

NATIONAL Assessment Centre Services. [ver 1.1 1/1/2001]

Date In: 26/10/2008 17:48	Job description	Date & Time Completed	Done by
Ref No: NBS/2008019561/4	SAS e-Milling		
Veh No: PG 1855M	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 26/10/2008 07:45	I-Motor Claim Form	26/10/2008 18:14	
OD: TP Reporting Only	I-Motor W/O (within 24 hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: P26762	INC () / Non-INC ()	
Owner / Drivers: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: BSL 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	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	Action

N/A 1806947 Human's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Bug-In-Charge): Additional Comments: L1: L2/3:	Invoice Preparation Checklist		Value	Value (\$)
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$30)		
	3) TP: Towing Fee		\$40/\$45	
	4) FT: Follow-Through Survey		\$120	
	5) YT: Follow-Through Survey (Resurvey)		\$20	
	Excluding against INC Only (w/c 10 Jan 2010)			
	6) TR: Re-inspection		\$75	
	7) NI: (DA + SMRT) Survey		\$160	
	8) NTUC Additional Services			
Q11:				
*NI: Courtesy Car / Tpt Allowance		\$5		
*NI: Repair Coordination		\$10		
*NI: Post Repair Inspection		\$25		
*NI: DY / Collect Excess / Coordination		\$5		
TZ (NI) / TP (Non-INC) against INC		\$20		
9) NI: (DA + SMRT) Survey		\$160		
Invoice dated		Fee Charged		
Total Fee Paid		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 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. 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	26/10/2018 17:48
Date Of Accident	26/10/2018 07:45
Exact Location Of Accident	SLIP ROAD FROM KJE TOWARDS CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1855M
Insured/Policyholder	
Name Of Registered Owner	TOPSTEEL SOLUTIONS ASIA PTE LTD
Co Reg No	200915808N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90261472
Alternative Phone No	OFFICE-62616866

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102002312
Cover Note Number	

Driver

Name of Driver	TEO YONG HWA
NRIC No	S1551824C
Date Of Birth	15/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261472
Fax Number	
Contact Number	OFFICE-66648298
Email Address	NOEMAIL

Address	BLK 419 FAJAR ROAD #06-463
Postcode	670419
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 - 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: : IVAN TEO GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PZ676Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

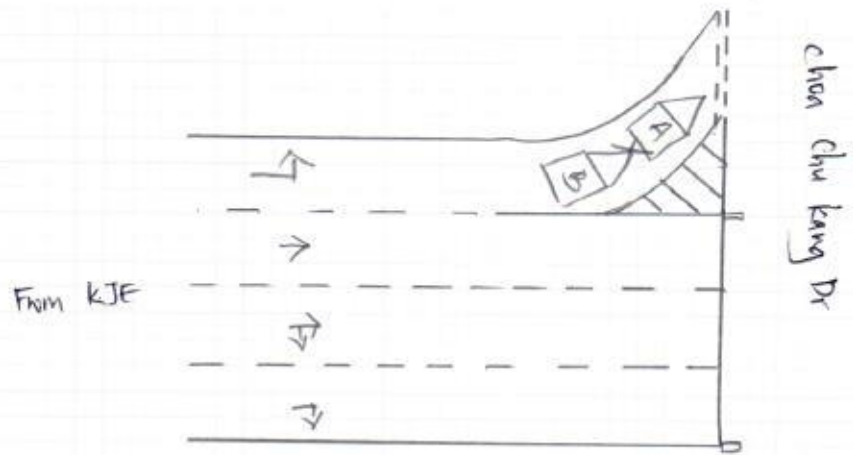
12.30 PM
26/10/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

26/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN

Veh A: PC 1855 M

Veh B: P2 676Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was travelling along Slip Road from KJE toward Chea Chu Kang Dr. I stopped my vehicle at the Junction for traffic. Suddenly Vehicle B from my rear hit onto my vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time:

