

NA/17/61430

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 07/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023307/13	SAS e-filing		
Veh No: SJE1450H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/12/17 1510	i-Motor Claim Form	MT/0972780	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (J. MARI)	Tel:	Fax:
TP Particulars:	Veh No: GU9454X	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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA1707567	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	07/12/2017 16:59
Date Of Accident	07/12/2017 15:10
Exact Location Of Accident	SENGKANG SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1450H
Insured/Policyholder	
Name Of Registered Owner	PEH YAM HUP
NRIC No	S1579858J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91393869
Alternative Phone No	OTHERS-91393869

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5088600172
Cover Note Number	

Driver

Name of Driver	TEO SIEW GEAK
NRIC No	S1367344F
Date Of Birth	12/02/1959
Occupation	INDOOR
Date Of Driving Pass	04/05/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91393869
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 650 HOUGANG AVE 8 #08-321
Postcode	530650
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	RAINING
Road Surface	WET

Other Information

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GU9454X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WANG QIANG
NRIC/Passport Number	G3205803K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TEO SIEW GEAK
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Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJE1450H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

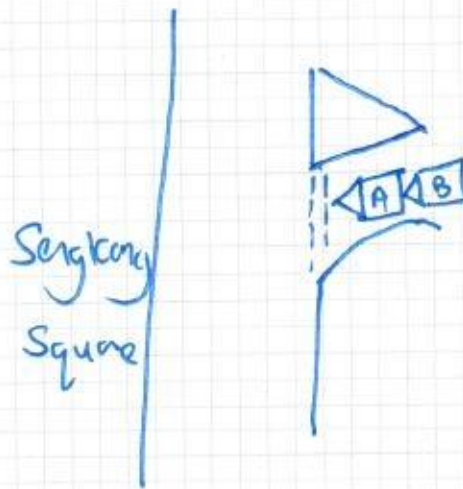
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DOA: 7/12/17

A: SJE 1450H

B: GU 9454X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear,
suddenly my veh rear portion being collided by
veh B.

DECLARATION

I/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:

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

Personal Particulars

Date of Accident: 7/12/17 Time of Accident: 3.10 pm
Exact Location of Accident: Sengkang Square
Owner's Name: Peh Yam Hup NRIC No: S1579858 HP No: 5
Driver's Name: Teo Siew Geak NRIC No: S1367344F HP No: 91393869
Date of Birth: 12/2/1959 Driving Licence Passing Date: 4/5/1992 Occupation: Indoor / Outdoor
Address: Blk 650 Hengong Ave 8 #08-321 (S30650)
Relationship of Driver with Insured: Spouse Email Address: -
Vehicle No: SJE 1450 H Make & Model: Toyota
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5088 600172

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: - ☒ Wet / ☐ Dry / Others: -

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 1 C: - D: -

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Teo Siew Geak back pain

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? -

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: - Insurer: -

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: -

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GU 945 4X Make & Model: -
Driver's Name: Wang Qiong NRIC No: G32058031K HP No: -
Vehicle C No: - Make & Model: -
Driver's Name: - NRIC No: - HP No: -

Witness Particulars

Name: - NRIC No: - HP No: -

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

Class 3

Motor Cars and motor cycles which unladen L

exceeds the weight of 1 Lead 2300 kilograms

PASS DATE

04 May 1992

Licence No: S1367344F

NP 428A

2155057



NRIC No. S1367344F



Blood Group

Date of issue

A+

19-06-1994

APT BLK 650 HOUGANG AVENUE 8 #08-321
SINGAPORE 530650

RIC No: S1367344F

Date: 15/04/2008

No: 5985535

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S1367344F

TEO SIEW GEAK

Birth Date: 12 Feb 1959

Valid Until: 24 Apr 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1367344F



Name

TEO SIEW GEAK



張秀玉

Race

CHINESE

Date of Birth

12-02-1959

Sex

F

Country of Birth

SINGAPORE



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5088600172	PEH YAM HUP	S1579858J	GPC	drive PREMIUM	SJE1450H	SJE1450H	16/04/2017	15/04/2018

Claim Handling

Accident MT/0972780

Policy No.	5088600172	Vehicle No.	SJE1450H	GST Registration No.	
Policyholder Name	PEH YAM HUP			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	91393869	Contact No.(Office)	0	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(%)	10		

Accident Details

Report Date	07/12/2017 17:24	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	07/12/2017	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG SQUARE				

Benefits

Coverage	Sum Insured		
Excess Waiver	9999999999.99		
Transport Allowance	9999999999.99		

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 650 #08-321	Address 2	HOUGANG AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-321	Related Policy Number	5088494138		

OI Driver Info

Driver Name	TEO SIEW GEAK	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1367344F	Driving Experience	
Register Date of Driver License	01/01/1999	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	91393869	Contact No.(Office)	0	Address 3	
Address 1	BLK 650	Address 2	HOUGANG AVENUE 8	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#08-321	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	PEH YAM HUP	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJE1450H	TP Vehicle Number	
Claim Description	SJE1450H / GU9454X ON 7 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	
Date Registered	07/12/2017 17:32	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/0972780

Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 07/12/2017 00:00

Path *

Path *	Browse...	Clear	Category *	Confidential	Urgency
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Remove Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2017 17:31	Photos	Normal	Photo:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading