

Date In: 22/4/2017 16:41	Job description	Date & Time Completed	Done by
Ref No: NBS/MCR2022399/Y	SAS e-filing		
Veh No: SJ2 3296M	E-mail (withins 2hrs, A/C 3hrs)		
D.O.A: 22/4/2017 10:30	1-Motor Claim Form	M7/0970956	23/4/2017
OD / TR / Reporting Only	1-Motor W/O (withins 2hrs, TP 3hrs)		17:21
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: SKS 1596K	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 repater.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	URGENTLY: 6788 00167	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Reserve Photo [Repair Cost > \$3000] ()			

Injury:	
Date/Time:	Action:

NA1707258	Invoice Preparation Checklist	PT	W/O	W/O	W/O
Human's Particulars:	1) AR: Accident Reporting (\$30)				
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)			
Contact No:	3) TP: Towing Fee	\$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey	\$120			
	5) PT: Follow-Through Survey (Resurvey)	\$30			
	For claiming against INC Only (max 10 per 2003)				
	6) TR: Re-inspection	\$15			
	7) NI: Idv DA + SMRT Survey	\$140			
	8) NTUC Additional Services:				
	Q1:				
	*N1: Courtesy Car / Tol Allowance	\$5			
	*N2: Repair Co-ordination	\$10			
	*N3: Post Repair Inspection	\$15			
	*N4: DY / Collect Unpaid Co-ordination	\$5			
	TR (Nil) / TP (Non INC) against INC	\$10			
	9) N1: Idv Mobile	\$0			
	Invoice dated:				
	Invoice Price:				
	Free Charge:				
	Use Charge:				

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 ability.
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 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	23/11/2017 16:11
Date Of Accident	22/11/2017 10:30
Exact Location Of Accident	INSIDE SINGAPORE MARITIME ACADEMY (SMA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3296M
Insured/Policyholder	
Name Of Registered Owner	CERAMICA 28 INTERNATIONAL PTE LTD
Co Reg No	200512135N
Email Address	CER28CS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92729231
Alternative Phone No	OFFICE-92729231

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DOING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092765248
Cover Note Number	

Driver

Name of Driver	TEO KING YEW
NRIC No	S1602740E
Date Of Birth	23/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1981
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92729231
Fax Number	
Contact Number	OTHERS-92729231
Email Address	CER28CS@HOTMAIL.COM

Address	BLK 898 TAMPINRS STREET 81 #10-796
Postcode	520898
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKS1596K
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Name of Driver	CHAI YOU WEN DANIEL
NRIC/Passport Number	S9821901C
Contact Number	91267338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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.

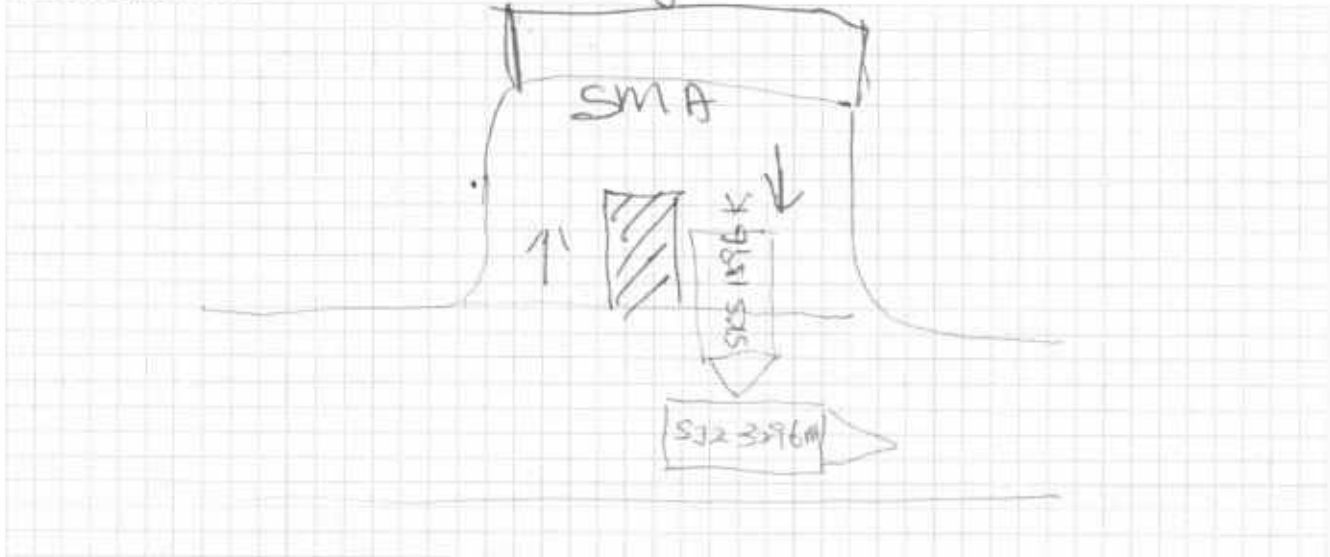


Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: *Res 21 WA*
NRIC/FIN No.:

SKETCH PLAN INSIDE SMA DRIVE WAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22nd November 10.30am. I was inside SMA drive way, I wanted to drop off my passenger suddenly I felt a bump on my back left of my car. I already horned him but he still move forward and hit my car. he say THAT he did not see me that all.

DECLARATION

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



Policyholder's
Date & Time:

[Signature]

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

[Signature] 23/11/2017

Reporting Centre Personnel's Signature
Name: *Rashid WAAZ*
NRIC/FIN No.:

Claim Handling

Accident MY/0970956

Policy No.	5092765248	Vehicle No.	SJ23296M	GST Registration No.	
Policyholder Name	CERAMICA 28 INTERNATIONAL PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	92729231	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	0		

Report Date

23/11/2017 17:17

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head

Date of Accident

22/11/2017

Time of Accident hh:mm

10:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

INSIDE SINGAPORE MARITIME ACADEMY (SMA)

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered

Yes

GST Registration No.

200512135N

Modification History

GST Registration Date

01/01/2015

GST Status Verified

No

Policyholder Mailing Address

Address 1

19 JALAN MAT JAMBOL

Address 2

SINGAPORE 119501

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

01-1528

Related Policy Number

5073553460-02

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

S1802740E

Unnamed driver Name

TEO KING YEW

Driver NRIC

Driving Experience

Register Date of Driver License

03/02/1981

Driver Age

54

Contact No.(Home)

Contact No.(Mobile)

92729231

Contact No.(Office)

Address 3

Address 1

BLK 898 #10-796

Address 2

TAMPINES STREET 81

Post Code

Address 4

Address Type

Foreign address

Unit No.

10-796

Driver Vehicle No.

SJ23296M

Driver Insurer Company

Does he own a Singapore Registered car?

☒ Yes ☐ No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001

New

Claim Type *	OD-MK	Insured Name	CERAMICA 28 INTERNATIONAL	Insured NRIC	
Contact No.(Mobile)	90295408	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJ23296M	TP Vehicle Number	
Claim Description	SJ23296M / SKB1596K ON 22 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	23/11/2017 17:20	Claim Close Date		Data Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	WT/0970956	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/11/2017 17:21
Path *		Category *	Confidential Urgency
			Normal

Browse...

Clear

Please Select

Confidential

Urgency

Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:21	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:20	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:20	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Nov 2017 17:20	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 22/11/2017 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: SINGAPORE MARTIME ACADEMY (SM A)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 3296 M
 b) INSURANCE COMPANY: NZUL
 c) POLICY NUMBER: SD92765288
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vios
 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: ETIMCA CERAMICA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 20051235 N CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO KING YEW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S16027401E CONTACT: 92729231
 c) ADDRESS: BLK 878 TAMPAKAS ST 81 #10-196
S150898

* d) DATE OF BIRTH: 23/08/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 3-2-1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: +FIRE R

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: SKS 1596 K MODEL: PERODUA
 b) DRIVER'S NAME: CHAI JOU WAN DANIEL
 c) NRIC/FIN/PASSPORT: S9821901 C CONTACT: 91267338

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
(3)

* No of passenger
 (Including driver)
()

Email: cergecs@hotmail.com

Fax: 64725088

V1 DEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1602740E



NAME
TEO KING YEW

赵欽耀

RACE
CHINESE

Date of Birth
23-08-1963

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1602740E

NAME
TEO KING YEW

Birth Date 23 Aug 1963

Issue Date 10 Feb 2003




000285492A

0443207



NRIC No. S1602740E



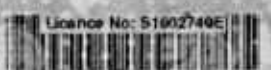
Board Group B+ Date of issue 24-07-1993

2415213

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	27 Sep 1992
Class 2A	Motorcycles between 201 cc and 400 cc	27 Sep 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Feb 1991
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	07 Jan 1995
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	12 Feb 1995

License No: S1602740E



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/11/2017 15:58"/>						
Vehicle No. (For Motor)	<input type="text" value="SJZ3296M"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092765248	CERAMICA 28 INTERNATIONAL PTE LTD	200512135N	GPC	drive CLASSIC	SJZ3296M	SJZ3296M	18/07/2017	17/04/2018
<input type="button" value="Continue"/>									