

NATIONAL Assessment Centre Services

Ref: J31/03

Date In	02/04/2019 12:47	Job description	Date & Time Completed	Done by
Ref No	NA/INC190025777/4	SAS e-filing		
Ch No	FBP 3120J	E-mail (within 8hrs, AIC 2hrs)		
DOA	02/04/2019 09:50	i-Motor Claim Form	MT/1038578-001	3/4/19 10:10
TP	Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Ych No: XD 98275	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

NA1902372	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idau DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON*			
*N3: 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: Idau Mobile \$0			
Invoice dated	Fee Charged		

Insured's Particulars:

Driver/Owner:

Contact No:

Insured Portion:

Checked by (Engr-In-Charge):

Insured's Comments:

3/3

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	02/04/2019 12:47
Date Of Accident	02/04/2019 09:50
Exact Location Of Accident	DEFU AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBP3120J
Insured/Policyholder	
Name Of Registered Owner	TEO ZHI PENG DOMINIQUE
NRIC No	S8625747E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97676927
Alternative Phone No	OTHERS-97676927
Vehicle Particulars	
Manufacturer	VESPA
Model	LX 150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108607599
Cover Note Number	
Driver	
Name of Driver	TEO ZHI PENG DOMINIQUE
NRIC No	S8625747E
Date Of Birth	18/09/1986
Occupation	INDOOR
Date Of Driving Pass	06/08/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676927
Fax Number	
Contact Number	OTHERS-97676927
EMail Address	NOEMAIL

Address	239 SEAGULL WALK
Postcode	486639
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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	XD9827S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR. CHIA SIAH OO
NRIC/Passport Number	
Contact Number	90613033
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:

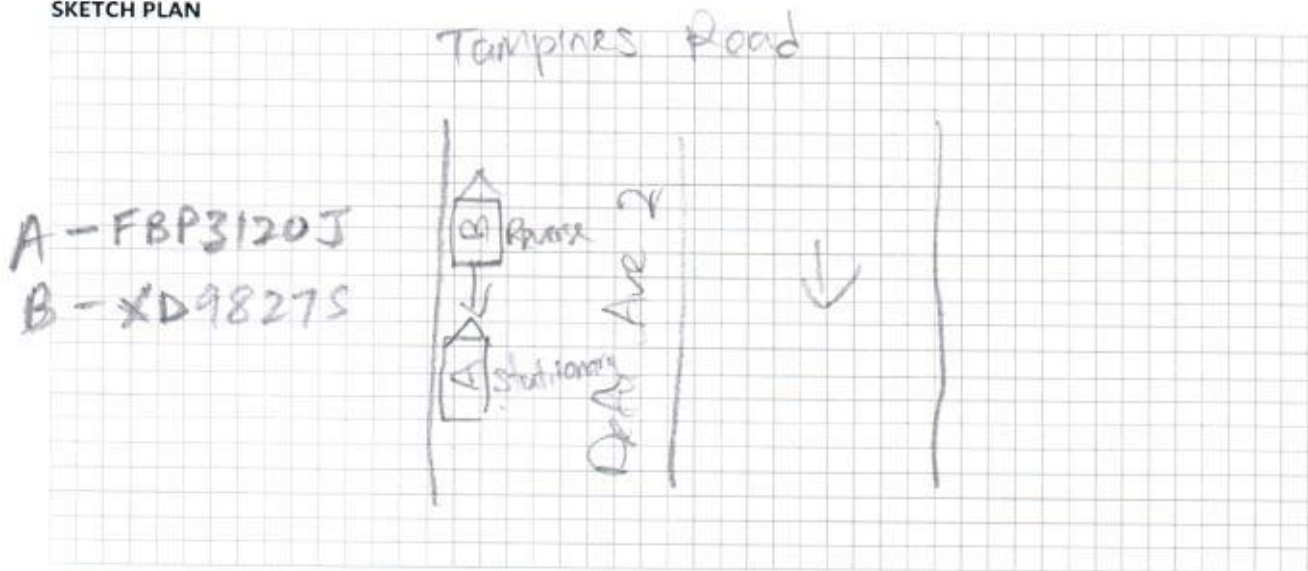
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