12.30 pm
26/10/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

26/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1017366

Policy No.	5102002312	Vehicle No.	PC1855M	GST Registration No.	
Certificate No.					
Policyholder Name	TOPSTEEL SOLUTIONS ASIA PTE LTD			Policyholder NRIC	200915808H
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90261472	Contact No.(Office)	62616866/66648298	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	26/10/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/10/2018	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM KJE TOWARDS CHOA CHU KANG DRIVE				

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	58 # TUAS BASIN LINK	Address 2	SINGAPORE 638774	Address 3	
Address 4		Address Type	Singapore address	Post Code	638774
Unit No.		Related Policy Number	5102002312		

▼ OE Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	TEO YONG HWA	Driver NRIC	S1551824C	Driver DOB	15/12/1962
Register Date of Driver License	03/01/1986	Driver Age	55	Driving Experience	32
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 419 #09-463	Address 2	FAJAR ROAD	Address 3	SINGAPORE 670419
Address 4		Address Type	Foreign address	Post Code	670419
Unit No.	09-463				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	PC1855M	Driver Insurer Company	NTUC

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

Modification History

Claim 001

New

Claim Type *	DO-HX	Insured Name	TOPSTEEL SOLUTIONS ASIA PTE	Insured NRIC	200915808H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	PC1855M	Vehicle Number	P2576
Preferred Workshop		PC1855M / P26762 ON 26 Oct 2018		Name of Preferred Workshop	
Insured Liability	Not at Fault	GIA report	Received		
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered		Claim Close Date	26/10/2018 18:03	Date Received	26/10/2018
Report Taken By			ROS LI WAHAB		

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1017366	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/10/2018 18:14
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:14		SAS	Normal	SAS 2018-10-26	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 26/10/18 *Time of Accident: 7.45 am
*Accident Location: Slip Rd From & KJE Towards Choa Chu Kang Dr

Vehicle Details

*Vehicle Number: PA 1855 M *Make & Model: _____

Insured / Policyholder

*Owner Name: Topsteel Solutions Asia Pte Ltd *NRIC: 200918158 N
*Address: _____
*Email: _____ *HP: _____
*Occupation: _____ (Indoor / Outdoor) *Tel/H/Other: 6261 6866

Driver () same as above

*Driver Name: Teo Jony Hwa *NRIC: 1551824/C
*Address: Blk 419 #09-463 Tajar Rd (67049)
*Date of Birth: 15/12/1962 *Driving Pass Date: 03/01/1986 *HP: 90261472
*Email: _____ *Gender: Male / Female
*Occupation: Driver (Indoor / Outdoor) *Tel/H/Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: Ivan Teo (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: P2 676 Z
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____


For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC : _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1551824C**
 Name: **TEO YONG HWA**
 Birth Date: **15 Dec 1962**
 Issue Date: **12 Mar 2003**

1000284257C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1551824C



Name: **TEO YONG HWA**
 張勇華
 Race: **CHINESE**
 Date of Birth: **15-12-1962**
 Sex: **M**
 Country of Birth: **SINGAPORE**

S1551824C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

PASS DATE: **14 Apr 1985**
03 Jan 1985

IP 428A

2603502

2603502

S1551824C

NRIC No: **S1551824C**
 Blood Group: **A+**
 Date of Issue: **30-03-1995**

Address:
APT BLK 419 FAJAR ROAD
#09-463
SINGAPORE 2367

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 : 5102002312

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC1855M

Chassis Number

: JTFHT02P900119645

2. Name of Policyholder

: TOPSTEEL SOLUTIONS ASIA PTE LTD

3. Effective Date of Insurance

: 06 Aug 2018

4. Expiry Date of Insurance

: 05 Aug 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 13 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)

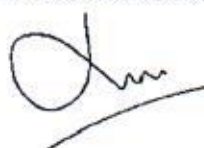
Date of Issue : 06 Jul 2018 12:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive