

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 17/05/2018 14:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008976/k4	SAS e-filing		
Veh No: SLT 96324	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/05/2018 23:45	i-Motor Claim Form	MT/0994843400/18/5/18 11:10	
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: (

Tel:

Fax:

TP Particulars: Veh No: SJS 8332X 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

NA1803133

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: Towing Fee \$40/\$45
- 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:-
- 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	17/05/2018 14:31
Date Of Accident	16/05/2018 23:45
Exact Location Of Accident	SUNGEI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9632U
Insured/Policyholder	
Name Of Registered Owner	T&N IT SOLUTIONS
Co Reg No	53275619C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96305766
Alternative Phone No	OFFICE-96305766

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096145911
Cover Note Number	

Driver

Name of Driver	TEO SHI HAO
NRIC No	S9145786E
Date Of Birth	07/12/1991
Occupation	INDOOR
Date Of Driving Pass	23/12/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96305766
Fax Number	
Contact Number	OTHERS-96305766
EEmail Address	NOEMAIL

Address	BLK 710 WOODLANDS DRIVE 70 #06-45
Postcode	730710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWNER
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	CLEAR
Road Surface	DRY

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

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	SJS8332X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

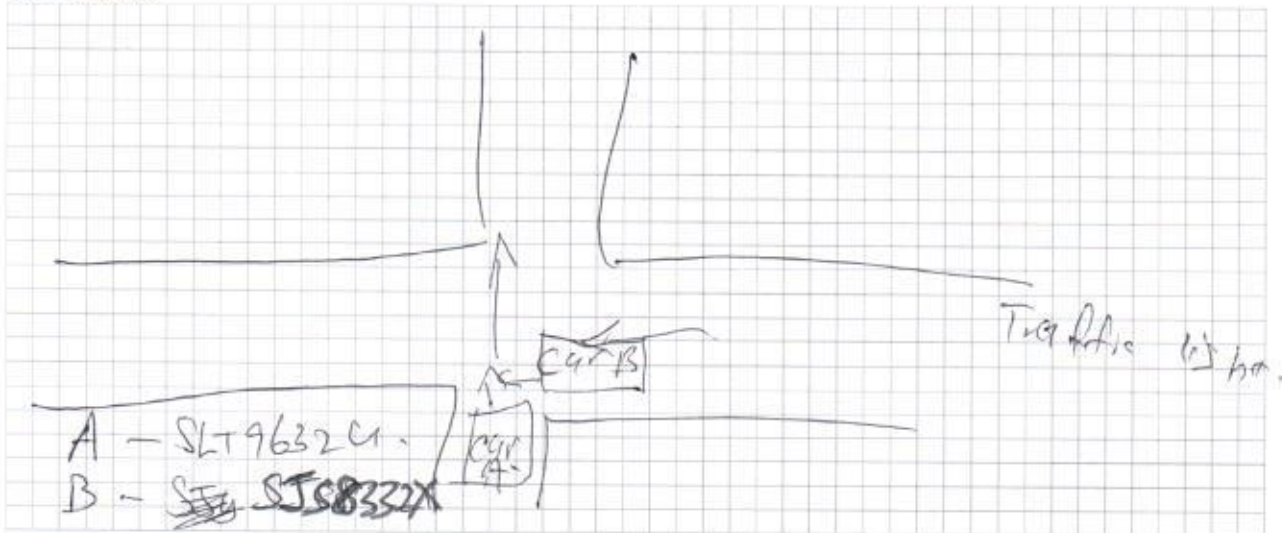


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sungei Road, a vehicle from my right rear red light and collided into my vehicle. I'm already almost in the Yellow Box

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.:

17/5/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9145786E



TEO SHI HAO
张世豪

Race
CHINESE



Date of birth
07-12-1991

Country of birth
SINGAPORE

Sex
M

4008848

4008848





NRIC No. S9145786E

Date of issue
01-03-2007

Address
APT. BLK 710 WOODLANDS DRIVE 70
#06-45
SINGAPORE 730710

REPUBLIC OF SINGAPORE DRIVING LICENCE




NRIC Number S9145786E

TEO SHI HAO

Birth Date: 07 Dec 1991

Issue Date: 16 Oct 2015



002483991K

SG 50

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

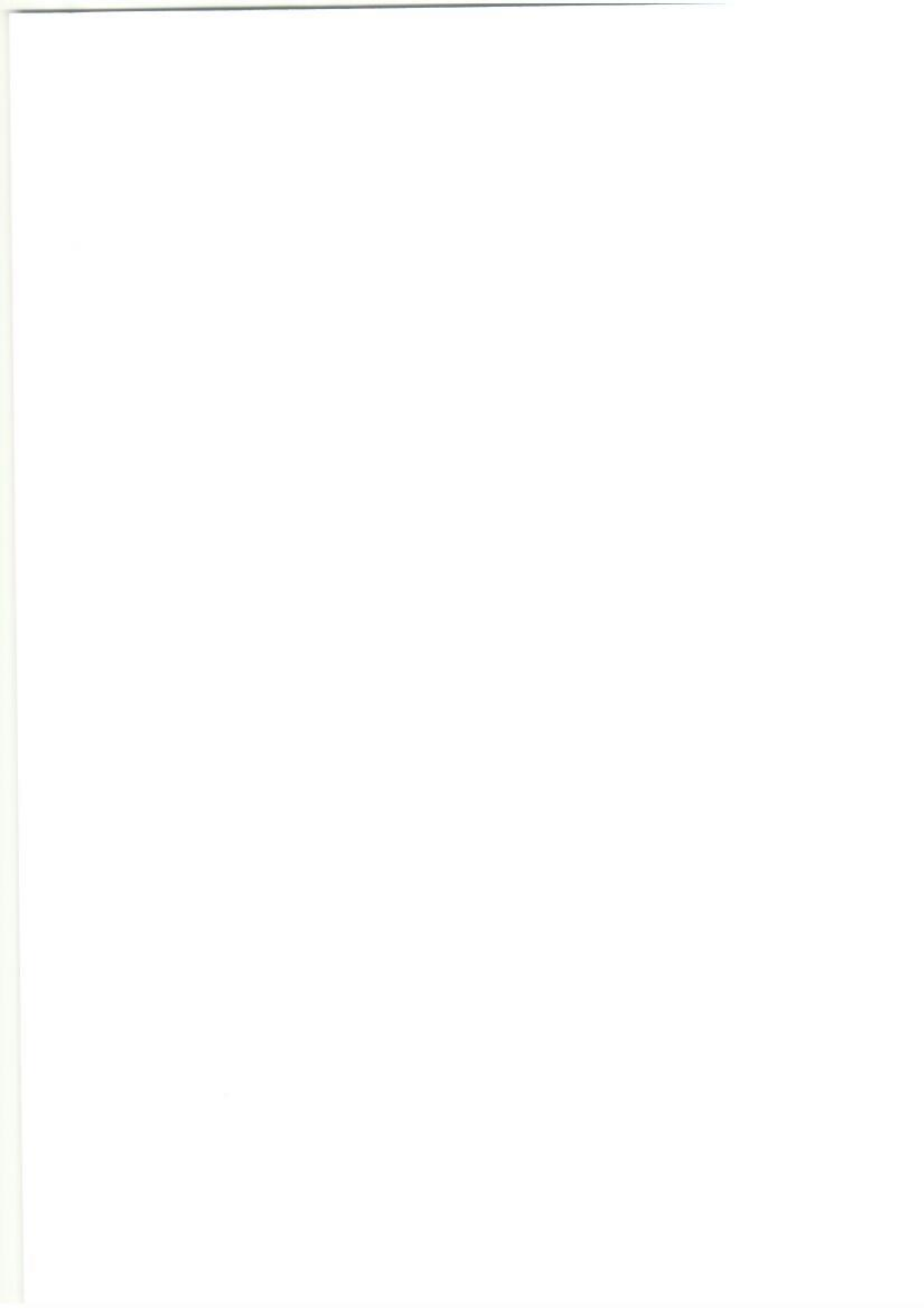
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE

23 Dec 2014

NP 428A





Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

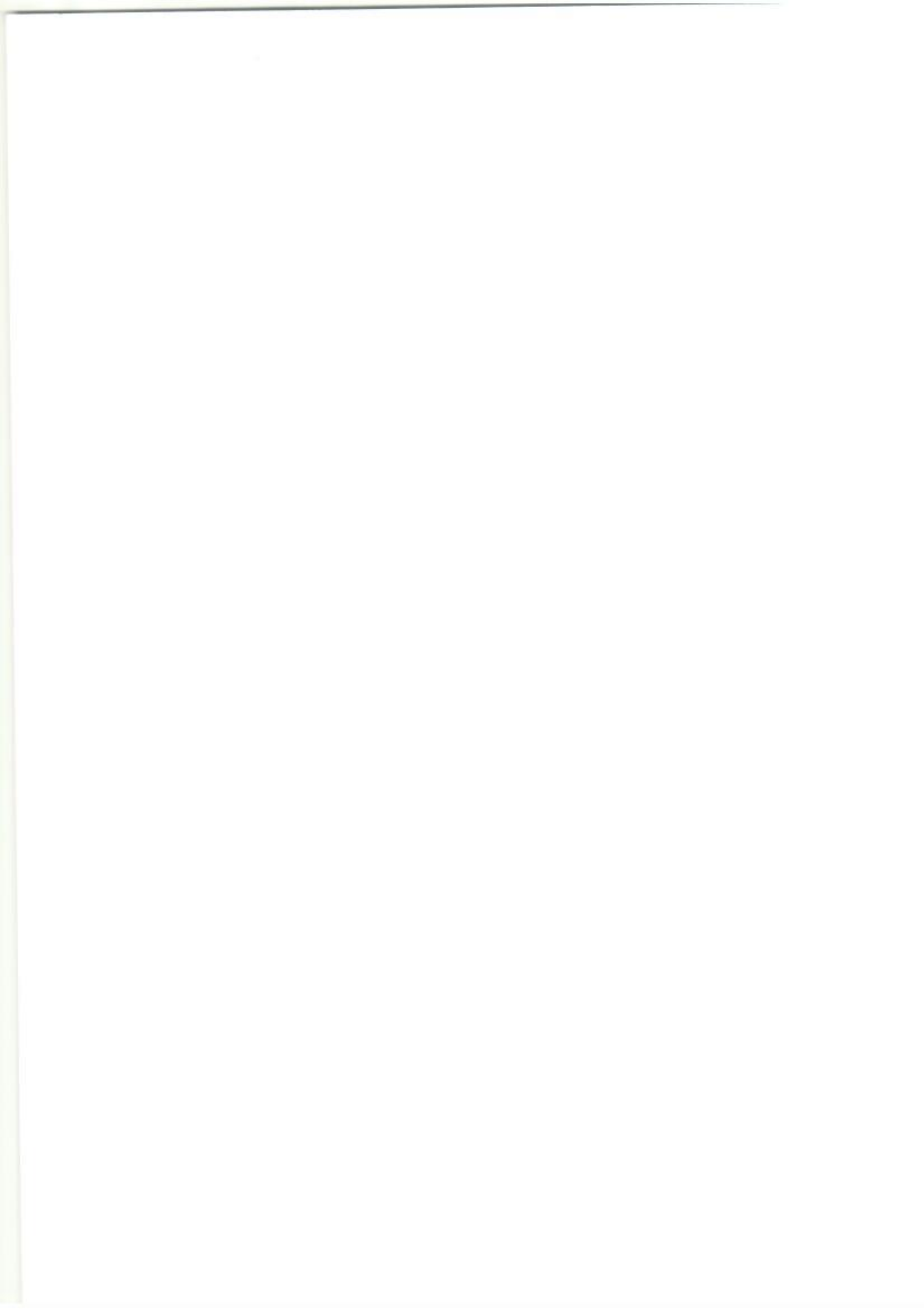
Date of Accident

16/05/2018 23:45

Vehicle No.(For Motor)

SLT9632U

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096145911	T&N IT SOLUTIONS	53275619C	GPC	drivo CLASSIC	SLT9632U	SLT9632U	28/11/2017	27/11/2018



▼ Policy Information

Policy No.	5096145911	Policyholder Name	T&N IT SOLUTIONS	Policyholder NRIC	53275619C
Address	57 UBI AVENUE 1 #05-16 UBI CENTRE SINGAPORE 408936				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/11/2017	Effective Date	28/11/2017 00:00	Expiry Date	27/11/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	57 UBI AVENUE 1	Address 2	#05-16 UBI CENTRE	Address 3	SINGAPORE 408936
Address 4		Address Type	Singapore address	Post Code	408936
Unit No.	05-16	Related Policy Number	5096145911		

