

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MA418115049			
Date In 05/09/2018 12:15	Job description	Date & Time Completed	Done by
Ref No NBA/ML/80169414	SAS e-filing		
Veh No SKW 78754	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 05/09/2018 08:45	i-Motor Claim Form	MT/1010233-001	05/09/2018 14:43
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: SLZ5715J	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

NA1805673	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) 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			
	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:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$0			
Cat. 2 / 3:	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	05/09/2018 12:15
Date Of Accident	05/09/2018 08:45
Exact Location Of Accident	ALONG DEPOT ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7875U
Insured/Policyholder	
Name Of Registered Owner	TEO KAT SOON
NRIC No	S6804568A
Email Address	GARRETT.TEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97359031
Alternative Phone No	OTHERS-97359031

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075644473-02
Cover Note Number	

Driver

Name of Driver	TEO KAT SOON
NRIC No	S6804568A
Date Of Birth	02/02/1968
Occupation	INDOOR
Date Of Driving Pass	20/02/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97359031
Fax Number	
Contact Number	OTHERS-97359031
Email Address	GARRETT.TEO@GMAIL.COM

Address	188 DEPOT ROAD #14-17
Postcode	109688
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ5715J
Vehicle Make/Model/Colour	VOLKSWAGEN SHARAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAUMYA SHEKHAR JAJAUR
NRIC/Passport Number	S79792031
Contact Number	81211796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

5 SEP 2018
12:26 PM



Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 SEP 2018
12:26 PM



05/09/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Depot Road

Alexandra Road

CAR B
SLZ 571ISJ

CAR A
SKW 787SU

my car

At about 8.44am on 5th Sep 2018, I was driving out from my home along with my wife. There was a small jam along Depot Road towards Alexandra Road and we came to a stop. While my car was stationary, second later we heard a loud bang. Car B (a Volkswagen Sharan SLZ 5715 J) rear ended onto my car. The road condition was dry.

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

Date & Time: 5 Sep 2018 / 12.26pm

Date & Time: 58.0 2018/12.762

05/09/2018
Reporting Centre Personnel's Signature:
Name: Rishi Wadhwa
NRIC/FIN No.:

Claim Handling

Accident MT/1010233

Policy No.	5075644473-02	Vehicle No.	SKW7875U	GST Registration No.	
Certificate No.				Policyholder NRIC	S6804568A
Policyholder Name	TEO KAT SOON	Driver Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97359031	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	05/09/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/09/2018	Time of Accident (h:mm)	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DEPOT ROAD TOWARDS ALEXANDRA				
Excess					
Own damage Excess	000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	188 DEPOT ROAD	Address 2	#14-17 THE INTERLACE	Address 3	SINGAPORE 109688
Address 4		Address Type	Singapore address	Post Code	109688
Unit No.		Related Policy Number	5075644473-02		
OT Driver Info					
Driver Name	TEO KAT SOON	Driver Type	Main Driver	Driver DOB	02/02/1968
Unnamed driver Name		Driver NRIC	S6804568A	Driving Experience	23
Register Date of Driver License	20/02/1995	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	97359031	Contact No.(Office)		Address 3	SINGAPORE 109688
Address 1	188 DEPOT ROAD	Address 2	#14-17 THE INTERLACE	Post Code	109688
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKW7875U		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	TEO KAT SOON	Insured NRIC	S6804568A
Contact No.(Mobile)	97359031	Contact No. (Home)	94790332	Contact No. (Office)	
Email Address	marrett.teo@gmail.com	CI Vehicle Number	SKW7875U	TP Vehicle Number	SL257
Claim Description	SKW7875U / SL257153 ON 5 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Report No.		Preferred Workshop, Name unknown		GIA report	Received
Finalisation	Yes	Repair Option		Claim Close Date	05/09/2018 14:42
Date Registered				Date Received	09/09/
Report Taken By	ROSJI WAHAE				
Print AK letter					
Save Submit					

Attachment

Accident No.	HT/1010233	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	05/09/2018 14:43		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MEIMAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MEIMAH)) on 05 Sep 2018 14:43		Photos	Normal	Photos 2018-9-5	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

ACCIDENT STATEMENT

ACCIDENT DATE: 05/09/2018 (DD/MM/YYYY), TIME: 08:44 (HH:MM)

LOCATION: DEPOT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 7875U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 507564473-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA SIENTA HYBRID
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: TEO KAT SOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 56804568A CONTACT: 97359031
 c) ADDRESS: 188 DEPOT RD #14-17
SC 109 688

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 04-2/968 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20 Feb 1995

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

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: SLZ 5715J MODEL: Volkswagen Sharan
 b) DRIVER'S NAME: Saunmya Shekhar Jaiswal
 c) NRIC/FIN/PASSPORT: 879792031 CONTACT: 81211796

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6804568A



Name
TEO KAT SOON

张加顺

Race
CHINESE

Date of Birth
02-02-1968

Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S6804568A

Name
TEO KAT SOON

Birth Date 02 Feb 1968

Issue Date 17 Feb 2003




000204224J

0798146



NRIC No. S6804568A



Blood Group AB+ Date of issue 27-02-1993

188 DEPOT ROAD #14-17
SINGAPORE 109688
S6804568A


12/02/2014

188124


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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 20 Feb 1995



127A



License No: S6804568A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/09/2018 12:12"/>
Vehicle No.(For Motor)	<input type="text" value="SKW7875U"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5075644473-02		TEO KAT SOON	56804568A	GPC	drive CLASSIC	SKW7875U	SKW7875U	16/11/2017	15/11/2018