

# NATIONAL Assessment Centre Services part 1 of 2 MNA 118126025.

Date In: 28/9/18 15:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18017666164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLU 78020	i-Motor Claim Form	MT/1013513-001	28/9/18 17:30.
IP Insurer: 27/9/18 17:00.	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

IP Particulars: Veh No: SJM1747K. 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) in Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	* N5: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N/m INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	28/09/2018 15:06
Date Of Accident	27/09/2018 17:00
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7802D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM NA
NRIC No	S6916320C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98229052
Alternative Phone No	OFFICE-98229052

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	5097079005
Cover Note Number	-

### Driver

Name of Driver	TEO HAN PENG AUGUSTINE
NRIC No	S6841791J
Date Of Birth	26/10/1968
Occupation	INDOOR
Date Of Driving Pass	02/12/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92209488
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	808 BEDOK RESERVOIR RD #08-08
Postcode	479240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ALONG BEDOK SOUTH AVE 1, I WAS WAITING TO TURN INTO CARPARK BLK 2,3,2A. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJM1747K) FROM BEHIND COLLIDED ONTO MY VEH RIGHT REAR PORTION.

#### 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	SJM1747K
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.:



BIK 2, 3, 2A  
Carpark

A = SLU 7802 D  
B = SJM 1747 K


Bedok South Ave 1

Please Refer to statement

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

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

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S6841791J**



Name  
**TEO HAN PENG AUGUSTINE**



**张汉平**

Race  
**CHINESE**

Date of Birth  
**26-10-1968**

Sex  
**M**

Country of Birth  
**SINGAPORE**




**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S6841791J**

Name  
**TEO HAN PENG AUGUSTINE**

Birth Date **26 Oct 1968**

Issue Date **08 Mar 2003**

**1025473**



NRIC No: **S6841791J**



Blood Group **A+** Date of issue **13-06-1993**

**808 BEDOK RESERVOIR ROAD #08-08**  
**SINGAPORE 479240**

NRIC No: **S6841791J** Date: **10/01/2010** No: **6319709**


**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  
**02 Dec 1986**

**NP 428A**

Licence No: **S6841791J**



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

27/09/2018 14:58

Vehicle No.(For Motor)

SLU7802D

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097079005		LIM NA	S6916320C	GPC	drive PREMIUM	SLU7802D	SLU7802D	14/12/2017	13/12/2018

## Claim Handling

Accident MT/1013513

Policy No.	5097079005	Vehicle No.	SLU7802D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM NA			Policyholder NRIC	S6916
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98229052	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	28/09/2018 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	27/09/2018	Time of Accident hh:mm	17:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK SOUTH AVE 1				
<b>▼ Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	808 BEDOK RESERVOIR ROAD	Address 2	#08-08 BAYWATER	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	47924
Unit No.		Related Policy Number	5100095668		
<b>▼ OI Driver Info</b>					
Driver Name	TED HAN PENG AUGUSTINE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S6841791J	Driver DOB	26/10/
Register Date of Driver License	01/01/1997	Driver Age	49	Driving Experience	21
Contact No.(Mobile)	92209488	Contact No.(Office)		Contact No.(Home)	
Address 1	808 BEDOK RESERVOIR ROAD	Address 2	#08-08 BAYWATER	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	47924
Unit No.	08-08				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	LIM NA
Contact No.(Mobile)	98229052	Contact No.(Home)	NIL
Email Address	TEOSLAND@HOTMAIL.COM	OI Vehicle Number	SLU7802D
Claim Description	SLU7802D / SJM1747K ON 27 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
Preferred Repair Option	Yes ▼	Preferred Workshop, Name unknown ▼	GIA report
Date Registered		Received	
Report Taken By		28/09/2018 17:28	Claim Close Date
		LIEW SHAN HUJ	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1013513

Claim No. 001



Last Doc. Received

\* Yes ☐ No ☐

Upload Date

28/09/2018 17:30

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Category \*

Please Select

Confidential

Urgency \*

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

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NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:30	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:30	SAS	Normal	SAS 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:30	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:30	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:30	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:29	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:29	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:29	Photos	Normal	Photos 2018-9-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 17:29	Photos	Normal	Photos 2018-9-28

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading