

NATIONAL Assessment Centre Services

(with 1 hour)

NA417166967

Date In: 19/12/2017 18:42

Ref No: NBA/INC17024085/Y

Veh No: 89W 3030P

D.O.A: 13/12/2017 20:00

OD / TPT Reporting Only

TP Insurer:

Job description

SAS e-tiling

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 3hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

Done by

MT/0973835

19/12/2017

19:09

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLJ 8956U

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: Est. Status (WO): NI: 0-20%; PI: 21-79%; PI: 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 repeler.

() 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

NA1707866

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Pardon:

C. Checked by (Engin-In-Charge):

Officer's Comments:

L 1:

L 2/3:

Invoice Preparation Checklist:

- 1) AR: Accident Reporting (330)
- 2) DA: Damage Assessment (3100) INC (240)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$20
For claimant against INC Only (w/c 10 Jan 2020)
- 6) TR: Re-inspection \$15
- 7) NI: Ideal DA + SMRT Survey \$160
- 8) NTUC Additional Services:

Invoice dated

Fee Charged

Invoice Paid

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	19/12/2017 18:42
Date Of Accident	13/12/2017 20:00
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW3030P
Insured/Policyholder	
Name Of Registered Owner	TEO E-SHEN (ZHANG YISHENG)
NRIC No	S7618715J
Email Address	TERRITEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98531315
Alternative Phone No	OTHERS-98531315
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220D SE-2.0 (A)
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	REPORTING ONLY
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	5087637595
Cover Note Number	
Driver	
Name of Driver	TEO E-SHEN (ZHANG YISHENG)
NRIC No	S7618715J
Date Of Birth	31/05/1976
Occupation	INDOOR
Date Of Driving Pass	04/05/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98531315
Fax Number	
Contact Number	OTHERS-98531315
Email Address	TERRITEO@HOTMAIL.COM

Address	136 SIXTN AVENUE
Postcode	275762
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)	4

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

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	SLJ8956U
Vehicle Make/Model/Colour	VOLKS WAGEN
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:

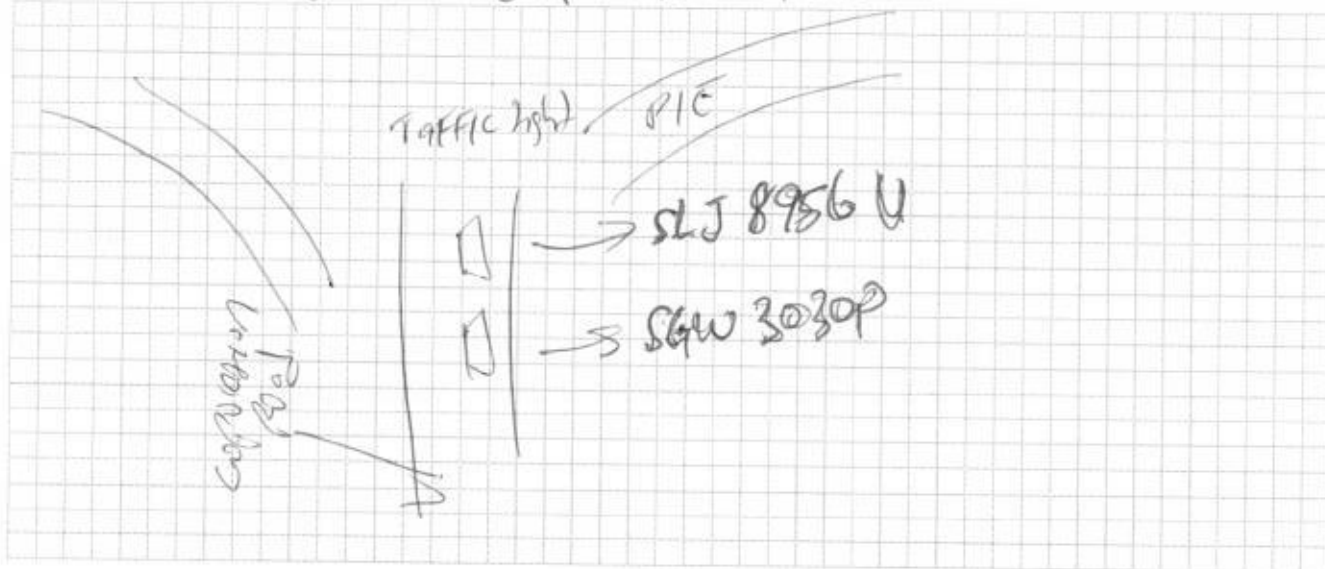
19/12/2017

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

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

19/12/2017
Roshni Wathar

Alouette Corporation Road



Raining, at cooperation road. Stopped at red light. I lost my footing on my brake pad and tumbled the back of vehicle SLJ 8956V

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

Date & Time:

Date & Time: 19/12/2017.

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

19/12/2017

Centre Personnel's Signature
Kosli WATHAS

Claim Handling

Accident MT/0973835

Policy No.	5087637595	Vehicle No.	SGW3030P	GST Registration No.	
Policyholder Name	TEO E-SHEN (ZHANG YISHENG)			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	NA	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(%)	0	Private Hire	Not available

Accident Details

Report Date	15/12/2017 13:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	13/12/2017	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST AVE 2 TOWARDS PIE (CHANGI)				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	136 SIXTH AVENUE	Address 2	SINGAPORE 275762	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087637595		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	TEO E-SHEN (ZHANG YISHENG)	Insured NRIC		
Contact No.(Mobile)	98531315	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	territeo@hotmail.com	OI Vehicle Number	SGW3030P	TP Vehicle Number		
Claim Description	SGW3030P / SLJ8926U ON 13 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	19/12/2017 18:40	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☒ Print AK letter

Save Submit

Attachment











Accident No.	MT/0973835	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 19:09
Path *		Category *	
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select

Confidential	Urgency
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>

Please Select NO
Normal

Please Select NO
Normal

♥
Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 19:09	SAS	Normal	SAS :
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 19:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Dec 2017 18:40	Photos	Normal	Photos

♥
Video List

Uploaded By/Date	Folder Date	File Name	Source

?

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 12 / 2017) (DD/MM/YYYY), TIME: (8.07) (HH:MM)

LOCATION: COPELTON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW 30.50P
 b) INSURANCE COMPANY: NJC
 c) POLICY NUMBER: 5077637595
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERC E CLASS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 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: TEO E-SHUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S761915 CONTACT: 9531915
 c) ADDRESS: 136 6th AVE

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: OS ABOMU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (31 / 05 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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: WJPA56U MODEL: VW
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(4)

* No of passengers
 (including driver)
(2)

* No of passengers
 (including driver)
()

Email = terrace@hotmail.com

fax =

V1 080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7618716J



TEO E-SHEN
(ZHANG YISHENG)


Race
CHINESE
Date of Birth
31-05-1976
Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7618715J



TEO E-SHEN
(ZHANG YISHENG)

Birth Date 31 May 1976
Issue Date 08 Oct 2009



0017913208

1443064



NRIC No. S7618715J



136 SIXTH AVENUE
SINGAPORE 275762

Blood Group O+ Date of issue 19-11-1993


NRIC No. S7618715J Date: 25/03/2012 No: 7056055

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 04 May 1996

Licence No: S7618715J



NP 428A

eBaoTech

General Claim

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="13/12/2017 16:57"/>						
Vehicle No.(For Motor)	<input type="text" value="SGW3030P"/>								
<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"/>	5087637595	TEO E-SHEN (ZHANG YISHENG)	S7618715J	GPC	drive PREMIUM	SGW3030P	SGW3030P	23/01/2017	22/01/2018
<input type="button" value="Continue"/>									