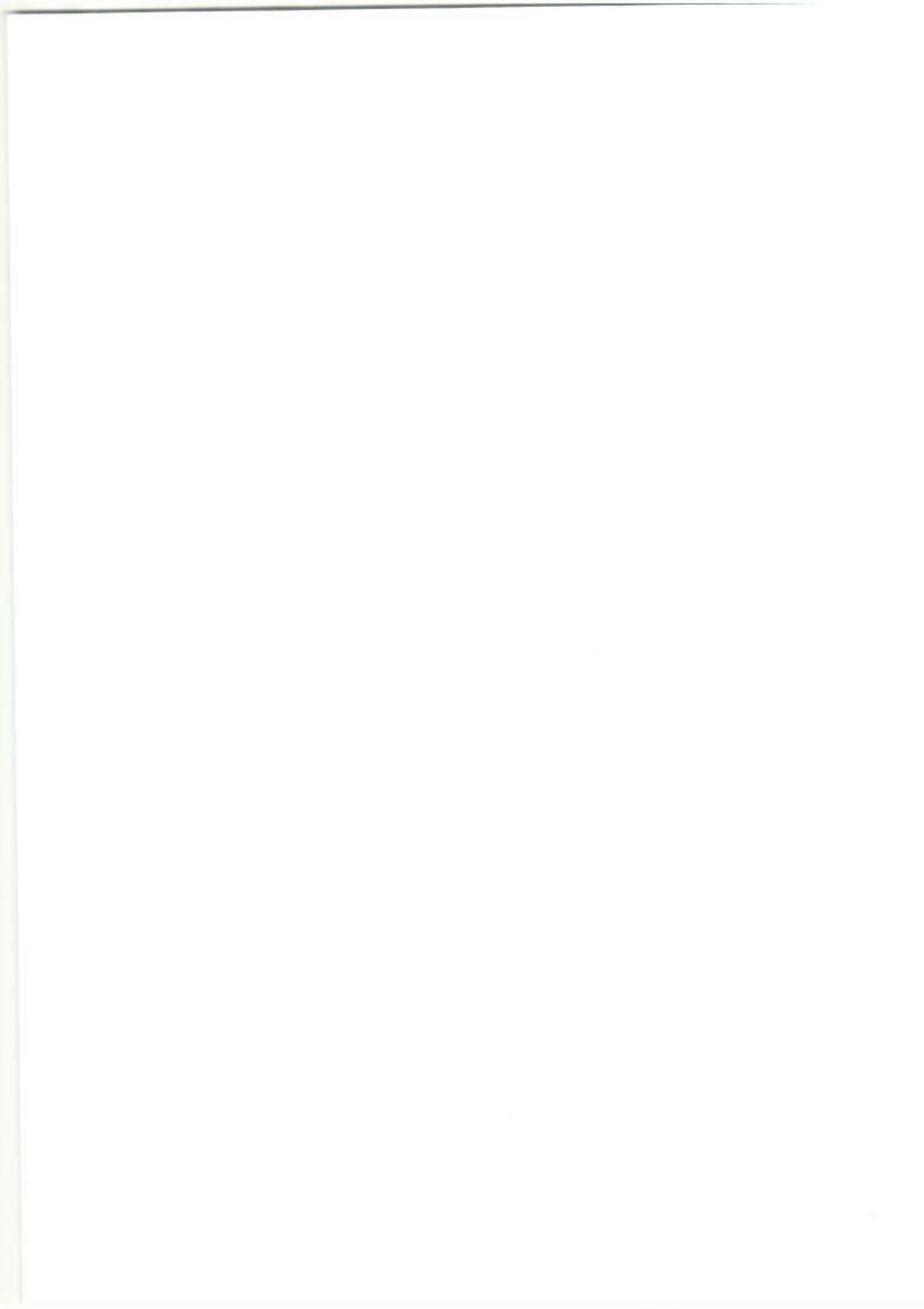
▶ Insured Object: SLT9632U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



Claim Handling

Accident MT/0994843

Policy No.	5096145911	Vehicle No.	SLT9632U	GST Registration No.	
Policyholder Name	T&N IT SOLUTIONS			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96305766	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(%)	0	Private Hire	Yes

Report Date

18/05/2018 11:07

Date of Accident

16/05/2018

Reporting Centre

Accident Location

SUNGEI ROAD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

23:45

Orange Force

Accident Type

Side Swipe

Country of Accident

Singapore

ICM No.

Own damage Excess

2,000.00

Unnamed Driver Excess

Third Party Excess

1,500.00

Additional Excess

0

Outside Singapore OD Excess

2,000.00

Outside Singapore TP Excess

1,500.00

Windscreen Excess

100.00

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Address 1

57 UBI AVENUE 1

Address 2

#05-16 UBI CENTRE

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

05-16

Related Policy Number

5096145911

Driver Name

Unnamed Driver

Unnamed driver Name

TEO SHI HAO

Register Date of Driver License

23/12/2014

Contact No.(Mobile)

96305766

Address 1

BLK 710

Address 2

WOODLANDS DRIVE 70

Address 3

Address 4

Address Type

Singapore address

Unit No.

