

NATIONAL Assessment Centre Services

Date In: 23/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015279/13	SAS e-filing		
Veh No: GBES2345	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/08/18 1920	i-Motor Claim Form	MT/1004885-001	
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: () Tel: () Fax: ()

FP Particulars: Veh No: SHC2719L 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
IL 1:	For claiming against INC Only (wef 10 Jan 2005)			
IL 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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	23/08/2018 10:48
Date Of Accident	21/08/2018 19:20
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5234J
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE. LTD.
Co Reg No	198304191N
Email Address	STEVENKNG@OSIM.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96653757

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072559137-03
Cover Note Number	

Driver

Name of Driver	TEO KAI HIONG(ZHANG KAIXIONG)
NRIC No	S7512244F
Date Of Birth	23/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96789142
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 436C FERVALE ROAD #15-170
Postcode	793436
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	COLLISION - CHANGE/CROSS LANE
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

I WAS TRAVELLING STRAIGHT ALONG UPP PAYA LEBAR RD TWDS ANG MO KIO ON THE 4TH LANE AND MY VEH WAS STATIONARY DUE TO THE RED TRAFFIC LIGHT AHEAD. SUDDENLY VEH(B) BEARING REG NO SHC2719L FROM MY REAR SWERVED HIS VEH TO THE RIGHT LANE AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH.

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	SHC2719L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH SWEE KIM
NRIC/Passport Number	S6843986H
Contact Number	97896059
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.



Policyholder's Signature
Date & Time:

[Signature] 23/08/18

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

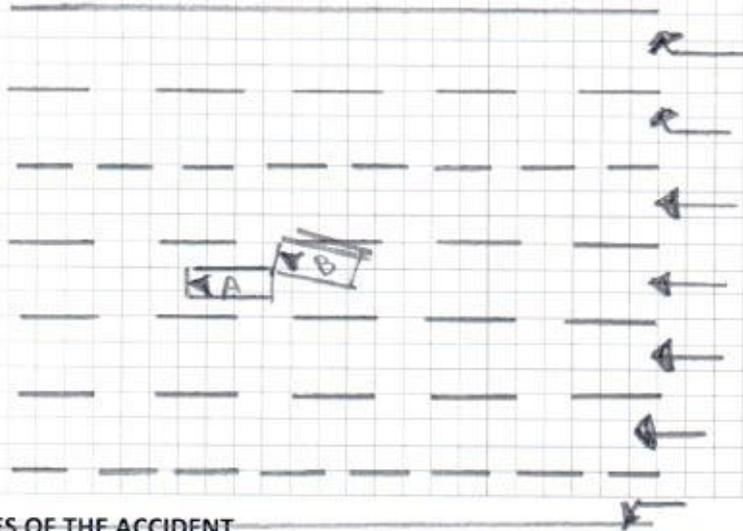
[Signature] 23/08/18

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

SKETCH PLAN

LEBAR DAYA UPP RD

A - GBE5234J
B - SHK2719L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 23/08/18
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 23/08/18
 Report of Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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ACCIDENT STATEMENT

ACCIDENT DATE: 21/08/18 (DD/MM/YYYY), TIME: 19:20 (HH:MM)

LOCATION: Junction at upper paya lebar rd. near Paya Lebar Methodist Church

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 5234 J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5072559137-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Return Home
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: Osim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S CONTACT: 96653757
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO KAI HONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7592244F CONTACT: 96789142
c) ADDRESS: Blk 436 Fernvale Rd #15-170 Singapore 793431

- *d) DATE OF BIRTH: 23/04/1975 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SHC 2719 L MODEL: TAXI
b) DRIVER'S NAME: TOH SWEE KIM
c) NRIC/FIN/PASSPORT: S6843986H CONTACT: 97896059

9. THIRD PARTY VEHICLE

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

*No of passengers
(Including driver)
(1)

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

03/08/18
warranty company
Stamp

Email =
fax =
video =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7512244F**
 Name: **TEO KAI HIONG (ZHANG KAIXIONG)**
 Birth Date: **23 Apr 1975**
 Issue Date: **30 May 2014**

002308698A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7512244F



Name: **TEO KAI HIONG (ZHANG KAIXIONG)**
 张 凯 雄
 Race: **CHINESE**
 Date of birth: **23-04-1975** Sex: **M**
 Country of birth: **SINGAPORE**



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **23 Dec 1999**

NP 428A

Licence No: S7512244F



3844579



NRIC No. **S7512244F**



Date of issue: **21-02-2006**

APT BLK 436C FERVALE ROAD #15-170
SINGAPORE 793436

NRIC No: **S7512244F** Date: **12/07/2009** No: **6265280**

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 : 5072559137-03

Cover : Comprehensive

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE5234J |
| Chassis Number | : VSKYBAM2020117102 |
| 2. Name of Policyholder | : OSIM INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Jul 2018 |
| 4. Expiry Date of Insurance | : 30 Jun 2019 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$350
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : JARDINE LLOYD THOMPSON PTE LTD (00000690216)
Date of Issue : 28 Jun 2018 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1008485

Policy No.	5072559137-03	Vehicle No.	GBE5234J	GST Registrat
Certificate No.				
Policyholder Name	OSIM INTERNATIONAL PTE. LTD.			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96653757	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	23/08/2018 18:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/08/2018	Time of Accident hh:mm	19:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP PAYA LEBAR RD TWDS ANG MO KIO			

▼ Benefits

▼ Excess

Own damage Excess	350.00	Additional Excess	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01,
GST Registration No.	M200625382	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	65 UBI AVENUE 1	Address 2	SINGAPORE 408939	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5072559137-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO KAI HIONG(ZHANG KAIXIO	Driver NRIC	S7512244F	Driver DOB
Register Date of Driver License	23/12/1999	Driver Age	43	Driving Exper
Contact No.(Mobile)	96789142	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 436C	Address 2	FERVALE ROAD	Address 3
Address 4	SINGAPORE 793436	Address Type	Singapore address	Post Code
Unit No.	#15-170			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No, (Home)	
Email Address		OI Vehicle Number	
Claim Description	GBE5234J / SHC2719L ON 21 Aug 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/08/2018 18:20	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

 Print AK letter

Save Submit

Attachment



Accident No. MT/1008485 Claim No. 001
 Last Doc. Received Yes No Upload Date 23/08/2018 00:00

Path *

Category *

Confid

- No file chosen

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:20	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:20	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:20	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Aug 2018 18:19	Photos	Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	