NATIONAL Assessment Centre Services. [wef 1 Jan/08] . MNAY20004552

Date In: 10/01/2020 16:12	Job description	Date & Time Completed	Done by
Ref No: NBA/INC2000067/0/4	SAS e-filing		
Veh No: SJL6584K	E-mail (4 jobs 8hrs, AIC 2hrs)		
D.O.A 10/01/2020 12:30	I-Motor Claim Form	LNT/10/7945/3-001	10/01/2020 16:43
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: YP5284J. INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) [Note-Est Status (W/O): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

[illegible]

( ) 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: ( )

[illegible]		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

[illegible]

NA2000365

Claimant [illegible]	Invoice [illegible]	[illegible]	[illegible] Amt($) / Add'bill
Driver/Owner:	1) AR : Accident Reporting ($30);		
	2) DA : Damage Assessment ($100); INC ($40)		
	3) TF : Towing Fee $40/$45		
Contact No:	4) FT : Follow-Through Survey $120		
	5) FT : Follow-Through Survey (Resurvey) $30		
	For claiming against INC Only (wef 10 Jan 2008)		
Damaged Portion:	6) TR : Re-Inspection $75		
	7) N1 : Idea DA + SMRT Survey $160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	* N5: Courtesy Car / Tpt Allowance $5		
	* N6: Repair Co-ordination $10		
Auditors Comments:	* N7: Post Repair Inspection $25		
	* N8: DV / Collect Excess Coordination $5		
	TP (N11) : TP (Non INC) against INC $30		
Sal. 1:	9) N12: Idea Mobile 30		[illegible]
	Invoice dated Fee Charged	[illegible]	
	Invoice dated Fee Charged		

2/2

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 witholding 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	10/01/2020 16:12
Date Of Accident	10/01/2020 12:30
Exact Location Of Accident	FAR EAST PLAZA EXIT TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL6584K
Insured/Policyholder	
Name Of Registered Owner	TEOH LEONG WEE
NRIC No	SXXXX799I
Email Address	CTIT2011@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96200583
Alternative Phone No	OTHERS-96200583
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5033387688-11
Cover Note Number	
Driver	
Name of Driver	TEOH LEONG WEE
NRIC No	SXXXX799I
Date Of Birth	22/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1991
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200583
Fax Number	
Contact Number	OTHERS-96200583
EMail Address	CTIT2011@HOTMAIL.COM

Address	1 PECK HAY ROAD #13-05
Postcode	228305
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	SIDE SWIPE
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)	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 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	YP5284J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUL DAS LAWRENCE
NRIC/Passport Number	FXXXX107W
Contact Number	83284476
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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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

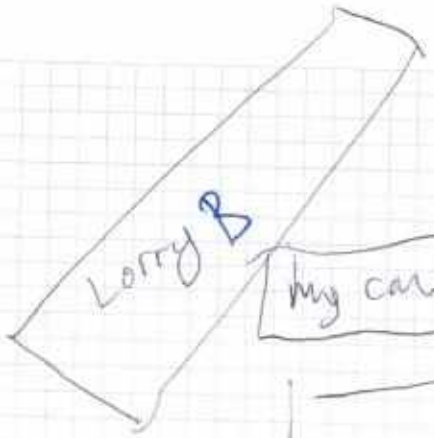
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 10/1/2020

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

10/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) GBH 6033A

B) YP 5284J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Lorry hit my car bumper while turning. My car was stationary at that time. This occured at the exit of Far East Plaza to Scotts Road.

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.:
		10/01/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (10/1/2020) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: FAR EAST PLAZA

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJL6584K
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA N7
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: TEOH LEONG WEE (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7124799I CONTACT: 96200583
   c) ADDRESS: #13-05 CASA CAIRNHILL, 1 PECK HAY ROAD S'PORE 228305
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   d) NAME: TEOH LEONG WEE (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7124799I CONTACT: 96200583
   c) ADDRESS: #13-05 CASA CAIRNHILL, 1 PECK HAY ROAD S'PORE 228305
   *d) DATE OF BIRTH: (22/11/1971) (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: OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   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

*No of passenger (including driver) (1)

   a) VEHICLE NUMBER: YP3284J MODEL: LORRY
   b) DRIVER'S NAME: ARUL DAS LAWRENCE
   c) NRIC/FIN/PASSPORT: F1056107W CONTACT: 83284476
9. THIRD PARTY VEHICLE

*No of passenger (including driver) (__)

   d) VEHICLE NUMBER: ~~YP 3284J~~ MODEL: ~~LORRY~~
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = ctit2011@hotmail.com

VIDEO

Claim Handling

Accident MT/1079493

Exit

Policy No.	5033387688-11	Vehicle No.	SJL6584K	GST Registration No.	
Certificate No.					
Policyholder Name	TEOH LEONG WEE			Policyholder NRIC	S7174799I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No (Mobile)	96200583	Contact No (Office)		Contact No (Home)	
Email Address		Special Remark		eCode	No
KTK	No Yes	TCR	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	10/01/2020 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/01/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FAR EAST PLAZA EXIT TOWARDS SCOTTS ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	1 PECK HAY ROAD	Address 2	#13-05 CASA CAIRNHILL	Address 3	SINGAPORE 228305
Address 4		Address Type	Singapore address	Post Code	228305
Unit No.		Related Policy Number	5033387688-11		

OI Driver Info

Driver Name	TEOH LEONG WEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7174799I	Driver DOB	22/11/1971
Register Date of Driver License	26/07/1991	Driver Age	48	Driving Experience	28
Contact No (Mobile)	96200583	Contact No (Office)		Contact No (Home)	
Address 1	1 PECK HAY ROAD	Address 2	#13-05 CASA CAIRNHILL	Address 3	SINGAPORE 228305
Address 4		Address Type	Singapore address	Post Code	228305
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJL6584K	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	TEOH LEONG WEE	Insured NRIC	S7174799I
Contact No.(Mobile)	96200583	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SJL6584K	TP Vehicle Number	VP5284J
Claim Description	SJL6584K / VP5284J ON 10 Jan 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Remark for Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/01/2020 16:43	Claim Close Date		Date Received	10/01/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1079493	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/01/2020 16:43

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos		Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos		Normal	Photos 2020-1-10		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos		Normal	Photos 2020-1-10		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	Photos	Normal	Photos 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-10	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2020 16:43	SAS	Normal	SAS 2020-1-10	Edit

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

eBaoTech

Hello, NAC_BUKIT_MERAH_800676

GeneralClaim

My Desktop
Notice of Loss

Change Language | Change Password | Log Out

Policy Query

Policy No.:
Vehicle No.(For Motor): SJL6584K
Date of Accident: 10/01/2020 14:01
Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5033387089-11		TEOH LEONG WEE	S7174798I	GPC	drive CLASSIC	SJL6584K	SJL6584K	05/12/2019	04/12/2020

Continue