

NATIONAL Assessment Centre Services

[Print / Export]

MAA 49089/23

Date In: 08/07/2019 19:55	Job description	Date & Time Completed	Done by
Ref No: N80/INC/90/2058/4	SAS e-filing		
Veh No: SJS 4014R	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 07/07/2019 15:30	I-Motor Claim Form	mt11052465-001	08/07/2019
OD: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:50
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wkap / INC Assign Wkap / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLA 5192	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

NA1905027	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
QC Checked by (Engr-In-Charge):	1211		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (N-in INC) against INC \$20		
	* N12: Idm Mobile \$30		
Aditior's Comments:			
Cal. 1:			

Page 2/3

1/1/1

Invoice dated: Pen Charged

1/1/1

Pen Charged

07-MAY-2019 16:39

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	08/07/2019 19:55
Date Of Accident	07/07/2019 15:30
Exact Location Of Accident	JURONG WEST AVENUE 2 TOWARDS JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4014R
Insured/Policyholder	
Name Of Registered Owner	TEE CHEE TENG
NRIC No	S7973580I
Email Address	TCHEETENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88666767
Alternative Phone No	OTHERS-88666767

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109163452
Cover Note Number	

Driver

Name of Driver	TEE CHEE TENG
NRIC No	S7973580I
Date Of Birth	31/08/1979
Occupation	INDOOR
Date Of Driving Pass	12/10/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88666767
Fax Number	
Contact Number	OTHERS-88666767
Email Address	TCHEETENG@GMAIL.COM

Address	BLK 527 JURONG WEST STREET 52 #05-295
Postcode	640527
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	AFTER RAIN
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190708/2114

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	SLA519Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZACHARY ANG

NRIC/Passport Number	S8919952B
Contact Number	84482844
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEE CHEE TENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJS4014R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

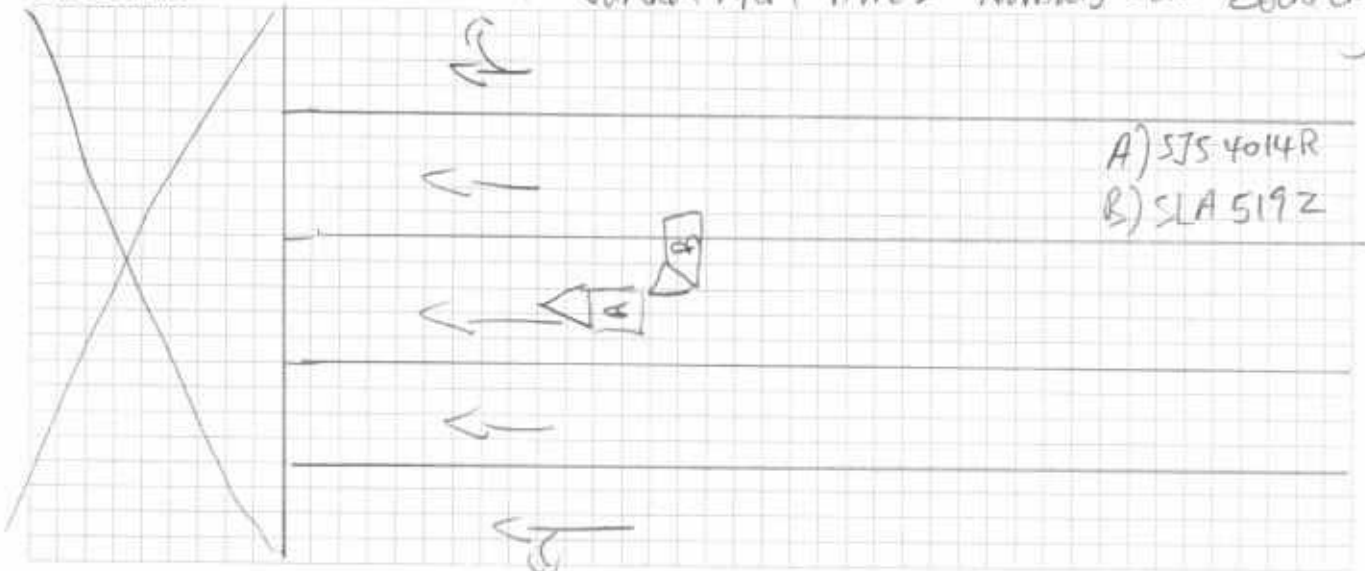


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
7/20/2019/2014

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.:



SINGAPORE POLICE FORCE



T/20190708/2114

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190708/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2019 16:11	Vide Report No.:	Station Diary No.: 81
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEE CHEE TENG			Address: APT BLK 527 JURONG WEST STREET 52 #05-295 SINGAPORE 640527	
ID Type / ID No.: NRIC NO / S79735801			Contact No.: Home/Office:	Mobile: 88666767
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 39	Date of Birth: 31/08/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2019 15:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST AVENUE 2 JALAN BOON LAY CROSS JUNCTION OF JURONG WEST AVENUE 2 TOWARDS JALAN BOON LAY				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS4014R	Car	TOYOTA	WISH 1.8X A	Black	Slightly Damaged	2
SLA519Z	Car					2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS4014R	NTUC Income Insurance Co-Operative Limited	5109163452	26/04/2019	25/04/2020



SINGAPORE POLICE FORCE



T/20190708/2114

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20190708/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE CHEE TENG	ID No.	S7973580I
Related Vehicle	SJS4014R (Car)	Contact No.	88666767
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ZACHARY ANG	ID No.	S8919952B
Related Vehicle	SLA519Z (Car)	Contact No.	84482844
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/07/2019 at about 1530 hrs, I was driving my Toyota Wish bearing registration number SJS4014R, at the cross junction of Jurong West Avenue 2 towards Jalan Boon Lay. I was stationary at the traffic light and was the second vehicle to wait for the traffic light to be in my favor. Subsequently, I noticed that a Toyota Corolla bearing registration number SLA519Z, was making a turn from Corporation Road towards Jurong West Avenue 2 (PIE towards Changi Airport direction). The said vehicle then skidded while making the turn and his head of the vehicle bumped on to the rear of my vehicle.

I have 2 GoJek passengers with me at the point of time, one is a lady about 50 years old while another passenger is a man about 20 years old. They informed me that they were not injured at the point of time. Upon reaching home, I felt pain on my back and went to Alexandra Hospital for treatment on 08/07/2019. I was discharged on the same day and was given 3 days medical leave. My vehicle suffered dents on the rear bumper and the sensor light was damaged. I am uncertain if there are more damages for my vehicle as I am still waiting for the vehicle inspection company to check.

I wished to state that after the incident, the said vehicle stopped and we exchanged contact number. The driver's particulars was provided to me through WhatsApp. I am neither unaware of the said vehicle's damage assessment nor the driver's injury. No police and ambulance at scene.



**SINGAPORE
POLICE FORCE**



T/20190708/2114

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20190708/2114

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190708/2114

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190708/2114

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 HENG JINGWEN

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

/ Insp NEO CHENG BEET, CECILIA

/ Contact No.: 65476069

Signature Of Informant:

[Handwritten signature]

Date/Time:

08/07/2019 16:11

Classification Of Case:

Authentication Stamp

NP168

[Handwritten signature]

Claim Handling

Accident MT/1052468

Policy No.	S109163452	Vehicle No.	S254014R	GST Registration No.	
Certificate No.					
Policyholder Name	TEE CHEE TENG			Policyholder NRIC	S79735801
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	88666767	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Nil
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	09/07/2019 10:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/07/2019	Time of Accident (hh:mm)	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		IDN No.	
Accident Location	JURONG WEST AVENUE 2 TOWARDS JALAN BOON LAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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 527 #05-205	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640527
Address 4		Address Type	Singapore address	Post Code	640527
Unit No.		Related Policy Number	S109163452		

OI Driver Info

Driver Name	TEE CHEE TENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S79735801	Driver DOB	31/08/1979
Register Date of Driver License	12/10/2001	Driver Age	38	Driving Experience	27
Contact No.(Mobile)	88666767	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 527 #05-205	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640527
Address 4		Address Type	Singapore address	Post Code	640527
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	S254014R	Driver Insurer Company	NTUC

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

Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	TEE CHEE TENG	Insured NRIC	S79735801
Contact No.(Mobile)	88676767	Contact No.(Home)	88674133	Contact No.(Office)	
Email Address		OT Vehicle Number	S254014R	TP Vehicle Number	SLA5192
Claim Description	S254014R / SLA5192 ON 7 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Remark No. Provision	Yes	Insured Option	Preferred Workshop, Name unknown	Gish result	Received
Date Registered		Claim Close Date	09/07/2019 10:38	Date Received	09/07/2019 00:00
Report Taken By	ROSLI WAHAB				

☒ Print AK letter[Save](#) [Submit](#)

Attachment

Accident No.	MT/1052468	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2019 10:50

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File	No file chosen	Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 10:50	SAS	Normal	SAS 2019-7-9

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: 07/07/19 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: Jurong West Ave 2 Toward Jln Boon Lay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS4014R
 b) INSURANCE COMPANY: KTVC
 c) POLICY NUMBER: 5109163452
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 07/07/19 15:30 Gojek
 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: TEE CHEE TEANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79735801 CONTACT: 88666767
 c) ADDRESS: BK 27 Jurong West St 2 #05-595
840557

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ASABOVIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 31/08/1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AT RAIN

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: SLAS192 MODEL: Tabra
 b) DRIVER'S NAME: ZACHARY ANG
 c) NRIC/FIN/PASSPORT: S819752B CONTACT: 84485844

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(3)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email =
 VIDEO

+ Chateng@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S79735801



TEE CHEE TENG

For LKK/NAC Use Only

郑志腾

Race

CHINESE

Date of Birth

31-08-1979

Sex

M

Country of Birth

MALAYSIA

中華民國國民

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S79735801

Photo



TEE CHEE TENG

For LKK/NAC Use Only

Birth Date 31 Aug 1979

Issue Date 05 Nov 2003



S423227



NRIC No S79735801

For LKK/NAC Use Only

Nationality

MALAYSIAN

Blood Group

A+

Date of issue

29-10-2001

APT BLK 527 JURONG WEST STREET 52 #05-295

SINGAPORE 640527

NRIC No: S79735801

Date: 08-06-2007 (R)

No: 5789094

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- | | | |
|----------|---|-------------|
| Class 2B | Motorcycles <= 200 CC | 12 Oct 2001 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 12 Apr 2004 |
| Class 3 | Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | 12 Oct 2001 |
| Class 4 | Motor cars and motor tractors > 2500 kg | 27 Apr 2006 |
| Class 5 | Motor vehicles > 2500 kg not constructed to carry any load | 23 Jan 2007 |

For LKK/NAC Use Only

S79735801

S / No. 9000063624

PIP 420A



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: 5109163452

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SJS4014R**
Chassis Number : ZGE200003224
2. Name of Policyholder : TEE CHEE TENG
3. Effective Date of Insurance : 26 Apr 2019
4. Expiry Date of Insurance : 25 Apr 2020
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.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: TEE CHEE TENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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)

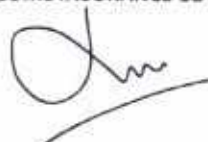
Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 26 Apr 2019 16:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive