

# NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MAA 118140149.

Date In: 29/10/18 14:40	Job description	Date & Time Completed	Done by
Ref No: MAA/INC18019623/164.	SAS e-filing		
Veh No: SJL 6789 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/18 08:00.	i-Motor Claim Form	MT/1017565-002	29/10/18 16:30.
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:

SHC 6457 R.

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

Sat 1:

Sat 2/3:

MA1806981

## Invoice Preparation Checklist

Am (\$)

Am (\$)

Am (\$)

Am (\$)

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI12: Idao Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Am (\$)

Am (\$)

## 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	29/10/2018 14:40
Date Of Accident	29/10/2018 08:00
Exact Location Of Accident	CHAI CHEE ST BEHIND THE BETHESDA CATHEDRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6789L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHEOW KOO
NRIC No	S0824694G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96357213
Alternative Phone No	OFFICE-96357213

### Vehicle Particulars

Manufacturer	PERODUA
Model	KELISA EZ A
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	REPORTING ONLY
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	5050357559-07
Cover Note Number	-

### Driver

Name of Driver	TEO MEK SEK
NRIC No	S0517871A
Date Of Birth	01/02/1946
Occupation	INDOOR
Date Of Driving Pass	27/12/1974
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96357213
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 518 BEDOK NORTH AVE 2 #03-175
Postcode	460518
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### 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
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

PLEASE REFER TO POLICE REPORT.

#### 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	SHC6457R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SHARIFF HUDIN BIN ATTAHAN
NRIC/Passport Number	

Contact Number	96627308
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.:

A hand-drawn map on grid paper showing the intersection of Chai Chee St and Bethesda Cathedral. The map includes a vertical road labeled 'Chai Chee St' and a horizontal road labeled 'Bethesda Cathedral'. A small building with a triangular roof is situated at the intersection, with a sign that reads 'A' and 'B'. To the right of the map, the following text is written:

A = 5JL 6789L  
B = SHC 6457R

Please Refer to Police Report

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

Date &amp; Time:

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

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



# SINGAPORE POLICE FORCE



T/20181029/2012

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

1 of 3

Report No. T/20181029/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2018 09:43	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: TEO MEK SEK		Address: APT BLK 518 BEDOK NORTH AVENUE 2 #03-175 KAKI BUKIT GREEN SINGAPORE 460518	
ID Type / ID No.: NRIC NO / S0517871A		Contact No.: Home/Office: Mobile: 96357213	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 01/02/1946	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2018 08:00	Type of Location:
Location: Along Road 1 CHAI CHEE ROAD  BEHIND THE BETHESDA CATHEDRAL				
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
SHC6457R	Car	KIA	OPTIMA 1.7(A)			1
SJL6789L	Car	PERODUA	KELISA EZ A			2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181029/2012

2 of 2

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

Report No. T/20181029/2012

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	SHARIFF HUDIN BIN ATTAHAN		ID No.	NIL
Related Vehicle	SHC6457R (Car)		Contact No.	96627308
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
<b>Driver</b>				
Name	TEO MEK SEK		ID No.	S0517871A
Related Vehicle	SJL6789L (Car)		Contact No.	96357213
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.**

ON 29/10/2018 AT ABOUT 0759HRS AT CHAI CHEE ROAD,

I WAS MAKING A TURN AT THE JUNCTION AND THERE WAS A TAXI IN FRONT OF ME AT THAT POINT IN TIME. AS I WAS TURNING, THE TAXI SUDDENLY SLOWED DOWN. I APPLIED MY BRAKES BUT WAS UNABLE TO STOP COMPLETELY IN TIME. AS A RESULT, I COLLIDED INTO THE REAR RIGHT PORTION OF THE TAXI. I THEN GOT DOWN AND TALKED TO THE OTHER DRIVER. AND HIS PASSENGER DID NOT COMPLAIN OF ANY INJURY. THE PASSENGER WAS JUST SITTING INSIDE THE TAXI. I THEN NOTICED THAT THERE ARE SOME SCRATCHES TO THE REAR RIGHT BUMPER OF THE TAXI. I THEN EXCHANGED PARTICULARS WITH HIM AND WE LEFT. MY DAUGHTER CALLED HIM AFTERWARDS AND HE MENTIONED THAT SINCE THERE WAS NO INJURY, THERE IS NO NEED TO MAKE A POLICE REPORT. HOWEVER, SHE FELT THAT IT IS THE PROPER PROCEDURE TO MAKE A REPORT. HENCE, I AM MAKING THIS REPORT.



**SINGAPORE  
POLICE FORCE**



T/20181029/2012

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

3 of 3

Report No. T/20181029/2012

**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 /

LEE KWANG HONG KENDRICK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

*THO ME/C SE/C*

Date/Time:

29/10/2018 09:43

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

Signature: *[Signature]*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0517871A



Name  
TEO MEK SEK

張明時

Race  
CHINESE

Date of Birth  
01-02-1946

Sex  
M

Country of Birth  
SINGAPORE





REPUBLIC OF SINGAPORE - DRIVING LICENCE

Licence Number: S0517871A

Name  
TEO MEK SEK

Birth Date 01 Feb 1946

Issue Date 26 Nov 2003

1469916



NRIC No. S0517871A



Blood Group: A+ Date of issue: 28-11-1993

APT BLK 518 BEDOK NTH AVENUE 2 #03-175  
SINGAPORE 460518

NRIC No: S0517871A Date: 30/11/1998 (R)

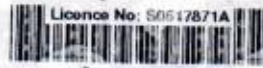
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE 27 Dec 1974



Licence No: S0517871A



NP 420A

Hello, NAC\_PAYA\_UBI\_800601

[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="29/10/2018 14:28"/>							
Vehicle No.(For Motor)	<input type="text" value="SJL6789L"/>	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 type="radio"/>	S050357559-07		TAN CHEOW KOO	S0824694G	GPC	drivo CLASSIC	SJL6789L	SJL6789L	09/06/2018	08/06/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1017565

Policy No.	5050357559-07	Vehicle No.	SJL6789L	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHEOW KOO			Policyholder NRIC	508241
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96357213	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
➤ Accident Details					
Report Date	29/10/2018 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	29/10/2018	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHAI CHEE ST BEHIND THE BETHESDA CATHEDRAL				
➤ Excess					
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		
➤ Benefits					
➤ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
➤ Policyholder Mailing Address					
Address 1	BLK 518 #03-175	Address 2	BEDOK NORTH AVE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	460511
Unit No.		Related Policy Number	5050357559-07		
➤ OI Driver Info					
Driver Name	TEO MEK SEK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0517871A	Driver DOB	01/02/
Register Date of Driver License	27/12/1974	Driver Age	72	Driving Experience	43
Contact No.(Mobile)	96357213	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 518 #03-175	Address 2	BEDOK NORTH AVENUE 2	Address 3	KAKI B
Address 4	SINGAPORE 460518	Address Type	Singapore address	Post Code	460511
Unit No.	03-175				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN CHEOW KOO
Contact No.(Mobile)	96357213	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SJL6789L
Claim Description	SJL6789L / SHC6457R ON 29 Oct 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/10/2018 16:29
			LIEW SHAN HUI
Print AK letter			
Save Submit			
Attachment			

Last Doc. Received

Yes No

Upload Date

29/10/2018 16:30

Path \*

Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	SAS	Normal	SAS 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:30	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:29	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:29	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:29	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:29	Photos	Normal	Photos 2018-10-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Oct 2018 16:29	Photos	Normal	Photos 2018-10-29

Video List

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