

NATIONAL Assessment Centre Services

Date In: 06/05/2019 10:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19007905/14	SAS e-filing		
Veh No: SJH 8400R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/05/2019 22:40	i-Motor Claim Form	MT/1043365-001	7/5/19 16:38
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKV 1185Y	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments :- 1: 2 / 3:	NA1903235		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1) AR: Accident Reporting (\$30);	1st Bill	Add Bill	
			2) DA: Damage Assessment (\$100); INC (\$80)			
			3) TF: Towing Fee \$40/\$45			
			4) FT: Follow-Through Survey \$120			
			5) RT: 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:-			
		ON*				
		*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	06/05/2019 10:29
Date Of Accident	05/05/2019 22:40
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8400R
Insured/Policyholder	
Name Of Registered Owner	TEO TIAN HAO, KENT
NRIC No	S8522981H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96619001
Alternative Phone No	OTHERS-96619001

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0T AUTO 5N12V3 4WD
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103425560
Cover Note Number	

Driver

Name of Driver	TEO TIAN HAO, KENT
NRIC No	S8522981H
Date Of Birth	19/07/1985
Occupation	INDOOR
Date Of Driving Pass	08/09/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96619001
Fax Number	
Contact Number	OTHERS-96619001
Email Address	NOEMAIL

Address	BLK 440C FERNVALE LINK #16-155
Postcode	793440
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	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?	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)	6
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : FEMALE
Passenger 5	NAME: : NIL 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

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	SKV1185Y
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN PEI YING (CHEN PEIYING)

NRIC/Passport Number

S8731070A

Contact Number

98783740

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

Airport
on leeward

(A) SIH 84001
(B) SKV 1185Y

On 5 May 2019, 10.40pm. An accident occurred between SJH 8400R and SKV 1185Y along Airport Boulevard.

SKV 1185Y knocked into the rear of SJH 8400R.

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

NRIC/FIN No.:

--- 6/5/2019

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8522981H



Name

TEO TIAN HAO, KENT

张添豪

Race
CHINESE

Date of birth
19-07-1985

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity No. S8522981H



TEO TIAN HAO, KENT

Birth Date: 19 Jul 1985

Issue Date: 27 Dec 2015



5562317



NRIC No. S8522981H



Date of issue
28-01-2016

Address

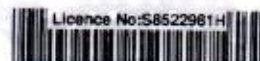
APT BLK 440C FERNVALE LINK
#16-155
SINGAPORE 793440

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 08 Sep 2007

NP 428A



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="05/05/2019 22:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SJH8400R"/>	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"/>	5103425560		TEO TIAN HAO, KENT	S8522981H	GPC	drivo CLASSIC	SJH8400R	SJH8400R	29/08/2018	28/08/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5103425560	Policyholder Name	TEO TIAN HAO, KENT	Policyholder NRIC	S8522981H
Certificate No.					
Address	BLK 440C #16-155 FERNVALE LINK SINGAPORE 793440				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/08/2018	Effective Date	29/08/2018 00:00	Expiry Date	28/08/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	SEOW KIT YEE, JOACQUIM (XIA) Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 440C #16-155	Address 2	FERNVALE LINK	Address 3	FERNVALE GARDENS
Address 4	SINGAPORE 793440	Address Type	Singapore address	Post Code	793440
Unit No.	#16-155	Related Policy Number	5103425560		

► Insured Object: SJH8400R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	change of comm
2	29/08/2018 00:00	Changing Commission Rate	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.15 to 0.12 on 29/08/2018.
3	29/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	change of comm:

Continue

Cancel

Claim Handling

Accident MT/1043365

Policy No.	5103425560	Vehicle No.	SJH8400R	GST Registration No.
Certificate No.				
Policyholder Name	TEO TIAN HAO, KENT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96619001	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(%)	50	Private Hire
▼ Accident Details				
Report Date	07/05/2019 16:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/05/2019	Time of Accident hh:mm	22:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AIRPORT BOULEVARD			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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	BLK 440C #16-155	Address 2	FERNVALE LINK	Address 3
Address 4	SINGAPORE 793440	Address Type	Singapore address	Post Code
Unit No.	#16-155	Related Policy Number	5103425560	
▼ OI Driver Info				
Driver Name	Teo Tian Hao Kent	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8522981H	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	33	Driving Experience
Contact No.(Mobile)	96619001	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 440C	Address 2	FERNVALE LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#16-155			
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	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TEO TIAN HAO
Contact No.(Mobile)	96619001	Contact No. (Home)	688149
Email Address	kent@forjakesake.com	OI Vehicle Number	SJH840
Claim Description	SJH8400R / SKV1185Y ON 5 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	07/05/2019 16:38	Claim Close Date	
Report Taken By		Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1043365

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

07/05/2019 16:35

Path *

Category *

Confidential

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Message Read

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NO

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NO

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NO

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NO

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NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:38	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:36	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:36	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:35	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2019 16:35	Photos	Normal	Photos