

# NATIONAL Assessment Centre Services

Date In <b>28/03/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CIE18005780/13</b>	SAS e-filing		
Veh No <b>SLN8469M</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A <b>27/03/18 1800</b>	i-Motor Claim Form		
OD <b>(E)</b> 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: ( <b>LEE BROTHERS</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>GBG257R</b>	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

<b>NA1801962</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> 1st Bill	<b>Amt (\$)</b> Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against JNC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 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	28/03/2018 16:56
Date Of Accident	27/03/2018 18:00
Exact Location Of Accident	TPE TWDS SLE NEAR SLIP RD EXIT TO TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8469M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MISS TEO ZHI HUI GERALDINE
NRIC No	S8842180I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90176422
Alternative Phone No	OTHERS-90176422

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1741251700
Cover Note Number	

### Driver

Name of Driver	MISS TEO ZHI HUI GERALDINE
NRIC No	S8842180I
Date Of Birth	02/11/1988
Occupation	INDOOR
Date Of Driving Pass	28/09/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90176422
Fax Number	
Contact Number	OTHERS-90176422
EMail Address	NOEMAIL



Address	BLK 316C PUNGGOL WAY #10-705
Postcode	823316
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180328/7002

#### 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	GBG257R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG WEI
NRIC/Passport Number	
Contact Number	91743097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MISS TEO ZHI HUI GERALDINE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN8469M
Were seat belts worn?	YES
Was this 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.:

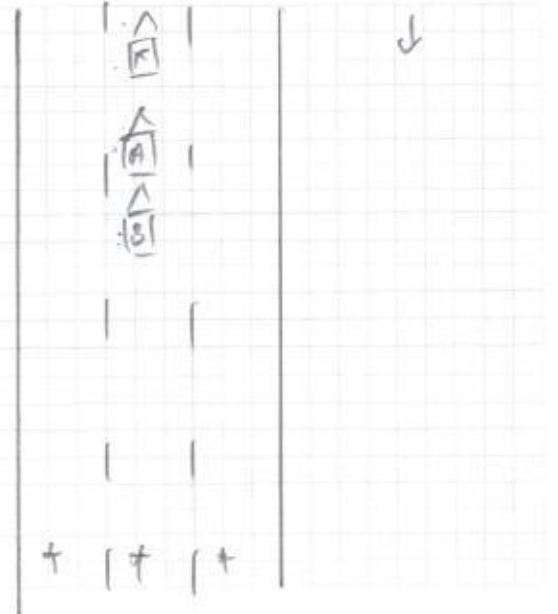


# SKETCH PLAN

TPE towards SLE near slip road  
exit to ramping the 10.

① - SW 8469m.

② - GBG 257R.




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along E TPE towards SLE before ramping the 10 exit  
on the centre lane. As the vehicle in front of me stopped, I followed.  
Out of the sudden I felt an impact from the rear. I came down from  
my vehicle and realised that vehicle B hit onto me. We exchange detail  
and left.

## 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:

 28/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180328/7002

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180328/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 00:17	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TEO ZHI HUI, GERALDINE			Address: APT BLK 316C PUNGGOL WAY #10-705 SINGAPORE 823316		
ID Type / ID No.: NRIC NO / S8842180I			Contact No.: Home/Office: Mobile: 90176422		
Nationality: SINGAPORE CITIZEN			Email: geraldine.hui@gmail.com		
Sex: Female	Age: 29	Date of Birth: 02/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other university, polytechnic and higher education teachers			Driving Licence Information: Class: 3A Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2018 18:00	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY  Before IKEA exit				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG257R	Lorry					0
SLN8469M	Car	TOYOTA	Axio	White	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180328/7002

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180328/7002

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN8469M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17412517 00	01/07/2017	09/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO ZHI HUI, GERALDINE		ID No. S8842180I
Related Vehicle	SLN8469M (Car)		Contact No. 90176422
Hospital/Clinic	TAY CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	27/03/2018		Date Discharge 27/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

At around 6pm, I was travelling on the TPE towards SLE. The traffic was heavy and when the car in front of me stopped, I stopped as well. Following that, I heard a loud shriek and the Goods vehicle behind crashed into the rear of my car. The impact was big and I decided to move to the road shoulder so as not to obstruct traffic. The Goods Vehicle follow suit.