P/s Refer to the Attached

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 2/4/2019

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

Accident Report

On 2nd April 2019, at about 9.50am. I parked my motorcycle, FBP3120J along the roadside of Defu Ave 2 towards the exit of Tampines Road. My bike was parked at behind the Lorry, Veh No. XD9827S. As I was to mount my bike, the lorry reversed and knocked onto my motorcycle front. I had to jumped backwards to evade the lorry and managed to signalled him to stop.

Fortunately, I did not suffer any injuries. The driver, Mr Chia Siah Oo came out from the lorry and started apologising for his mistakes for reversing without checking the rear.

He again apologised for his mistakes. I'm making this report to claim against third party.


2/4/19

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8625747E



Name
TEO ZHI PENG, DOMINIQUE
(ZHANG ZHIPENG)
张 志 鹏

Race
CHINESE

Date of birth
18-09-1986

Country/Place of birth
SINGAPORE

Sex
M






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8625747E

Name
TEO ZHI PENG, DOMINIQUE
(ZHANG ZHIPENG)

Birth Date: 18 Sep 1986

Issue Date: 05 Jul 2017

5783906



NRIC No: S8625747E



Date of issue
19-07-2017


Address
239 SEAGULL WALK
SINGAPORE 486639

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	06 Aug 2009
Class 2A	Motorcycles between 201 cc and 400 cc	26 Apr 2011
Class 2	Motorcycles > 400 cc	19 Jul 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Dec 2005

NP 428A

Licence No: S8625747E



Email: Irene @ teospray trading. com. sg ✓

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"/>	5108607599		TEO ZHI PENG DOMINIQUE	S8625747E	GMC	Third Party	FBP3120J	FBP3120J	01/04/2019	31/03/2020

▼ Policy Information

Policy No.	5108607599	Policyholder Name	TEO ZHI PENG DOMINIQUE	Policyholder NRIC	S8625747E
Certificate No.					
Address	239 SEAGULL WALK SINGAPORE 486639				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/04/2019	Effective Date	01/04/2019 00:00	Expiry Date	31/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	172.45		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	KIMBERLEY INSURANCE AGENC'	Agent Tel.	97912294	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	239 SEAGULL WALK	Address 2	SINGAPORE 486639	Address 3	
Address 4		Address Type	Singapore address	Post Code	486639
Unit No.		Related Policy Number	5108607599		

► Insured Object: FBP3120J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

The premium on this policy has not been collected.

Accident MT/1038578

Policy No.	5108607599	Vehicle No.	FBP3120J	GST Registration No.
Certificate No.				
Policyholder Name	TEO ZHI PENG DOMINIQUE			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97676927	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	03/04/2019 10:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/04/2019	Time of Accident hh:mm	09:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DEFU AVE 2			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	239 SEAGULL WALK	Address 2	SINGAPORE 486639	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108607599	

▼ OI Driver Info

Driver Name	TEO ZHI PENG, DOMINIQUE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8625747E	Driving Experience
Register Date of Driver License	08/08/2007	Driver Age	32	Contact No.(Home)
Contact No.(Mobile)	97676927	Contact No.(Office)	0	Address 3
Address 1	239 SEAGULL WALK	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TEO ZH
Contact No.(Mobile)	97676927	Contact No. (Home)	NIL
Email Address	dominiqueteo1986@gmail.com	OI Vehicle Number	FBP312
Claim Description	FBP3120J / XD98275 ON 2 Apr 2019		
Preferred Workshop	Insured Liability	Partial at Fault	
Contact No. (Insured)	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Is Insured Registered?	Yes	Received	
		03/04/2019 10:11	Claim Close Date

Report Taken By

Workshop
Repairer☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1038578	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/04/2019 10:05

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:10	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:06	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2019 10:05	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading