

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA11813867**

Date In: <b>2/9/13-12-35</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18015988/24</b>	SAS e-filing		
Veh No: <b>SLU9927</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>2/3/13-04-40</b>	i-Motor Claim Form	<b>MT/1206284-002</b>	<b>2/9/13 14:31</b>
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:
TP Particulars:	Veh No:	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% P: 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>NA1825601</b>	<b>Invoice Preparation Checklist</b>		<b>Amt (\$)</b> Inc 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			
	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			
<b>Auditors' Comments:-</b>	TP (N11): TP (Non INC) against INC \$20			
<b>Dat. 1:</b>	9) N12: Idac Mobile 30			
<b>Dat. 2 / 3:</b>	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	03/09/2018 12:35
Date Of Accident	03/08/2018 04:40
Exact Location Of Accident	ALONG AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU992J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095999148
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO KOK WAH (ZHANG GUOHUA)
NRIC No	S7238233A
Date Of Birth	21/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363663
Fax Number	
Contact Number	OFFICE-96363663
EMail Address	NOEMAIL

Address	83 HUA GUAN AVENUE
Postcode	589180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	
Was any other material or property damaged?	NO
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180903/2027.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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

No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180903/2017.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Signature*

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

*Signature*

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



# SINGAPORE POLICE FORCE



T/20180903/2027

1 of 3

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

Report No. T/20180903/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2018 11:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO KOK WAH			Address: 83 HUA GUAN AVENUE HONG KONG PARK SINGAPORE 589180		
ID Type / ID No.: NRIC NO / S7238233A			Contact No.: Home/Office: Mobile: 96363663		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 21/10/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2018 04:40	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD U TURN INTO TERMINAL 2 CHANGI AIRPORT TAXI STAND				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2498T	Car	TOYOTA	COROLLA AXIO HYBRID 1.5 CVT			0
SLU992J	Car	TOYOTA	PRIUS HYBRID 1.8S A			0



**SINGAPORE  
POLICE FORCE**



T/20180903/2027

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

2 of 3

Report No. T/20180903/2027

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TEO KOK WAH	ID No.	S7238233A
Related Vehicle	SLU992J (Car)	Contact No.	96363663
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I RECEIVED A LETTER ON 17/8/2018 FROM MY RENTAL VEHICLE INSURANCE COMPANY STATED THAT I WAS INVOLVED IN AN ACCIDENT ON THE 3/8/2018 INVOLVING A TAXI. BUT ON THAT DAY, I DID NOT RECALL HITTING ANY VEHICLE OR CAUSED ANY ACCIDENT. IM MAKING THIS REPORT JUST FOR MY REFERENCE.



**SINGAPORE  
POLICE FORCE**



T/20180903/2027

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

3 of 3

Report No. T/20180903/2027

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

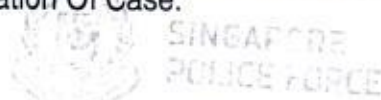
Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/09/2018 11:57

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7238233A**

Name: **TEO KOK WAH (ZHANG GUOHUA)**

Birth Date: **21 Oct 1972**

Issue Date: **05 Apr 2004**

001183800D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7238233A**



Name  
**TEO KOK WAH (ZHANG GUOHUA)**  
**张 国 华**

Race  
**CHINESE**

Date of birth  
**21-10-1972**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

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

**24 Mar 1993**



Licence No: **S7238233A**

NP 428A



5846628

NRIC No: **S7238233A**



Date of issue  
**15-12-2017**

**83 HUA GUAN AVENUE**  
**SINGAPORE 589180**  
NRIC No: **S7238233A**

Date: **11/08/2018**

eBaoTech

General Claim

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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095999148		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU992J	SLU992J	22/11/2017	21/11/2018

Continue

## Claim Handling

Exit

Accident MT/1006284

Policy No.	SD95999148	Vehicle No.	SLU9921	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	07/08/2018 13:44	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Others
Date of Accident	01/08/2018	Time of Accident hh:mm	04:40	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	U-TURN LANE TOWARDS CHANGI AIRPORT T2 TAXI STAND				
<b>Excess</b>					
Own Damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	S102908159		
<b>01 Driver Info</b>					
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		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		01 Vehicle Number	SLU9921	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLU9921 ON 3 Aug 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/09/2018 14:31	Claim Close Date		Date Received	03/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1006284	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/09/2018 14:32
Path *			
Browse...	Clear	Category *	Confidential
Browse...	Clear	Urgency *	Description *
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	SAS	Normal	SAS 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Sep 2018 14:32	Photos	Normal	Photos 2018-9-3		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		