

840821300004

IP Insurer:

Confirmed by: (

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

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

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

Drive-In ( ) / Towed-In ( ) ; Invoice# VHS ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/Post Rejection Inspection

3) Upload Resurvey Photo (Repair Cost > \$9000)

Injury:

Driver/Owner:

www.elsevier.com/locate/jmb

QC Checked by (Engr-In-Charge):

211-11

215

1) All Accident Report Due (\$30)	INC 610	
3) DA Survey Assessment (\$100)	\$425.45	
5) TPI Fowling Fee	\$130	
4) TPI Follow Through Survey	\$30	
5) TPI Follow Through Survey (Resurvey)		
Work in progress INC Only (w/ 10 in 1 hrs)		
6) TPI Re-inspection	\$75	
7) N11 Idx DA + SMRT Survey	\$160	
4) NTUC Additional Services		
ONE	\$5	
* NSI Courtesy Car / TPI Allowance	\$10	
* Net Repair Coordination	\$25	
* Net Post Repair Inspection	\$5	
* ND/DV / Collision Assessment Coordination	\$20	
TP (N11) TPI (w/ INC) * release DTC	\$0	
2) N11 Idx 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	26/03/2021 15:46 (SGT)
Date of Accident	25/03/2021 17:09 (SGT)
Exact Location of Accident	39/41/43, 45/47 Jervois Rd, Mon Jervois, Singapore 249093
Additional Location Information	CARPARK RAMP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8172J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW YIT SZE ALICE
NRIC No	SXXXX277Z
Email Address	seveneight62@yahoo.com
Mobile Phone No	(Phone) +65-91017139
Alternative Phone No	+65-91017139

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	KONA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	998

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103547981-02
Cover Note Number	-

#### DRIVER

Name of Driver	CHEW YIT SZE ALICE
NRIC No	SXXXX277Z

Date Of Birth	09/06/1962
Occupation	Indoor
Date Of Driving Pass	15/06/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91017139
Alt. Phone Number	+65-91017139
Email Address	seveneight62@yahoo.com
Address	BLK 231 BISHAN STREET 23 #12-07
Address complement	-
Postcode	570231
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	SGN3069B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	KHER KIAN HUAT
NRIC No	SXXXX048B
Contact Number	(Phone) +65-96663833
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

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 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



25 March 2021

1709 hrs -

**Describe Circumstances of the Accident**

1) My car SMD8172J was travelling into the carpark of Men Jervois Condo @ Jervois Road

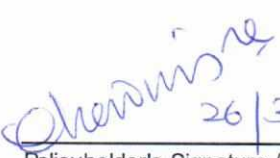
The ramp was going downwards.

Another car SGN3069B was coming out from the carpark ~~of~~ via the ramp.

This ramp is not level. At the top of the ramp, my front wheel hit his front right side.

**Declaration**

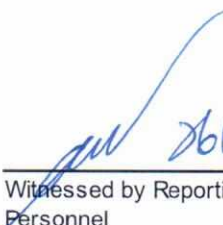
We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

26/3/2021

1515 hrs

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

  
Witnessed by Reporting Centre  
Personnel

26/03/2021



## ACCIDENT STATEMENT

ACCIDENT DATE: 25/03/2021 (DD/MM/YYYY), TIME: 17:09 (HH:MM)

LOCATION: Car Park Ramp at Mon Jervois, Jervois Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 8172J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI ELANTRA  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: Chew Yit Sze Alice (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S15482772 CONTACT: 91017139  
c) ADDRESS: B1K 231 Bishan ST 23 # 12-07  
SE 570231

\* 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: 09/06/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15-6-1981

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: SGN 3069 B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: KHER KIAN HUAT  
c) NRIC/FIN/PASSPORT: S1476048 B CONTACT: 96663833

### 9. THIRD PARTY VEHICLE

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

Email: seveneight62@yahoo.com  
VIDEO NO

## Claim Handling

Accident MT/1125826

Policy No.	5103547981-02	Vehicle No.	SMD8172J	GST Registration No.
Certificate No.				
Policyholder Name	CHEW YIT SIZE ALICE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91017139	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	26/03/2021 15:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/03/2021	Time of Accident hh:mm	17:09	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MON JERVOIS CONDOMINIUM CARPARK RAMP			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ 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 231 #12-07	Address 2	BISHAN STREET 23	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103547981-02	

## ▼ OI Driver Info

Driver Name	CHEW YIT SIZE ALICE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1548277Z	Driver DOB
Register Date of Driver License	01/01/2015	Driver Age	58	Driving Experience
Contact No.(Mobile)	91017139	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 231 #12-07	Address 2	BISHAN STREET 23	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMD8172J	Driver Insurer Company

## 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

New

Claim Type *	OD-MX	Insured Name	CHEW YIT SIZE ALICE	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	SMD8172J	TP Vehicle Number
Claim Description	SMD8172J / SGN3069B ON 25 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	26/03/2021 15:51	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

## Attachment



Accident No.

MT/1125826

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

26/03/2021 15:52

Path \*

Category \*

Confidential

Urgen

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:52	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	Photos	Normal	Photos 2021-3-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 15:51	SAS	Normal	SAS 2021-3-26

## Video List

Uploaded By/Date	Folder Date	File Name	Sou
		<input type="button" value="Display in New Window"/>	<input type="button" value="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"/>	5103547981-02		CHEW YIT SZE ALICE	S1548277Z	GPC	drivo CLASSIC	SMD8172J	SMD8172J	06/09/2020	05/09/2021