

NATIONAL Assessment Centre Services. part 1 Jan 03. MUA 119008114.

Date In: 17/11/19 17:10	Job description	Date & Time Completed	Done by
Ref No: NA114019001120164	SAS e-filing		
Veh No: SGR 7933J	E-mail (within 3hrs, AIC 2hrs)		
OD: 17/11/19 08:25	I-Motor Claim Form	MT/1028315-001	17/11/19 18:00
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Prototred Wksp / INC Assgn Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: FBM 217A	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)	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

NA 1900475	Invoice/Itemization Check	Amount (\$)	Remarks
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2020)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*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	17/01/2019 17:10
Date Of Accident	17/01/2019 08:05
Exact Location Of Accident	KIM KEAT LINK SLIP RD EXIT TO LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGR7933J
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN LONG
NRIC No	S2047347I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97685436
Alternative Phone No	OFFICE-97685436
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5025927294-10
Cover Note Number	-
Driver	
Name of Driver	TEO WEI YUN
NRIC No	S7639606Z
Date Of Birth	03/12/1976
Occupation	INDOOR
Date Of Driving Pass	20/02/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97659105
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 322C ANCHORVALE DR #03-146
Postcode	543322
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
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 (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
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	FBM217A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FERROZY
NRIC/Passport Number	
Contact Number	98894729
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:

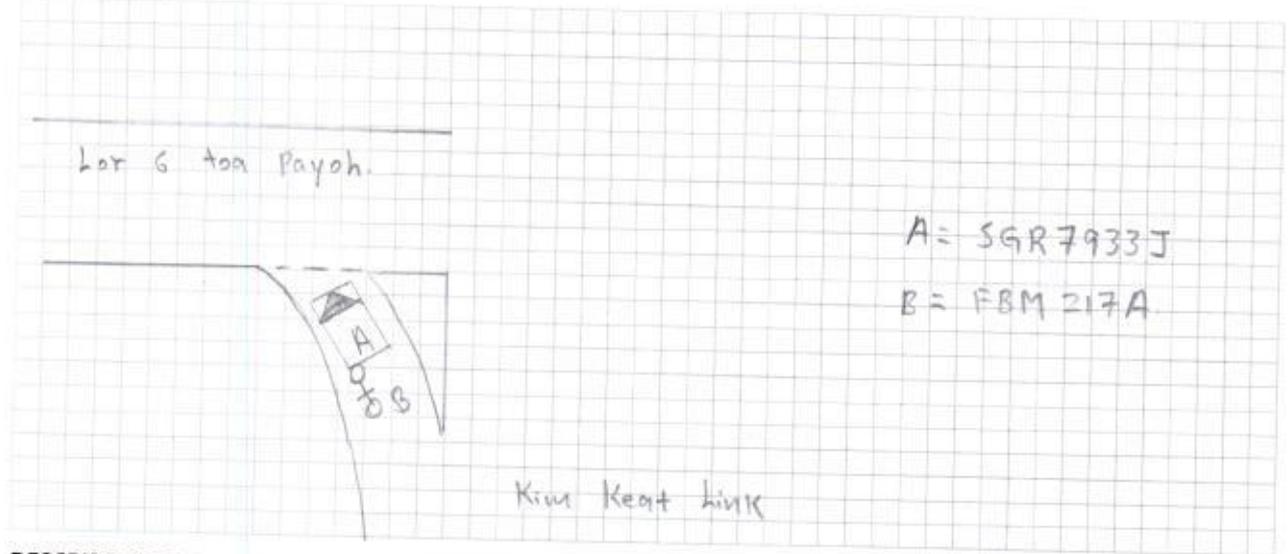
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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





Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**CONTINUATION OF REPORT**

Rider			
Name	FERROZY	ID No.	NIL
Related Vehicle	FBM217A (Motorcycle)	Contact No.	98894729
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
Driver			
Name	TEO WEI YUN	ID No.	S7639606Z
Related Vehicle	SGR7933J (Car)	Contact No.	97659105
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
Vehicle Owner			
Name	TAN CHIN LONG	ID No.	S2047347I
Related Vehicle	SGR7933J (Car)	Contact No.	97685436
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 17/01/2019 at about 0805hrs, I was driving my father-in-law's vehicle SGR7933J along the bend from PIE towards Kim Keat Link. The traffic was quite heavy at that time. When approaching the stop line from PIE, I slowed down and stopped behind a stop line to wait for traffic to clear. All of a sudden, I felt an impact from the back of my vehicle. I looked into the rear view mirror and saw one motorcycle (FBM217A) have collided into my vehicle, however the rider and his pillion did not fall off.

As it was unsafe for me to alight due to the heavy traffic, I drove to the roadside near to Toa Payoh SAFRA, after the zebra crossing, to assess the damage. The motorcyclist have also stopped and I did not notice any physical injury on him except for a small cut on his finger. The pillion was also observed to be okay. I noticed a vehicle part have also fallen off from the right side of the motorcycle. Due to the impact, there are some scratches and dents on the left rear of my vehicle. I wish to state that I do not have any injury. We then exchange particulars and left for our own ways. No police or ambulance came to scene. I



**SINGAPORE  
POLICE FORCE**



T/20190117/2122

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20190117/2122

**CONTINUATION OF REPORT**

am lodging a report for recording purposes and insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20190117/2122

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

4 of 4

Report No. T/20190117/2122

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: E / Sgt 2 JASMINE LEAU WEI LIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2019 16:11
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  

Authentication Stamp  
NP168



SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7639606Z



Name  
TEO WEI YUN

张惟云

Race  
CHINESE

Date of birth  
03-12-1976 F

Country of birth  
SINGAPORE

S7639606Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

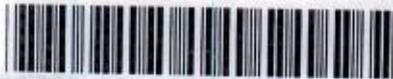


Licence Number S7639606Z

Name  
TEO WEI YUN

Birth Date 03 Dec 1976

Issue Date 18 Feb 2003



3987097



NRIC No. S7639606Z

Date of issue  
11-01-2007

APT BLK 322C ANCHORVALE DRIVE #03-146  
SINGAPORE 543322

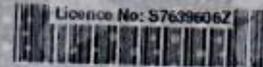
NRIC No: S7639606Z Date: 28/03/2009 No: 6194058

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

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

PASS DATE

20 Feb 2002



AP 42CA

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="17/01/2019 17:09"/>
Vehicle No. (For Motor)	<input type="text" value="SGR7933J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5025927294-10		TAN CHIN LONG	S20473471	GPC	Third Party, Fire & Theft	SGR7933J	SGR7933J	15/02/2018	14/02/2019

Continue

**Claim Handling**

**Accident MT/1028315**

Policy No.	5025927294-10	Vehicle No.	SGR7933J	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHIN LONG			Policyholder NRIC	S2047
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97685436	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	17/01/2019 17:56	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	17/01/2019	Time of Accident hh:mm	08:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	KIM KEAT LINK SLIP RD EXIT TO LOR 6 TOA PAYOH				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration No.		GST Registration Date	
Modification History		GST Status Verified		Yes	
<b>Policyholder Mailing Address</b>					
Address 1	BLK 442D #08-36	Address 2	FAJAR ROAD	Address 3	FAJAR
Address 4	SINGAPORE 674442	Address Type	Singapore address	Post Code	67444
Unit No.		Related Policy Number	5025927294-10		
<b>OJ Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/12/
Unnamed driver Name	TEO WEI YUN	Driver NRIC	S7639606Z	Driving Experience	16
Register Date of Driver License	20/02/2002	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	97659105	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 322C #03-146	Address 2	ANCHORVALE DRIVE	Post Code	54332
Address 4		Address Type	Singapore address		
Unit No.	03-146				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN CHIN LONG
Contact No.(Mobile)	97685436	Contact No.(Home)	67631651
Email Address		OJ Vehicle Number	SGR7933J
Claim Description	SGR7933J / FBM217A ON 17 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Date Registered	17/01/2019 17:59
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	
		Report Taken By	LIEW SHAN HUI

Save Submit

**Attachment**

Accident No.	MT/1028315	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

17/01/2019 18:00

- Choose File No file chosen
- Message Read

Clear	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	17 Jan 2019 18:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 18:00	SAS	Normal	SAS 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 2019-1-17
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	17 Jan 2019 17:59	Photos	Normal	Photos 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"/>	