

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA1904483

Date In: 14/19-14:54	Job description	Date & Time Completed	Done by
Ref No: MA/INC 4005854/24	SAS e-filing		
Veh No: 5LW7706L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/19-08:30	i-Motor Claim Form	M7/1038557-001	14/19 19:55
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: 5LW7706L

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est. Bill

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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	02/04/2019 14:54
Date Of Accident	01/04/2019 08:30
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7706K
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63858262

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104798553
Cover Note Number	

Driver

Name of Driver	TEO AH CHENG
NRIC No	S6829746Z
Date Of Birth	21/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91455176
Fax Number	
Contact Number	OFFICE-91455176
Email Address	NOEMAIL

Address	BLK 805D KEAT HONG CLOSE #12-86
Postcode	684805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, AS I APPROACHED THE JUNCTION WANTED TO MAKE A RIGHT TURN. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I MAKE A RIGHT TURN, SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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	SLA9969Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG HAITAO
NRIC/Passport Number	S6978220E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.



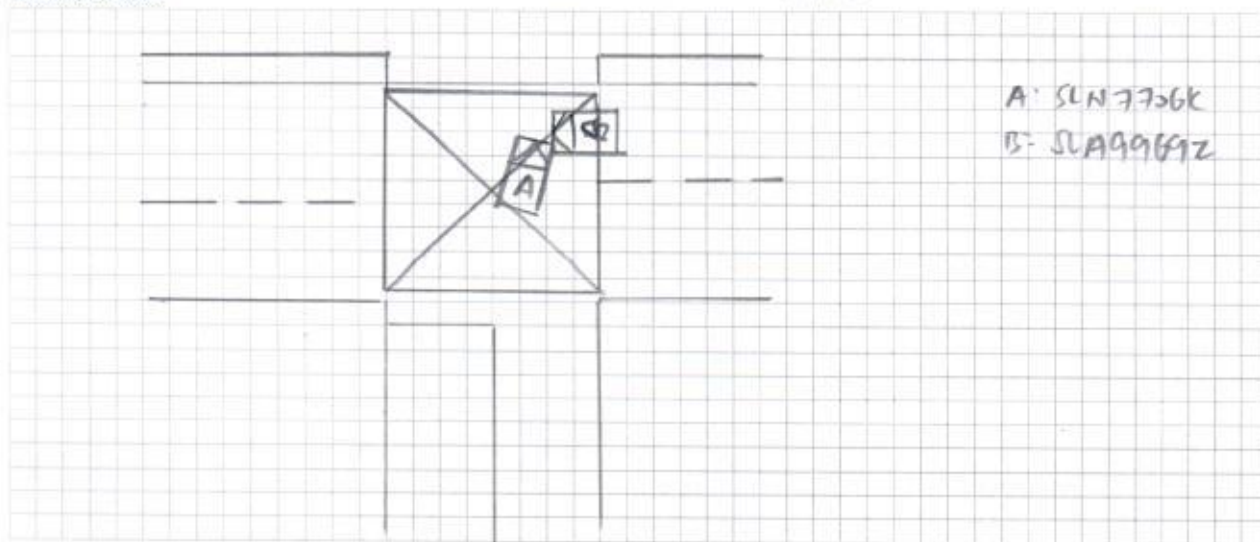
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Buloh Bukit West Ave 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6829746Z

Name: TEO AH CHENG

Birth Date: 21 Jul 1968

Issue Date: 22 Feb 2011

1001939450F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6829746Z

Name: TEO AH CHENG

张 亚 清

Race: CHINESE

Date of birth: 21-07-1968

Sex: M

Country of birth: SINGAPORE

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE: 01 Feb 1993

Licence No: S6829746Z

NP 428A

4721195

NRIC No. S6829746Z

Date of issue: 18-05-2011

APT BLK 605D KEAT HONG CLOSE #12-86
SINGAPORE 684805

NRIC No. S6829746Z Date: 17/09/2018

eBaoTech

GeneralClaim

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="01/04/2019 08:30"/>
Vehicle No. (For Motor)	<input type="text" value="SLN7706K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104798553		NEO AUTO LEASING PTE LTD	201814915N	GFT	drive CLASSIC	SLN7706K	SLN7706K	24/10/2018	

Policy Information

Policy No.	5104798553	Policyholder Name	NEO AUTO LEASING PTE LTD		Policyholder NRIC	201814915N
Certificate No.						
Address	BLK 31 #17-204 EUNOS CRESCENT EUNOS COURT SINGAPORE 400031					
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	18/10/2018	Effective Date	18/10/2018 00:00	Expiry Date	24/09/2019 23:59	
Excess Type		All Claims Excess				
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100	
Additional Excess	0	OS Premium	18350.00			
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	5104798553		

Insured Object: SLN7706K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/10/2018 00:00	Basic Information Endorsement	000001286928022	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLJ8974S 24-10-2018 \$1,064.32 2. SLK5314L 24-10-2018 \$1,064.32 3. SLK8304X 24-10-2018 \$1,064.32 4. SLN7706K 24-10-2018 \$1,064.32 5. SLN833Y 24-10-2018 \$1,064.32 In view of this amendment, an additional premium of \$5,321.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLE7266K 24-10-2018 \$1,064.32 2. SLE8443J 24-10-2018</p>

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1038557

Policy No.	S104798553	Vehicle No.	SLN7706K	GST Registration No.	
Certificate No.					
Policyholder Name	NEO AUTO LEASING PTE LTD			Policyholder NRIC	201814915N
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63856262	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	Yes

Accident Details

Report Date	02/04/2019 19:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	01/04/2019	Time of Accident (hh:mm)	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 5				

Excess

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 31 #17-204	Address 2	EUROS CRESCENT	Address 3	EUROS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	S104798553		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO AH CHENG	Driver NRIC	S6629746Z	Driver DOB	21/07/1968
Register Date of Driver License	01/02/1993	Driver Age	50	Driving Experience	26
Contact No.(Mobile)	91455176	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 805D	Address 2	KEAT HONG CLOSE	Address 3	KEAT HONG PRIDE
Address 4	SINGAPORE 584805	Address Type	Singapore address	Post Code	584805
Unit No.	12-86				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 [New](#)

Claim Type *	OD-MX	Insured Name	NEO AUTO LEASING PTE LTD	Insured NRIC	201814915N
Contact No.(Mobile)	81332853	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SLN7706K	TP Vehicle Number	SLA9969Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLN7706K / SLA9969Z ON 1 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/04/2019 19:53	Claim Close Date		Date Received	02/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1038557	Claim No.	001
LAST DOC. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/04/2019 19:54

Path *

Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Browse... Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Browse... Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:54	SAS	Normal	SAS 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Apr 2019 19:53	Photos	Normal	Photos 2019-4-2		Edit

Video List

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