At the road shoulder, we observed that the rear of my car was damaged. We took photographs of our respective vehicles and exchange license and handphone number. The other party is a foreign worker from China on work permit.

Other party:

Name: Zhang Wei

Occupation: Delivery man

Together in his vehicle is another delivery man.

Soon, a tow truck appeared and provided assistance. I went to their workshop after the accident.





SINGAPORE  
POLICE FORCE



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CONTINUATION OF REPORT

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VEHICLE NO: SLN8469M.

MAKE &amp; MODEL: Toyota Ario

DATE OF ACCIDENT	27 / 3 / 2018.
TIME OF ACCIDENT	1800 AM / <u>PM</u> .
LOCATION OF ACCIDENT	TPE towards SLE near SLE Road exit to Tampines Ave 10
Exact Purpose use during accident	personal use.
NAME OF OWNER	Tee Zhi Hui Geraldine
TELP NO.	9076422.
NRIC	S88421802.
CLAIM TYPE	OD / <u>Third Party</u> / Reporting Only
INSURANCE CO.	China
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	DmpcSN1741251700.
NAME OF DRIVER	As above / If No:
NRIC	Any Passenger; <u>0</u> .
DATE OF BIRTH	02 / 11 / 1988.
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	28 / 09 / 2007.
GENDER	Male / <u>Female</u>
CONTACT NO.	Office: Home:
ADDRESS	B1316C Punggol way #16-705 # S(823316).
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / <u>Raining</u> / Others,
ROAD SURFACE	Dry / <u>Wet</u> / Others,
ANY INJURIES	No / <u>Yes</u> (Who?): Driver
CONTACT NO.	
POLICE REPORT	No / <u>Yes</u> (Where?): Traffic police
VEHICLE (B) NO.	Ts1010 6862572 Any Passenger (male).
NAME	Zhang wei.
CONTACT NO.	91743097.
VEHICLE (C) NO.	Any Passenger
VEHICLE (D) NO.	Any Passenger
VEHICLE (E) NO.	Any Passenger
VEHICLE (F) NO.	Any Passenger
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd
ADDRESS	1 Kakit Bukit Ave 6 #02-47
	Autobay@Kaki Bukit Singapore 417883
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523
EMAIL	sales@leebrothers.com.sg



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S88421801**  
 Name: **TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)**

Birth Date: **02 Nov 1988**  
 Issue Date: **28 Sep 2007**

001533229E



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S88421801**

Name: **TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)**  
 張 芝 惠

Race: **CHINESE**  
 Date of birth: **02-11-1988** Sex: **F**  
 Country of birth: **SINGAPORE**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

PASS DATE: **28 Sep 2007**

**Class 3A** Motor cars without clutch pedals (Auto)  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals  $\leq$  2500kg

NP 428A

Licence No: S88421801

3424920

NRIC No. **S88421801**

Date of issue: **06-11-2003**

**APT BLK 318C PUNGGOL WAY #10-705 SINGAPORE 823316**

NRIC No: **S88421801** Date: **12/06/2017**






中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1FN SR  
AN0573A  
Cov.Type: C  
AUTOSAFE

**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 No.	EMP0001741251700		Engine No : 11NZC604226
			Chassis No: N2E1416034934
1. Index Mark and Registration Number of Vehicle	3140469M		
2. Name of Policy Holder	MISS TEO ZHI HUI GERALDINE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	1 JULY 2017	NAMED DRIVERS EX SECT. 1 ..... S\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25 ..... S\$1,000.00 EX SECT. 1 - AGE >= 26 ..... S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN ..... S\$100.00	
4. Date of Expiry of Insurance	9 JULY 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 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: * USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING RACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.  EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/YREPT) WILL BE DOUBLED. ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.			
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.			

**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).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:



Authorised Officer

Authorised Signatory