

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MNA118150209

Date In: 20/11/18 - 14:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021022/24	SAS e-filing		
Veh No: 56357822	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/11/18 - 09:*	i-Motor Claim Form	M7/1020640-001	20/11/18 18:04
OD: <input checked="" type="radio"/> 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: Vch No: 45A62012 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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	
	Am't (\$) Int Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: 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	
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Est. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	Q11:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N-on INC) against INC \$20	
	9) N12: Idac Mobile 30	
	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 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	20/11/2018 14:32
Date Of Accident	19/11/2018 09:45
Exact Location Of Accident	UPP SERANGGON RD BEFORE PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5782Z
Insured/Policyholder	
Name Of Registered Owner	SEET ENG NEO
NRIC No	S1537187J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97328607
Alternative Phone No	OFFICE-97328607

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	5086876838-01
Cover Note Number	

Driver

Name of Driver	TEO SIEW LIN, TESSA (ZHANG XIULIN)
NRIC No	S9201695A
Date Of Birth	18/01/1992
Occupation	INDOOR
Date Of Driving Pass	16/02/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81029363
Fax Number	
Contact Number	OFFICE-81029363
EMail Address	NOEMAIL

Address	BLK 425 CANBERRA ROAD #08-469
Postcode	750425
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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

REFER TO STATEMENT.

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	GBA6202R
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)	1

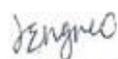
SKETCH PLAN

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:

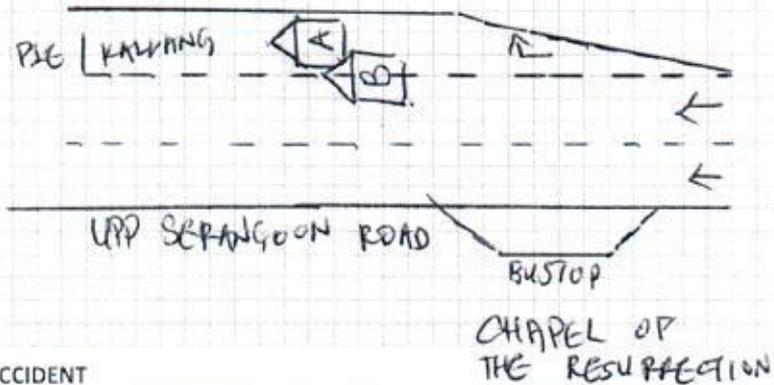


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A: SLJ5782 Z

B: GBA6202 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, (SLJ5782 Z) WAS TRAVELLING ALONG THE STATED VENUE, ALONG THE RIGHT MOST LANE TOWARDS PSE/KALLANG EXIT. SUDDENLY, (GBA6202 R) ~~TRIP~~ WHICH WAS STATIONARY ON THE MIDDLE LANE ~~AND~~ SWERVED ABRUPTLY INTO MY LANE ~~AND~~ WITHOUT CHECKING HIS BLINDSPOT ~~AND~~ COLLIDED ONTO MY ENTIRE LEFT PORTION, CAUSING DAMAGED. WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

DECLARATION

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

Jongkoo
 Policyholder's Signature
 Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 19/11/2018 (DD/MM/YYYY), TIME: 09:45 (HH:MM)

LOCATION: UPP SERANGOON ROAD BFF PIE (CHANGSI) / KALLANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 5782 Z
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN QASHQAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SLV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING
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: SEET EN NEO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97328607
c) ADDRESS: PUL 425, LANGKATA ROAD, #08-469, S750425

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO SIEW LIN, JESSA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9201695A CONTACT: 81029363
c) ADDRESS: _____

*d) DATE OF BIRTH: (18/01/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 YEARS

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

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: GBA 6202 R MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

email = tessa.eleora.teo@gmail.com

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

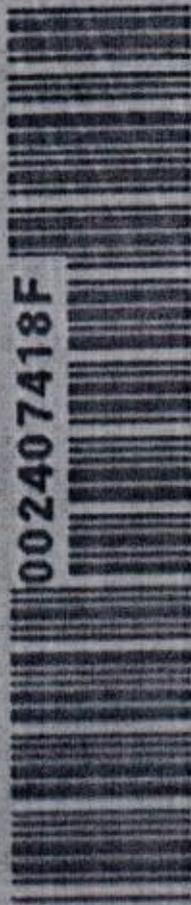
Licence Number: S9201695A

Name:

TEO SIEW LIN, TESSA
(ZHANG XIULIN)

Birth Date: 18 Jan 1992

Issue Date: 19 Mar 2015



002407418F



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

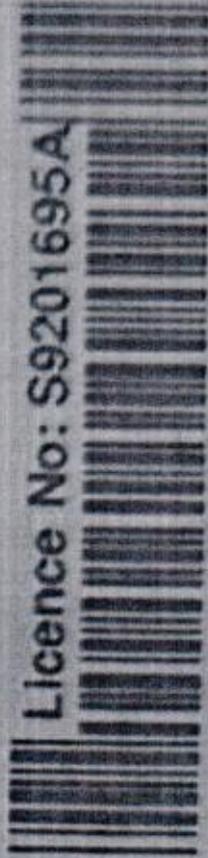
14 Aug 2014

**Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg**

16 Feb 2011

NP 428A

Licence No: S9201695A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9201695A**



Name

TEO SIEW LIN, TESSA
(ZHANG XIULIN)

张秀琳

Race

CHINESE

Date of birth

18-01-1992

Sex

F

Country of birth

SINGAPORE



3994750



MRC No. **S9201695A**

Date of issue

27-01-2007

Address

APT BLK 425 CANBERRA ROAD
#08-469
SINGAPORE 750425

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"/>	5086876838-01		SEET ENG NEO	S15371873	GPC	drivo CLASSIC	SLJ5782Z	SLJ5782Z	16/12/2017	15/12/2018

Continue

Policy Information

Policy No.	5086876838-01	Policyholder Name	SEET ENG NEO	Policyholder NRIC	S1537187J
Certificate No.					
Address	BLK 425 #08-469 CANBERRA ROAD SINGAPORE 750425				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/12/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ANG AH ENG	Agent Tel.	67529683	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 425 #08-469	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750425
Address 4		Address Type	Singapore address	Post Code	750425
Unit No.	08-469	Related Policy Number	5086876838-01		

Insured Object: SLJ5782Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1020640

Policy No.	5086876838-01	Vehicle No.	SLJ57822	GST Registration No.	
Certificate No.					
Policyholder Name	SEET ENG NEO	Cover Type	drive CLASSIC	Policyholder NRIC	S1537187J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97328607	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KfK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	20/11/2018 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/11/2018	Time of Accident h:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGGON RD BEFORE PJE (CHANGI)				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Transport Allowance			99999999.99		
Excess Waiver			99999999.99		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 3	BLK 425 #08-469	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750425
Address 4		Address Type	Singapore address	Post Code	750425
Unit No.	08-469	Related Policy Number	5086876838-01		
OI Driver Info					
Driver Name	teo siew lin tessie	Driver Type	Named Driver	Driver DOB	18/01/1992
Unnamed driver Name		Driver NRIC	S9201695A	Driving Experience	7
Register Date of Driver License	16/02/2011	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	81029363	Contact No.(Office)	0	Address 3	SINGAPORE 750425
Address 1	BLK 425	Address 2	CANBERRA ROAD	Post Code	750425
Address 4		Address Type	Singapore address		
Unit No.	08-469				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? Any injury? Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SEET ENG NEO	Insured NRIC	S1537187J
Contact No.(Mobile)	97328607	Contact No.(Home)	6555812	Contact No.(Office)	
Email Address		OI Vehicle Number	SLJ57822	TP Vehicle Number	GBA6202R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ57822 / GBA6202R ON 19 Nov 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	20/11/2018 18:04	Claim Close Date		Date Received	20/11/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1020640	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2018 18:06

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value="No"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>



Video List

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