

# NATIONAL Assessment Centre Services

[ver 1 Jan'05] MWA 118,55758

Date In: 31/12/18 10:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021652/h4	SAS e-filing		
Veh No: 332 6968 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/18 18:55	I-Motor Claim Form	MT/1822357-001	031/12/18 16:59
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKH 116C	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:	NA1807856	Invoice/Repairation Checklist	Am (\$)	Ref Am (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
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) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non 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 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	03/12/2018 10:02
Date Of Accident	01/12/2018 18:55
Exact Location Of Accident	PIE INTO CTE SLIP RD (ERP 42)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6968M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN SUIFEN YVONNE
NRIC No	S8838357E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92215992
Alternative Phone No	OFFICE-92215992

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	MITSUBISHI COLT TURBO VERSION-R
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	5100647911
Cover Note Number	-

### Driver

Name of Driver	TEO WEI JIE
NRIC No	S8811203B
Date Of Birth	05/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373337
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 722 JURONG WEST AVE 5 #05-128
Postcode	640722
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	RAINING
Road Surface	WET

#### 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

PLEASE REFER TO ATTACHED 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	SKH116C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEONG WHYE ZHEN
NRIC/Passport Number	S8317301G
Contact Number	91830106
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.
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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.

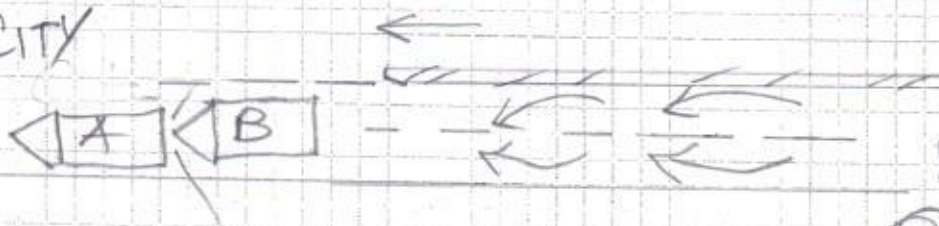
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

CTE CITY



PIE

(A) SJZ 69 b8M

(B) SKH 116C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING FROM PIE ENTER SLIP ROAD INTO CTE. THE VEHICLES IN FRONT SLOWED DOWN. SO I FOLLOWED AND SLOWED DOWN TO STOP. SUDDENLY VEHICLE B BANGED ONTO MY REAR PORTION.

## DECLARATION

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

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.:





# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO:

SJ2 6968M

MAKE/MODEL:

DATE OF ACCIDENT

01/12/2018  
DAY/MONTH/YEAR

TIME

18 HR

55 MIN

AM/PM

LOCATION OF ACCIDENT

PIE INTO CTE SLIP ROAD (FRP42)

EXACT PURPOSE USE DURING ACCIDENT

GOING HOME

## CAR OWNER

NAME OF CAR OWNER

CHEN SUFEN, YUONNE

CONTACT NO

9221592

NRIC

88838 957E

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

NTUC

TYPE OF COVERAGE

☒ COMPREHENSIVE

☐ THIRD PARTY

☐ THIRD PARTY FIRE & THEFT

POLICY NO

## ACCIDENT DRIVER

☐ AS ABOVE

☒ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

TEO WAI JIE

NRIC

S8811203B

NO OF PASSENGER/S ☒

DATE OF BIRTH

5.4.1988

OCCUPATION

FIELD ENGINEER

☒ OUTDOOR

☐ INDOOR

DATE OF DRIVING PASS

22/1/09

GENDER

☒ MALE

☐ FEMALE

CONTACT NO

97373337

ADDRESS

BLK 22 JURONG WEST AVE 5 #05-128(S) 640722

DRIVER OWN ANY VEH

NO/ IF YES- REGISTRATION NO

NIL

RELATIONSHIP

EMPLOYEE/ IF NOT:

SPOUSE

WEATHER CONDITION

☐ CLEAR

☒ RAINING

OTHER:

ROAD SURFACE

☐ DRY

☒ WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

## 3RD PARTY INFO

VEHICLE B NO

SKH 116C

NO OF PASSENGER/S

☒ UNKNOWN

NAME

YEONG WYAE ZHEN

S8317301G

CONTACT NO

9183 0106

VEHICLE C NO

/

NO OF PASSENGER/S

VEHICLE D NO

/

NO OF PASSENGER/S

VEHICLE E NO

/

NO OF PASSENGER/S

VEHICLE F NO

/

NO OF PASSENGER/S

ANY WITNESS

/

WITNESS CONTACT NO

/

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8811203B



Name

TEO WEI JIE

张炜杰

Race

CHINESE

Date of birth

05-04-1988

Sex

M

Country/Place of birth

SINGAPORE



5356511



NRIC No. S8811203B



Date of issue

08-09-2014

Address

APT BLK 722 JURONG WEST AVENUE 5  
#05-128  
SINGAPORE 640722



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

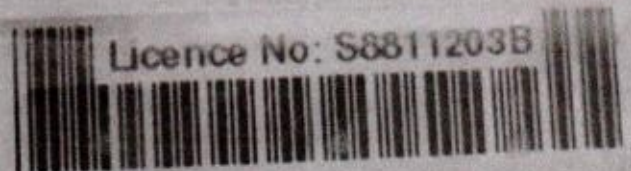
PASS DATE

Class 2B Motorcycles  $\leq$  200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motorcycles  $>$  400 CC  
Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

04 Feb 2008  
24 Mar 2009  
14 Sep 2010  
22 Jan 2009

S8811203B

S / No. 900013616



Licence No: S8811203B

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8811203B

Name:

TEO WEI JIE

Birth Date: 05 Apr 1988

Issue Date: 04 Feb 2008



001567695K



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8838357E**



Name

**CHEN SUIFEN, YVONNE**

**陳穗芬**

Race

**CHINESE**

Date of birth

**28-09-1988**

Sex

**F**

Country of birth

**SINGAPORE**



S8838357E

340892



NRIC No. **S8838357E**



Date of issue

**06-10-2003**

**29 TAMPINES CENTRAL 7 #14-37**  
**SINGAPORE 528612**

**RIC No: S8838357E**

**Date: 03/01/2017 (R)**

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100647911		CHEN SUIFEN YVONNE	S8838357E	GPC	drive CLASSIC	SJZ6968M	SJZ6968M	15/05/2018	14/05/2019



## Claim Handling

Accident MT/1022357

Policy No.	S100647911	Vehicle No.	SJZ6968M	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN SUIFEN YVONNE			Policyholder NRIC	S8838
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92215992	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	03/12/2018 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	01/12/2018	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PJE INTO CTE SLIP RD (ERP 42)				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	29 TAMPINES CENTRAL 7	Address 2	#14-37 THE TAMPINES TRILLIA	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	528611
Unit No.	14-37	Related Policy Number	S100647911		
<b>01 Driver Info</b>					
Driver Name	TEO WEI JIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S88112038	Driver DOB	05/04/1988
Register Date of Driver License	22/01/2009	Driver Age	30	Driving Experience	9
Contact No.(Mobile)	92373337	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 722 #05-128	Address 2	JURONG WEST AVENUE 5	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640721
Unit No.	05-128				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test (loading?)	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHEN SUIFEN YVONNE
Contact No.(Mobile)	92215992	Contact No.(Home)	
Contact Address		01 Vehicle Number	SJZ6968M
Claim Description	SJZ6968M / SKH116C ON 1 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			03/12/2018 16:58
			LIOW SHAN HUI
Print AX letter			
Save Submit			

Attachment

Accident No. MT/1022357

Claim No.

001

12/3/2018

## Claim Handling(accident reporting Claim Task )

Last Doc Received

\* Yes ☐ No ☐

Upload Date

03/12/2018 16:59

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

Clear

Category \*

Please Select ▼

Confidential

NO ▼

Urgency \*

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 03 Dec 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:59	SAS	Normal	SAS 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:59	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:59	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:59	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:58	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:58	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:58	Photos	Normal	Photos 2018-12-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Dec 2018 16:58	Photos	Normal	Photos 2018-12-3

## Video List

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