

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

NAAC19002844

Date In: 12/01/2009 12:24	Job description	Date & Time Completed	Done by
Ref No: NBA17MC1900106714	SAS e-filing		
Veh No: SKA 6362E	E-mail (w/John 3hrs, AIC 2hrs)		
D.O.A: 17/01/2009 08:55	I-Motor Claim Form	MT/1028239-001	17/01/2009
OD: TR: Reporting Only	I-Motor W/O (Withle: OD 2hrs, TP 4hrs)		13:08
	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: SHA 9937M	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: ( )		

Reminders:	INC ( ) / Non-INC ( )	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

NA1900485	Invoice Ref: NAAC19002844	Invoice No: NAAC19002844
Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NP: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (Nil) : TP (Non INC) against INC	\$20
	9) NI1: Idao Mobile	\$0
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged
Auditors' Comments:		
Ref: 1:		
Ref: 2/3:		



## 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	17/01/2019 12:24
Date Of Accident	17/01/2019 08:55
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6362E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG NAME BIN
NRIC No	S2584024J
Email Address	DANNYZ_1992@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96501786
Alternative Phone No	OTHERS-90017439

### Vehicle Particulars

Manufacturer	HONDA
Model	EDIX
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	5049508602-07
Cover Note Number	

### Driver

Name of Driver	TEO CHI KIANG JOHN
NRIC No	S1027735C
Date Of Birth	14/09/1946
Occupation	INDOOR
Date Of Driving Pass	28/08/1964
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96501786
Fax Number	
Contact Number	OTHERS-90017439
Email Address	DANNYZ_1992@HOTMAIL.COM

Address	BLK 114 DEPOT ROAD #10-1037
Postcode	100114
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : SON 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	SHA9937M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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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**.
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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.

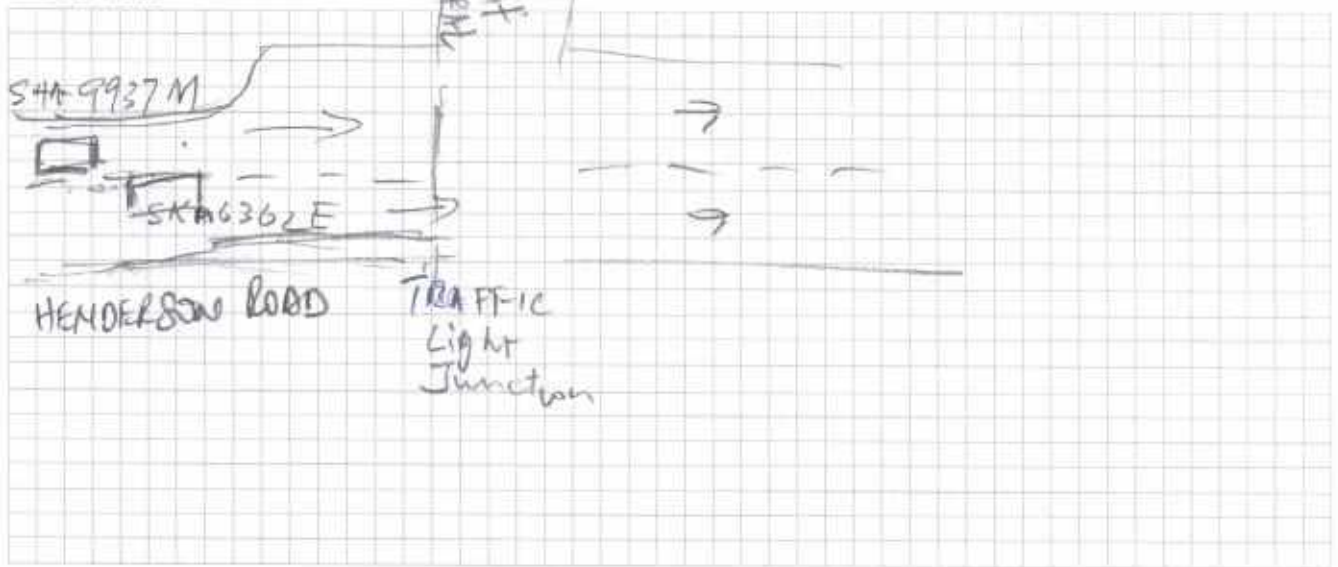
Policyholder's Signature  
Date & Time:

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

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

17-01-2019  
09:50

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was signalling to go left and inching left when the taxi SHAG 937 M came beside me and my car left front <sup>at bottom of bumper</sup> rub against the back right side above back wheel. No visible damage was seen for the taxi and my car.

## 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.:

17.01.2019  
10:07

17/01/2019  
Kosli WAB

## Claim Handling

Accident MT/1028239

Policy No.	5049508602-07	Vehicle No.	SKA6362E	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG NAME BIN	Cover Type	drive CLASSIC	Policyholder NRIC	52584024J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96501786	Special Remark		Contact No.(Home)	
Email Address		TCR	= No Yes	eCode	No *
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	17/01/2019 12:52	Accident Report Within 24 hrs	Yes	Accident Type	50% Swipe
Date of Accident	17/01/2019	Time of Accident (hh:mm)	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD				
<b>Excess</b>					
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		
<b>Benefits</b>					
Coverage		Sum Insured	99999999.99		
Excess Waiver			99999999.99		
Transport Allowance					
<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	BLK 114 #10-1037	Address 2	DEPOT ROAD	Address 3	SINGAPORE 100114
Address 4		Address Type	Singapore address	Post Code	100114
Unit No.		Related Policy Number	5049508602-07		
<b>01 Driver Info</b>					
Driver Name	TEO CHI KIANG JOHN	Driver Type	Main Driver	Driver DOB	14/09/1945
Unnamed Driver Name		Driver NRIC	91027725C	Driving Experience	34
Register Date of Driver License	20/08/1964	Driver Age	72	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	90017439	Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKA6362E	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHONG NAME BIN	Insured NRIC	5258		
Contact No.(Mobile)	96501786	Contact No.(Home)	NIL	Contact No.(Office)			
Email Address		01 Vehicle Number	SKA6362E	TP Vehicle Number	SH42		
Claim Description	SKA6362E / SHA9537M ON 17 Jan 2019				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault				
Endorsement No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Pending		
Date Registered				17/01/2019 13:06	Claim Close Date		
Report Taken By				KOSLI WAHAB	Workshop Repairer		
Print AK letter						Date Received	17/0
						Total Loss but Repaired	

Save Submit

## Attachment

Accident No.	MT/1028239	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	17/01/2019 13:08
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			



## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	Photos	Normal	Photos 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	SAS	Normal	SAS 2019-1-17
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2019 13:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-17

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/01/2019 (DD/MM/YYYY). TIME: 08:58 (HH:MM)

LOCATION: Henderson Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 6362E  
 b) INSURANCE COMPANY: NIC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA EDIX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: CHONG NAME BIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S25840243 CONTACT: 96501786  
 c) ADDRESS: BLK 114, DEPT RD #10-1037 S. 100114

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: FED CHAI KIANG JOHNNY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1027735 CONTACT: 90017629  
 c) ADDRESS: BLK 114, DEPT RD #10-1037 S. 100114

\* d) DATE OF BIRTH: 14/04/1946 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/08/1964

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: SHA 9937 MW 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: \_\_\_\_\_

SON

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

email = DANNYZ\_1992@hotmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1027735C



TEO CHI KIANG JOHN

张志强

Race  
CHINESE

Date of Birth: 14-09-1946 Sex: M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1027735C

Name:

TEO CHI KIANG JOHN

Birth Date: 14 Sep 1946

Issue Date: 17 Jun 2004



1001241613H

0844079



NRIC No. S1027735C



Blood Group: O+ Date of Issue: 22-03-1993

453996

APT BLK 114 DEPOT ROAD  
#10-1037  
SINGAPORE 0410

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

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 3500 kg

28 Aug 1964

NP 428A



Licence No: S1027735C

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Date of Accident

17/01/2019 09:57

Vehicle No.(For Motor)

SKA6362E

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"/>	5049508602-07		CHONG NAME BIN	S25840241	GPC	drivo CLASSIC	SKA6362E	SKA6362E	18/04/2018	22/04/2019