	2) NI 24 Hr 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 Submission	01/03/2021 16:03 (SGT)
Date of Accident	26/02/2021 10:45 (SGT)
Exact Location of Accident	Upper E Coast Rd, Singapore
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7773U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LINDA TAN BEE THENG
NRIC No	SXXXX698J
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-96338840
Alternative Phone No	+65-96338840

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5105936100-02
Cover Note Number	-

DRIVER

Name of Driver	LINDA TAN BEE THENG
NRIC No	SXXXX698J

Date Of Driving Pass	27/09/1994
Driving experience	26 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96338840
Alt. Phone Number	+65-96338840
Email Address	xinyaauto@singnet.com.sg
Address	466 SIGLAP ROAD #01-18
Address complement	-
Postcode	455492
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	Side Swipe
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

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	YP257X
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BAO CHANG HAI
Passport No/FIN	GXXXX114P
Contact Number	(Phone) +65-86929788
Address	-
Address complement	-

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

SKETCH PLAN

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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

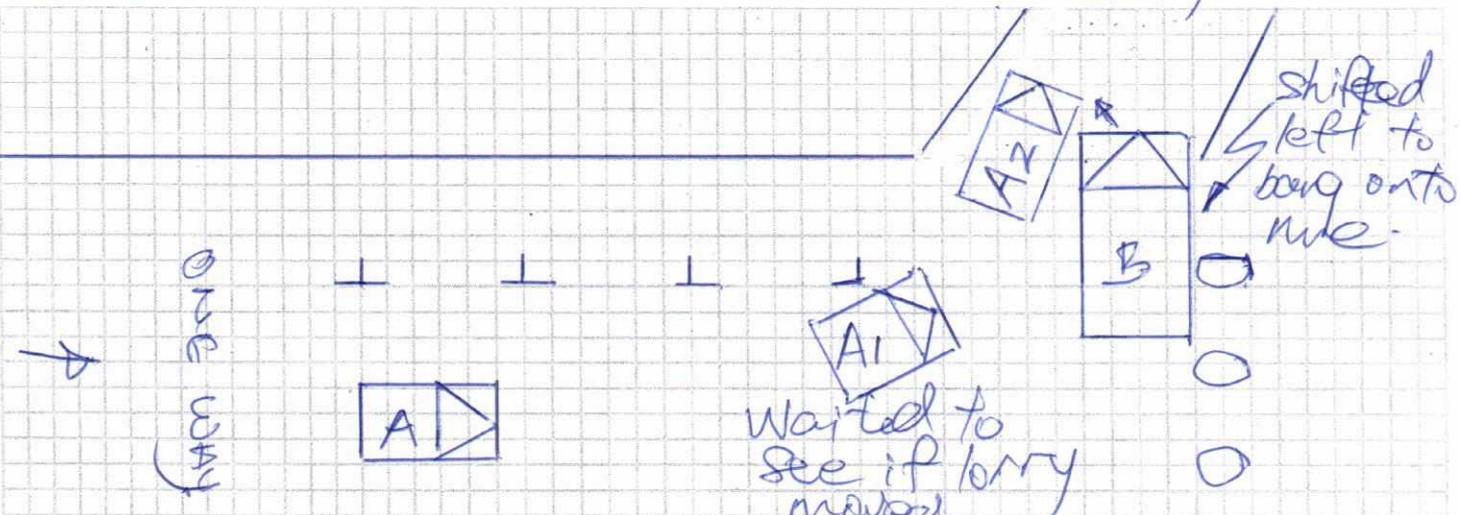
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Indef
Policyholder's Signature / Date & Time 26.02.2021 1625

Indef
Driver's Signature (If driver is not the policyholder) / Date & Time 26.02.2021 1625

an 01/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



A) SKF 77734

B) YP 25TX

Describe Circumstances of the Accident

DATE (ACCIDENT) : 26.02.2021

TIME OF ACCIDENT : 10:45AM

LOCATION : SERVICE ROAD OFF UPPER EAST COAST ROAD 2 (20141)

I WAS APPROACHING THE EXIT, THERE WAS A SERVICE TRUCK PARKED ILLEGALLY. I STOPPED AHEAD AND MADE SURE THE LOBBY WAS ~~NOT~~ NOT MOVING SO I CONTINUED TO MOVE SLOWLY AS SPACE WAS NARROW. WHILE I WAS DRIVING PAST THE TRUCK, IT MOVED FORWARD AND BANG ONTO THE SIDE OF MY CAR. THE DRIVER'S COLLEAGUE LATER TOLD ME THAT HE ALSO DO NOT UNDERSTAND WHY THE DRIVER WHO WAS ORIGINALLY PARKED HAD TO MAKE ADJUSTMENT WHILE HE WAS AWAY AS HE WILL USUALLY LOOK OUT FOR ONCOMING VEHICLES FOR THE DRIVER DUE TO MANY BLIND SPOTS OF THE TRUCK.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

26.02.2021
16.25hrs


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

26.02.2021
16.45hrs


Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (26/02/2021) (DD/MM/YYYY), TIME: (10:40) (HH:MM) ^{45am}

LOCATION: Service Road off upper East Coast Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Skf 7773U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MB
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: LINDA TAN BEE THEEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S714698J CONTACT: 96338840
c) ADDRESS: 406 Siglap Rd #01-18 9455492

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (23/04/1972) (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: _____

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: Singapore 6/20210226/0064

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JP 257X MODEL: Suzu Seawave Truck
b) DRIVER'S NAME: BAO CHANG HAI
c) NRIC/FIN/PASSPORT: G2505114P CONTACT: 86929788

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

email =

VIDEO

Claim Handling

Accident MT/1122735

Policy No.	5105936100-02	Vehicle No.	SKF7773U	GST Registration No.	
Certificate No.					
Policyholder Name	TAN BEE THENG			Policyholder NRIC	S72
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	96338840	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	01/03/2021 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	10/02/2021	Time of Accident hh:mm	10:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERVICE RD OF UPPER EAST COAST RD				

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 Covered?	Cove
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	466 SIGLAP ROAD	Address 2	#01-18 FLAMINGO VALLEY	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	455
Unit No.	01-18	Related Policy Number	5105936100-02		

OI Driver Info

Driver Name	LINDA TAN BEE THENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7214698J	Driver DOB	23/1
Register Date of Driver License	30/09/1994	Driver Age	48	Driving Experience	26
Contact No.(Mobile)	96338840	Contact No.(Office)		Contact No.(Home)	
Address 1	466 SIGLAP ROAD	Address 2	#01-18 FLAMINGO VALLEY	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	455
Unit No.	01-18				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKF7773U	Driver Insurer Company	NTL

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAN BEE THENG	Insured NRIC	S72	
Contact No.(Mobile)	96338840	Contact No.(Home)	62962543	Contact No.(Office)	688	
Email Address	YOMAN335@HOTMAIL.COM	OI Vehicle Number	SKF7773U	TP Vehicle Number	YP2	
Claim Description	SKF7773U / YP257X ON 10 Feb 2021				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	01/03/2021 15:29	Claim Close Date		Date Received	01/1	
Report Taken By		Workshop Repairer		Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

Accident No. MT/1122735 Claim No. 001
 Last Doc. Received Yes No Upload Date 01/03/2021 16:18

Path *	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:18	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:17	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:17	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:17	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:17	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:17	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:15	Photos		Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:14

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-3-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:14

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-3-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:14

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2021-3-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S
ERVICES (BUKIT MERAH)) on 01 Mar 2021 16:14

SAS

Normal

SAS 2021-3-1

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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"/>	5105936100-02		TAN BEE THENG	S7214698J	GPC	drive PREMIUM	SKF7773U	SKF7773U	05/01/2021	04/01/2022