

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MNA 119068531

Date In: 27/5/19 14:58	Job description	Date & Time Completed	Done by
Ref No: MA/INC19099275/h4	SAS e-Ming		
Veh No: SMA 5425R	E-mail (within 2hrs, AIC 2hrs)		
DDA: 2515/19 11:00	I-Motor Claim Form	MT/1046322-00	27/5/19 19:21
(H) 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/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJR 8605P 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Other: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

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Remarks: ( )

MA1903928

Comments: ( )	1) AIC: 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) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Remarks: ( )	For claiming against INC Only (ver 10 Jan 2003)	
Remarks: ( )	6) TR: Re-inspection	\$75
Remarks: ( )	7) NI: Idao DA + SMRT Survey	\$160
Remarks: ( )	8) NTUC Additional Services:	
Remarks: ( )	9) NI: Idao Mobile	\$30
Remarks: ( )	10) NI: Idao Mobile	\$30
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Remarks: ( )	100) NI: Idao 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	27/05/2019 14:58
Date Of Accident	25/05/2019 11:00
Exact Location Of Accident	MARINE PARADE RD TWDS SIGLAP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5425R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108503970
Cover Note Number	-

### Driver

Name of Driver	TEO TZE MIN AARON GERARD (ZHANG ZIMIN AARON GERARD)
NRIC No	S7937108D
Date Of Birth	19/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98392953
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 23 EUNOS CRES #13-3013
Postcode	400023
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 - HEAD TO REAR
Weather Conditions	AFTER RAINED
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)	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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR8605P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAH NIZAM BIN ABDUL GAFFAR
NRIC/Passport Number	S8106804F
Contact Number	
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.
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:

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

# SKETCH PLAN

A = SMA 5425 R

B = SJR 8605 P

Marine Parade Rd towards Siglap

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

*[Signature]*

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

*[Signature]*

I WAS TRAVELLING ALONG MARINE PARADE RD TWDS SIGLAP ON THE RIGHT LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE DUE TO A TAXI CUT INTO HIS LANE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.



## ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 5 / 19.) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: Marine Parade Rd twals & Siglap

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 5425 R  
 b) INSURANCE COMPANY: IUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: H & H car Rental & Leasing. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 98392953  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Teo Tze Min Aaron (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 98392953  
 c) ADDRESS:

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rained)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJR 8605P MODEL:  
 b) DRIVER'S NAME: Shah Nizam Bin Abdul Gaffar  
 c) NRIC/FIN/PASSPORT: S8106804 F CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )


waiting chop

Email = Ronnie.

fax =

VIDEO = Yes / Haven't Retrieve

Land Transport Authority




**VOCATIONAL LICENCE**  
 Licence No: **S7937108D**  
 Name: **TEO TZE MIN AARON GERARD**  
 Issue Date: **3/6/2016**  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7937108D**  
 Name: **TEO TZE MIN, AARON GERARD**  
**(ZHANG ZIMIN, AARON GERARD)**  
 Birth Date: **19 Nov 1979**  
 Issue Date: **25 Apr 2006**



REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7937108D**



Name  
**TEO TZE MIN, AARON GERARD**  
**(ZHANG ZIMIN, AARON GERARD)**

Race  
**CHINESE**

Date of birth  
**19-11-1979**

Country of birth  
**SINGAPORE**

Sex  
**M**




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

Type	Description	Issue Date
02	TAXI VL	27/04/2016
03	BUS VL	03/06/2016
04	BUS ATTENDANT	03/06/2016



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


PASS DATE

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

25 Apr 2006

NP 428A

Licence No: **S7937108D**



4490296



NRIC No. **S7937108D**

**张子民**

Date of issue  
**19-11-2009**

Address  
**APT BLK 23 EUNOS CRESCENT**  
**#13-3013**  
**SINGAPORE 400023**





Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="S108503970"/>	Date of Accident	<input type="text" value="25/05/2019 09:17"/>
Vehicle No.(For Motor)	<input type="text" value="SMA5425R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108503970	5108503970-000025	H & H CAR RENTAL & LEASING	53331980C	GFM	drivo CLASSIC	SMA5425R	SMA5425R	28/03/2019	27/03/2020

## Claim Handling

Accident MT/1046322

Policy No.	5108503970	Vehicle No.	SMAS425R	GST Registration No.	
Certificate No.	5108503970-000025				
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	533311
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97234411	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	Yes
<b>Accident Details</b>					
Report Date	27/05/2019 19:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	25/05/2019	Time of Accident hh:mm	11:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINE PARADE RD TWDS SIGLAP				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	408891
Unit No.	04-12	Related Policy Number	5108503970		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO TZE MIN AARON GERARD (T)	Driver NRIC	57937108D	Driver DOB	19/11/
Register Date of Driver License	25/04/2006	Driver Age	39	Driving Experience	13
Contact No.(Mobile)	98392953	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 23 #13-3013	Address 2	EUNOS CRESCENT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	400021
Unit No.	13-3013				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		DI Vehicle Number	SMAS425R
Claim Description	SMAS425R / SJR8605P ON 25 May 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/05/2019 19:20
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No.  
Last Doc. Received

MT/1046322  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
27/05/2019 19:21

Path \*

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

Message Read

Clear

Category \*

Confidential

Urgency \*

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

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NO

Normal

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NO

Normal

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:20	SAS	Normal	SAS 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:20	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:20	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:20	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:20	Photos	Normal	Photos 2019-5-27
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Video List

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