#06-45

Post Code

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 OD-MX

New

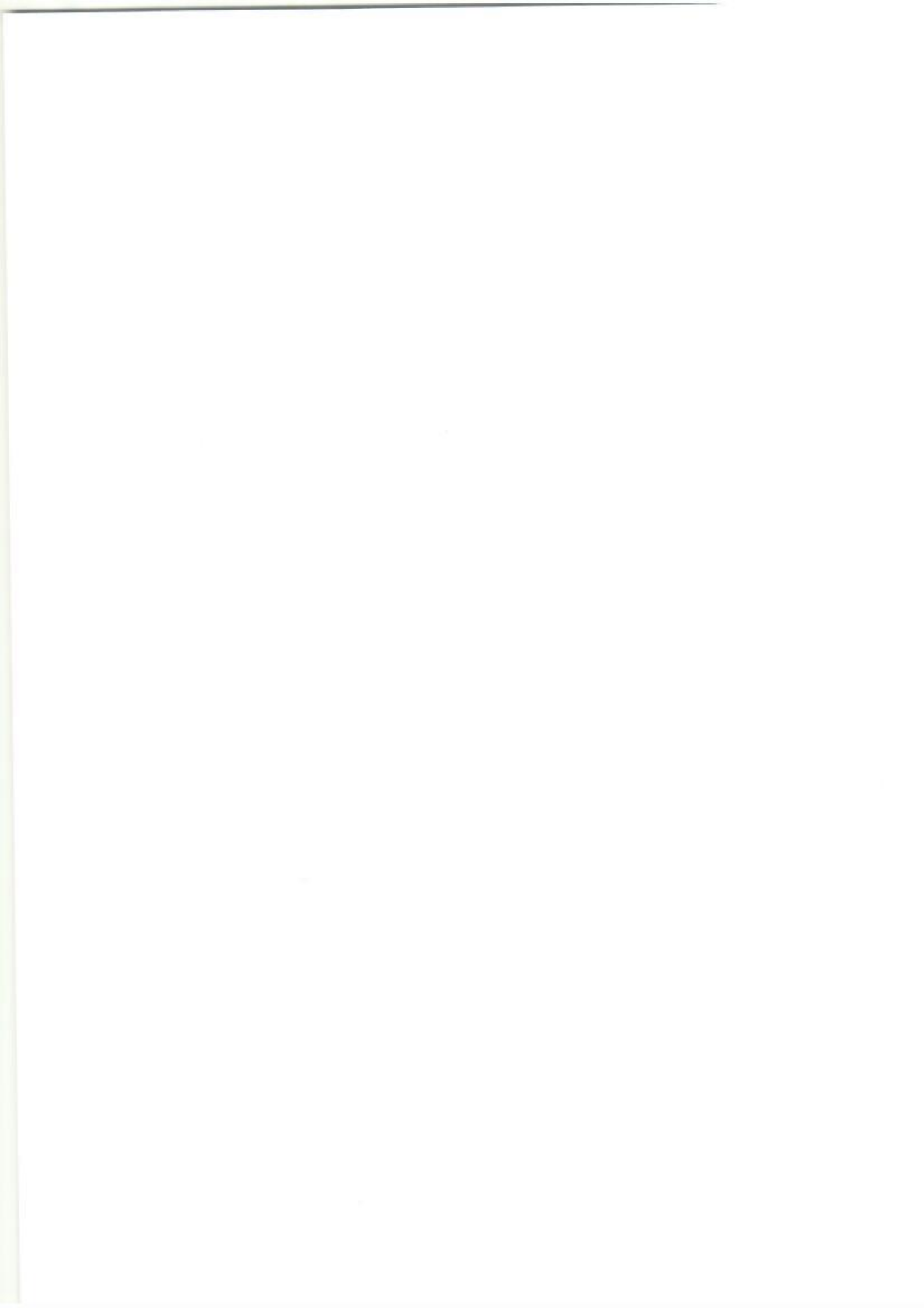
Claim Type *	OD-MX	Insured Name	T&N IT SOLUTIONS	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SLT9632U	TP Vehicle Number	
Claim Description	SLT9632U / SJ58332X ON 16 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	18/05/2018 11:18	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0994843	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/05/2018 11:10
Path *		Category *	Confidential Urgency



References

Attachment List

▼ Video List

Display in New Window Scan and uploading

