

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MA 04/19/45886

Date In: 04/11/2009 15:25	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 9019455/4	SAS e-filing		
Veh No: SLS 7512B	E-mail (Within 3hrs, AIC 2hrs)		
DOA: 03/11/2009 11:48	I-Motor Claim Form	04/11/2009 15:48	
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: SCA 3588R	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 repair.
( ) 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:
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Date/Time:	Location:

Claims Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors Comments:	
Est. 1:	
Est. 2/3:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TP (Nil) ; TP (Non INC) against INC	\$30
9) N12: Idas Mobile	\$0
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	04/11/2019 15:25
Date Of Accident	03/11/2019 11:45
Exact Location Of Accident	EAST COAST PARK ROAD EXIT FROM ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7512B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO TECK HIAN
NRIC No	S0135515E
Email Address	TEOJUNHAO18154@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90235883
Alternative Phone No	OTHERS-87005893

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L (A)
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	REPORTING ONLY
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	5096455547-01
Cover Note Number	

### Driver

Name of Driver	TEO JUN HAO (ZHANG JUNHAO)
NRIC No	S8311895D
Date Of Birth	12/04/1983
Occupation	INDOOR
Date Of Driving Pass	04/03/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87005893
Fax Number	
Contact Number	OTHERS-90235883
Email Address	TEOJUNHAO18154@GMAIL.COM

Address	BLK 143 JALAN BUKIT MERAH #18-1138
Postcode	160143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

#### 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	SKA3855R
Vehicle Make/Model/Colour	MARK X
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACKSON ONG
NRIC/Passport Number	S8029286D
Contact Number	82606000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :



## 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: 4/11/19  
1215

Reporting Centre Personnel's Signature  
Name: 04/11/2019  
NRIC/FIN No.: 9021 10003

East Coast Park Road

A B

Car A SKA3588R  
Car B SLS7512B.

1140am

On 3rd Nov 2019, I was sending rider to East coast park  
Carpark C<sup>2</sup>. I was exiting to East coast park road from  
expressway, when I filter into the lane as the oncoming  
traffic was clear my ~~car~~ car (B) hit car (A). My  
rider was not injured.

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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/11/19  
12:55pm

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 03/11/2014 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: East Coast Road exit from ECP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 7512B  
 b) INSURANCE COMPANY: NThe Income  
 c) POLICY NUMBER: 5096455547-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Corolla Altis 1.6  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Teo Teck Han (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S01355159 CONTACT: 90235883  
 c) ADDRESS: Blk 143 Jln Bukit Merah #18-118

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

- DRIVER  
 a) NAME: Teo Jun Hoo (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S831895D CONTACT: 8905895  
 c) ADDRESS: Blk 143 Jln Bukit Merah #18-118

- \* d) DATE OF BIRTH: 12/04/1983 (DD/MM/YYYY)  
 e) OCCUPATION: INDOOR / OUTDOOR  
 f) DATE OF DRIVING PASS: PASS  
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Family  
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: DRY / WET / OTHERS  
 6. WAS ANYBODY INJURED (YES/NO) NO  
 7. a) REPORTED TO POLICE (YES/NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA3588R MODEL: Mark X  
 b) DRIVER'S NAME: Jackson Ong  
 c) NRIC/FIN/PASSPORT: S8029286D CONTACT: 8260 6000

## 9. THIRD PARTY VEHICLE

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

Email = teojunhoo18154@gmail.com

VIDEO

## Claim Handling

## Accident MT/1069841

Policy No.	5096455547-01	Vehicle No.	SLS7512B	GST Registrati
Certificate No.				
Policyholder Name	TEO TECK HIAN			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90238553	Contact No.(Office)		Contact No.(Hi
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	04/11/2019 15:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2019	Time of Accident hh:mm	11:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	EAST COAST PARK ROAD EXIT FROM ECP			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/11/2019 15:36:20 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 143 #18-113B	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	18-113B	Related Policy Number	5096455547-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO JUN HAO (ZHANG JUNHAO)	Driver NRIC	S8311895D	Driver DOB
Register Date of Driver License	04/03/2002	Driver Age	36	Driving Exper
Contact No.(Mobile)	87005893	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 143 #18-113B	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	18-113B			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLS7512B	Driver Insurer

## 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 \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

BENKIN No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

90235883

james\_teoth@yahoo.com.sg

SLS7512B / SKA3588R ON 3 Nov 2019

Insured Liability

Fully at Fault

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

04/11/2019 15:45

ROSLI WAHAB

Insured Name

Contact No.

(Home)

OI

Vehicle Number

SLS

Save

Submit

## Attachment



Attachment List

▼ Video List

Display in New Window

Hello, NAC\_BUKIT\_MERAH\_800676

[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="03/11/2019 12:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLS7512B"/>	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 type="radio"/>	5096455547-01		TEO TECK HIAN	S0135515E	GCV	Comprehensive	SLS7512B	SLS7512B	03/02/2019	02/08/2020