

NATIONAL Assessment Centre Services (wef 10 Jan 05)

Date In: 08/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19002286/13	SAS e-filing		
Veh No: E4444A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/02/19 1300	i-Motor Claim Form	MT/1031241-001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: () Fax: ()

TP Particulars:	Veh No: SGR66464	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%; F: 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

NA1901090	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non 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	08/02/2019 18:26
Date Of Accident	06/02/2019 13:00
Exact Location Of Accident	HOUANG AVE 2 TWDS HOUANG AVE 3 NEAR L/P 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	E4444A
Insured/Policyholder	
Name Of Registered Owner	EAGERNESS
Co Reg No	53322663E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97778888

Vehicle Particulars

Manufacturer	PEUGEOT
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING HOUR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094452977-01
Cover Note Number	

Driver

Name of Driver	TEO TIAN CHEONG
NRIC No	S1342508F
Date Of Birth	03/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97778888
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 51 SIMS DRIVE
#17-140
Postcode 380051
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - CO-OWNER
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? YES
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) 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

PLS REFER TO THE 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 SGR6646U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

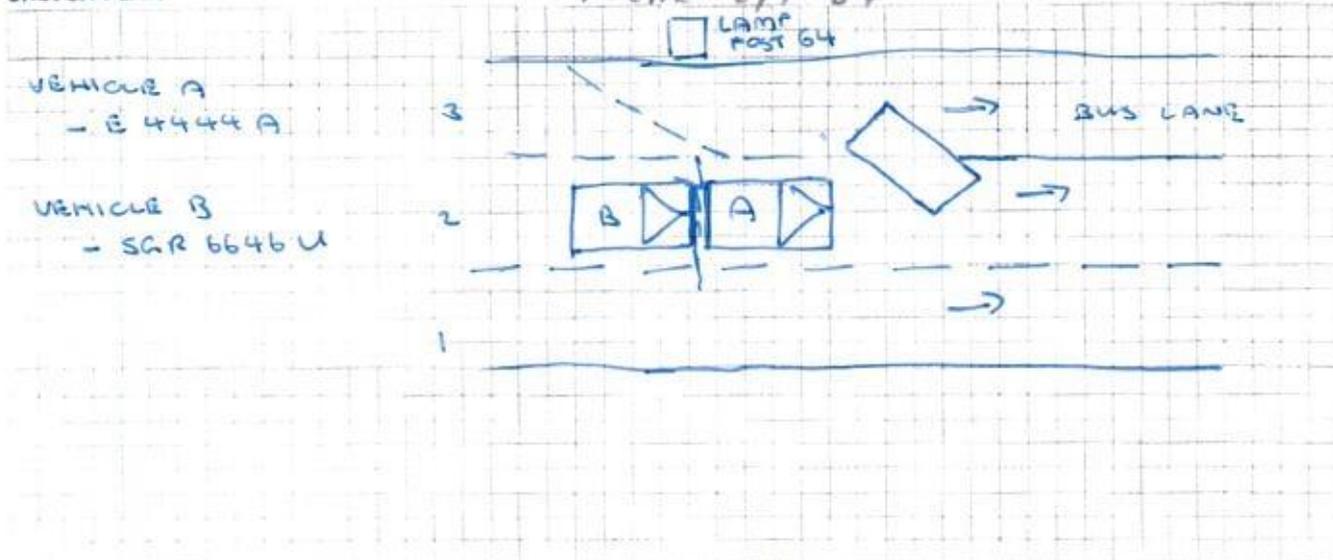
Name TEO TIAN CHEONG

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	E4444A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

HOUANG AVE 2 TOWARDS HOUANG AVE 3

NEAR L/P 64

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG HOUANG AVE 2 TOWARD HOUANG AVE 3 DIRECTION, I WAS ON THE MIDDLE LANE.

WHILE TRAVELLING FORWARD DUE TO A VEHICLE CUT INTO MY LANE FROM THE 3RD LANE, ON MY LEFT. THEN I APPLIED BRAKE TO COMPLETE STOP, SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE (SGR 6646 U) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - E 4444 A
 VEHICLE B - SGR 6646 U

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.:

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:

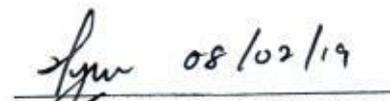
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



08/02/19

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

Vehicle No.	E 4444 A	Model / Make	PEUGEOT 508
Date of Accident	06/02/2019		
Time of Accident	1300	HRS	
Location of Accident	HOUGHANH AVE 2 TOWARD HOUGHANH AVE 3 NEAR LAMP POST 64		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	EAGERNESS		
Telephone No.	H/P: 9777 8888	Home:	Office:
NRIC	S 3322663E		
Address	51 SIMS DRIVE #17-140 SIMS USTA S(340051)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5094452977-01		
Name of Driver	As Above If No, TEO TIAN CHEONG		
NRIC	S 1342508F	Any Passengers:	
Date of birth	03 AUG 1959		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	13 NOV 1979		
Gender	Male / Female		
Contact No.	H/P: 9777 8888	Home:	Office:
Address	BLK 51 SIMS DRIVE #17-140 S(340051)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state CO. OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	TEO TIAN CHEONG,		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SAR 6646 U	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	SALES@NSI.COM.SG		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S1342508F



TEO TIAN CHEONG

张添添

CHINESE

03-08-1959 M

SINGAPORE

4250F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1342508F

Name:

TEO TIAN CHEONG

Birth Date: 03 Aug 1959

Issue Date: 09 Sep 2010



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S1342508F

Name : TEO TIAN CHEONG



Please visit www.lta.gov.sg to check the status of this vocational licence



0306266

NRIC No: S1342508F



Blood Group:

B+

Date of issue:

10-04-1992

Address:

APT BLK 51 SIMS DRIVE
#17-140
SINGAPORE 1438

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 13 Nov 1979



Licence No: S1342508F

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	06/06/2018



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5094452977-01

Cover : Comprehensive

- | | | |
|---|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : | E4444A |
| Chassis Number | : | VF38DBHZTGL016250 |
| 2. Name of Policyholder | : | EAGERNESS |
| 3. Effective Date of Insurance | : | 28 Sep 2018 |
| 4. Expiry Date of Insurance | : | 27 Sep 2019 |
| 5. Persons or Classes of Persons entitled to drive# | | |
| (a) The Policyholder, | | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | | |
| 6. Limitations as to Use# | | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	S\$2,000
EXCESS (SECTION 2)	:	S\$2,000
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	MAYBANK
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GRABCAR PTE. LTD. (00000601726)
 Date of Issue : 27 Sep 2018 13:56 hrs
 Reprint : 27 Sep 2018 13:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1031241

Policy No.	5094452977-01	Vehicle No.	E4444A	GST Registration No.
Certificate No.				
Policyholder Name	EAGERNESS			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97778888	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	09/02/2019 15:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/02/2019	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOUGANG AVE 2 TWDS HOUGANG AVE 3 NEAR L/P 64			

▼ **Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	16/11/20
GST Registration No.	S3322663E	GST Status Verified	No
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 51 #17-140	Address 2	SIMS DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	17-140	Related Policy Number	5096883854-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TED TIAN CHEONG	Driver NRIC	S1342508F	Driving Experience
Register Date of Driver License	13/11/1979	Driver Age	59	Contact No.(Home)
Contact No.(Mobile)	97778888	Contact No.(Office)	0	Address 3
Address 1	BLK 51	Address 2	SIMS DRIVE	Post Code
Address 4	SINGAPORE 380051	Address Type	Singapore address	
Unit No.	#17-140			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	EAGER!
Contact No.(Mobile)	97778888	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	E4444A
Claim Description	E4444A / SGR6646U ON 6 Feb 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	09/02/2019 15:48	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

