

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000757/13	SAS e-filing		
Veh No: 5055946R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/01/18 1410	i-Motor Claim Form	MT/0977595	
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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

NA1800318	Invoice Preparation Checklist	Amt (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	12/01/2018 14:53
Date Of Accident	11/01/2018 14:10
Exact Location Of Accident	BEDOK NORTH AVE 4 CARPARK BLK 84-89
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS5946R
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Insured/Policyholder

Name Of Registered Owner	CHIN LIEN BIBLE SEMINARY
Co Reg No	2571801
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67442206

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5038012775-08
Cover Note Number	

Driver

Name of Driver	TEO SEE ENG @ CHANG SHIH EN
NRIC No	S0052559F
Date Of Birth	15/07/1940
Occupation	INDOOR
Date Of Driving Pass	20/05/1969
Driving Experience	48 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96406637
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 35 MARSILING DRIVE #24-401
Postcode	730035
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

I WANTED TO PARKED MY VEH AT THE CARPARK LOT AT BEDOK NORTH AVE 4 CARPARK BLK 84-89 BEHIND COFFEE SHOP. I REVERSED MY VEH INSIDE THE CARPARK LOT THAN I FORWARD MY VEH TO ADJUST POSITION OF MY VEH AND MY VEH TOUCH THE LEFT SIDE PORTION OF VEH B.

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

SKETCH PLAN

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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.

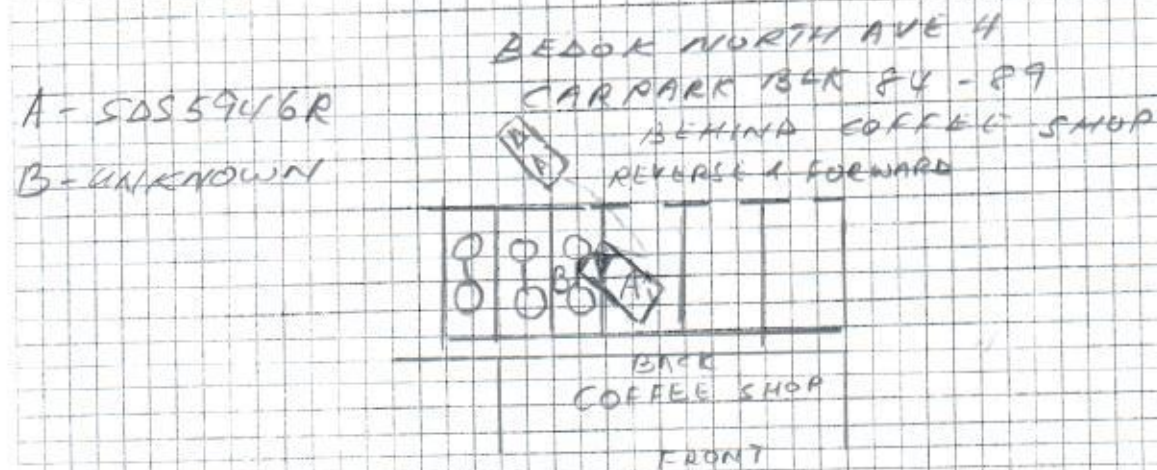
金銀靈修神學院
CHIN LIEN BIBLE SEMINARY

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

金鍊灵修神学院

CH Policyholder's Signature SEMINARY

Date & Time:

Tesely

Driver's Signature
(If driver is not the policyholder)

Date & Time:

sfy 12/01/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0052559F




Name
TEO SEE ENG
@CHANG SHIH EN
张施恩
Race
CHINESE
Date of Birth
15-07-1940
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0052559F
Name
TEO SEE ENG
Birth Date 15 Jul 1940
Issue Date 13 Apr 2004



2384401





NRIC No. S0052559F
Blood Group
A+
Date of issue
15-09-1994
APT BLK 35 MA #SILING DRIVE #24-401
SINGAPORE 730035
NRIC No. S0052559F Date: 20-09-2002 No: 1315273

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 20 May 1999



License No: S0052559F
NP 428A

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="radio"/>	5038012775-08	CHIN LIEN BIBLE SEMINARY	2571801	GPC	drivo CLASSIC	SDS5946R	SDS5946R	10/07/2017	09/07/2018

Claim Handling

Accident MT/0977595

Policy No.	5038012775-08	Vehicle No.	SDS5946R	GST Registration No.	
Policyholder Name	CHIN LIEN BIBLE SEMINARY	Cover Type	drive CLASSIC	Policyholder NRIC	257
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	67442206	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	12/01/2018 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	11/01/2018	Time of Accident hh:mm	14:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH AVE 4 CARPARK BLK 84-89				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		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	No		
Modification History					
Policyholder Mailing Address					
Address 1	15 GREEN LANE	Address 2	SINGAPORE 438917	Address 3	
Address 4		Address Type	Singapore address	Post Code	4389
Unit No.		Related Policy Number	5038012775-08		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/0
Unnamed driver Name	TEO SEE ENG @ CHANG SHIH E	Driver NRIC	S0052559F	Driving Experience	48
Register Date of Driver License	20/05/1969	Driver Age	77	Contact No.(Home)	0
Contact No.(Mobile)	96406637	Contact No.(Office)	0	Address 3	SING
Address 1	BLK 35	Address 2	MARSILING DRIVE	Post Code	7301
Address 4		Address Type	Singapore address		
Unit No.	#24-401			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHIN LIEN BIBLE SEMINARY	Insured NRIC	257
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	674
Email Address		OI Vehicle Number	SDS5946R	TP Vehicle Number	UNK
Claim Description	SDS5946R / UNKNOWN ON 11 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/0
Date Registered	12/01/2018 17:28	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

1/12/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0977595

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

12/01/2018 00:00

Path *

[Choose File](#) No file chosen

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Category *		Confidential	Urgency *
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:28	SAS	Normal	SAS 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:28	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2018 17:27	Photos	Normal	Photos 2014

Video List

Uploaded By/Date	Folder Date	File Name	Source
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