

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Date In: 14/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023718/13	SAS e-filing		
Veh No: 5GF30605	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/12/17 1500	i-Motor Claim Form	MT/0973741	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( N-51 Tel: Fax: )

TP Particulars:	Veh No: 5LL1454L	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

NA1707720	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC		
	9) N12: Idac Mobile 30		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	14/12/2017 10:59
Date Of Accident	13/12/2017 15:00
Exact Location Of Accident	YISHUN AVE 9 TWDS YISHUN CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF3060S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO KOK YONG
NRIC No	S1132145C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98989613
Alternative Phone No	OTHERS-98989613

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5020027173-10
Cover Note Number	

### Driver

Name of Driver	TEO KOK YONG
NRIC No	S1132145C
Date Of Birth	11/01/1955
Occupation	INDOOR
Date Of Driving Pass	19/02/1975
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98989613
Fax Number	
Contact Number	OTHERS-98989613
Email Address	NOEMAIL

Address	BLK 865 YISHUN ST 81 #08-11
Postcode	760865
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	1

#### 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	SLL1454L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	




## SKETCH PLAN


### IMPORTANT NOTICE

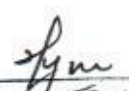
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

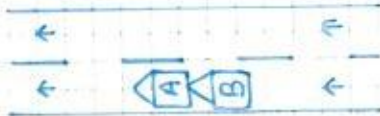
  
Policyholder's Signature  
Date & Time:

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

 14/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Yishun Ave 9 Toward Yishun Central



A - SGF 3060 S

B - SLL 1454 L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along Yishun Ave 9 toward Yishun Central on the left lane of a 2 lanes road. Somewhere at Yishun ave 6 Junction, vehicle ahead of me slowed down and stopped due to red light. As such I applied brake to slowed down and stopped. Out of the sudden vehicle B (SLL 1454 L) came from the rear and collided directly onto the rear portion of my vehicle.

A - SGF 3060 S

B - SLL 1454 L

## 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.:



<b>Vehicle No.</b>	SGF 3060S	Model / Make	Toyota Vios
Date of Accident	13/12/17		
Time of Accident	15.00	HRS	
Location of Accident	Yishun Ave 9 Toward Yishun Central		
Exact purpose use during accident	Private Use		
<b>Name of Owner</b>	Tao Kok Yung		
Telephone No.	H/P : 9898 9613	Home :	Office :
NRIC	S1132145C		
Address	Blk 865 Yishun St 81 #08-11 S(2776)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5020027173-10		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : Nil		
Date of birth	11/11/1955		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19 Feb 1975		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SLG 1454 L	Any Passengers : Nil	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / No		
Email Address			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales @ n51. com. sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1132145C



Name

TEO KOK YONG

张 国 用

Race

CHINESE

Date of Birth

11-01-1955

Sex

M

Country of Birth

SINGAPORE

S1132145C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1132145C

Name

TEO KOK YONG

Birth Date: 11 Jan 1955

Issue Date: 13 Jan 2003



000104653C

2392473



NRIC No. S1132145C



Blood Group: Date of issue

B+ 16-09-1994

Address

APT BLK 865 YISHUN STREET 81  
#08-11  
SINGAPORE 2776

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Feb 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Jul 1976
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	26 Sep 1977



Licence No. S1132145C

MP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5020027173-10

**Cover :** Third Party

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SGF3060S</b>   |
| Chassis Number  | : MR053HY4204178534   |
| 2. Name of Policyholder   | : <b>TEO KOK YONG</b>   |
| 3. Effective Date of Insurance  | : 06 Apr 2017   |
| 4. Expiry Date of Insurance   | : 05 Apr 2018   |
| 5. Persons or Classes of Persons entitled to drive#   |   |
| (a) The Policyholder.   |   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                         |   |
|   | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use#   |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. |   |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: TEO KOK YONG
NAMED DRIVER (1)	: OOI GUAT EE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LEE FOONG YING LINDA (00000521259)  
Date of Issue : 19 Mar 2017 14:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0973741

Policy No.	5020027173-10	Vehicle No.	SGF3060S	GST Registration No.	
Policyholder Name	TEO KOK YONG	Cover Type	Third Party	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	98989613	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	14/12/2017 18:16	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 9 TWDS YISHUN CENTRAL				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 865 #08-11	Address 2	YISHUN STREET 81	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5020027173-10		
<b>OI Driver Info</b>					
Driver Name	TEO KOK YONG	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1132145C	Driving Experience	
Register Date of Driver License	01/01/1975	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	98989613	Contact No.(Office)	0	Address 3	
Address 1	BLK 865	Address 2	YISHUN STREET 81	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#08-11	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TEO KOK YONG	Insured NRIC		
Contact No.(Mobile)	98989613	Contact No.(Home)	67534459	Contact No.(Office)		
Email Address		OI Vehicle Number	SGF3060S	TP Vehicle Number		
Claim Description	SGF3060S / SLL1454L ON 13 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	14/12/2017 18:19	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSLINDA	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/0973741	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2017 00:00
Path *	Category *		
	Confidential Urgency		
	Please Select NO Normal		

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

History Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	SAS	Normal	SAS :
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:19	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2017 18:18	Photos	Normal	Photos

## Video List

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