

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA/170 03993**

Date In: 14/7/20 - 11:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 200725674	SAS e-filing		
Veh No: JML 496M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/7/20 - 18:25	i-Motor Claim Form	14/7/20 11:31	
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: **JH 3446H**

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:- (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

NA 2007673

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2 / 3:

1) AR: Accident Reporting (\$30);	
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	\$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	14/07/2020 11:19
Date Of Accident	13/07/2020 18:25
Exact Location Of Accident	CTE (SLE) BEFORE JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4966U
Insured/Policyholder	
Name Of Registered Owner	RICKY TEO CHER MOH
NRIC No	SXXXX999D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97621453
Alternative Phone No	OFFICE-97621453

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3 GF CVT
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	5117253698
Cover Note Number	

Driver

Name of Driver	RICKY TEO CHER MOH (RICKY ZHAO ZIMAO)
NRIC No	SXXXX999D
Date Of Birth	11/09/1979
Occupation	INDOOR
Date Of Driving Pass	18/11/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97621453
Fax Number	
Contact Number	OFFICE-97621453
EMail Address	NOEMAIL

Address	BLK 307B ANCHORVALE ROAD #04-52
Postcode	542307
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	RAINING
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)	2
Passenger 1	NAME: : - 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4466H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	RICKY TEO CHER MOH (RICKY ZHAO ZIMAO)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SML4966U
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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN


Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On stated date and time, I was traveling straight along
CTE feds JBE. Suddenly I felt an impact of my vehicle and realised
that vehicle B hit into my vehicle rear portion.

DECLARATION

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

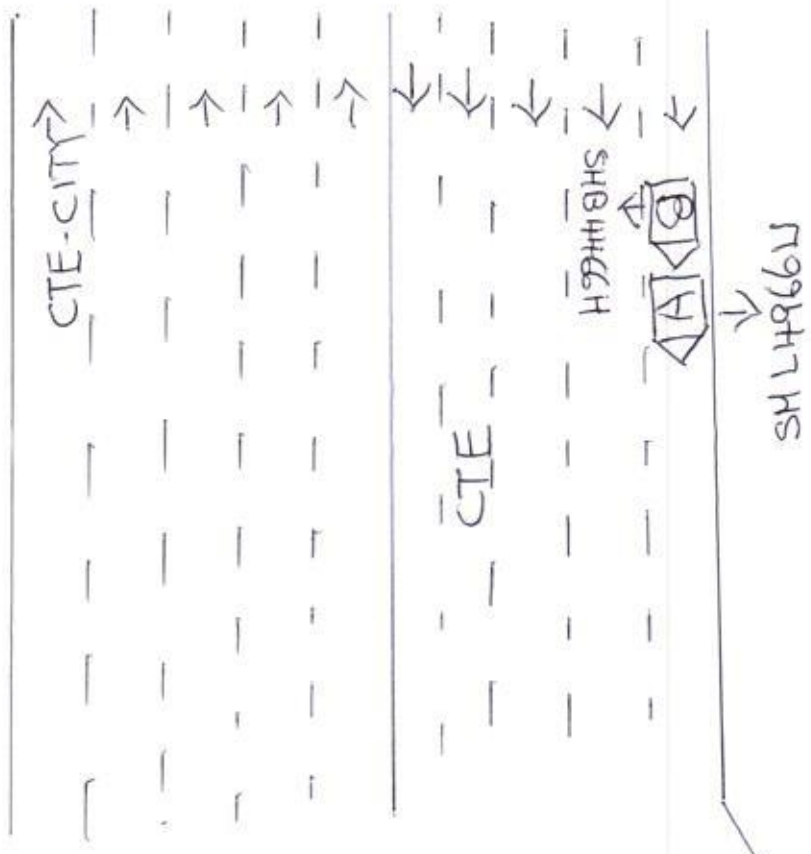

Policyholder's Signature
Date & Time:

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


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

HP 97621453

13/7/2000
18:25 PM
SNL H966N



Dalton Bahayin

ACCIDENT STATEMENT

ACCIDENT DATE: (13/7/12) (DD/MM/YYYY), TIME: (18:25) (HH:MM)

LOCATION: (7E (SLE) * Lepre Julian Behagien Rd Exp.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JmL49664
b) INSURANCE COMPANY: N7JC
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: Private
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: _____ (MALE / FEMALE) ☒
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9762143
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ☒
b) ROAD SURFACE: (DRY / WET / OTHERS) ☒

6. WAS ANYBODY INJURED (YES / NO) ☒ Driver

7. a) REPORTED TO POLICE (YES / NO) ☒

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB446611 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO = ☒

eBaoTech

GeneralClaim

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="13/07/2020 18:25"/>							
Vehicle No. (For Motor)	<input type="text" value="SML4966U"/>	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"/>	5117253698		RICKY TEO CHER MOH	S7927999D	GPC	drive CLASSIC	SML4966U	SML4966U	23/05/2020	22/05/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5117253698	Policyholder Name	RICKY TEO CHER MOH	Policyholder NRIC	S7927999D
Certificate No.					
Address	BLK 307B #04-52 ANCHORVALE ROAD ANCHORVALE PLACE SINGAPORE 542307				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/04/2020	Effective Date	23/05/2020 00:00	Expiry Date	22/05/2021 23:59
Excess Type	Per Accident	All Claims Excess			
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		Young/Inexperience Driver Excess
Agent	QUOTIGO PTE. LTD.	Agent Tel.	63853303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 307B #04-52	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	04-52	Related Policy Number	5117253698		

Insured Object: SML4966U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/05/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 23 May 2020, the following amendment(s) is/are made to this policy: MAIN DRIVER: RICKY TEO CHER MOH In view of this amendment, an additional premium of \$33.22 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1096772

Policy No.	S117253698	Vehicle No.	SML4966U	GST Registration No.	
Certificate No.					
Policyholder Name	RICKY TEO CHER MOH	Cover Type	drive CLASSIC	Policyholder NRIC	S79279990
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	97621453	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	14/07/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/07/2020	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) BEFORE JALAN BAHAGIA EXIT				
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	BLK 307B #04-52	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	04-52	Related Policy Number	S117253698		
OT Driver Info					
Driver Name	RICKY TEO CHER MOH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S79279990	Driver DOB	11/09/1979
Register Date of Driver License	18/11/2009	Driver Age	40	Driving Experience	10
Contact No. (Mobile)	97621453	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 307B	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	04-52				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RICKY TEO CHER MOH	Insured NRIC	S79279990
Contact No. (Mobile)	97621453	Contact No. (Home)	62847051	Contact No. (Office)	
Email Address	ric_teo@hotmail.com	OT Vehicle Number	SML4966U	TP Vehicle Number	SHB4466H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML4966U / SHB4466H ON 13 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/07/2020 11:31	Claim Close Date		Date Received	14/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit
















Attachment

up

Accident No.	MT/1096772	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/07/2020 11:31		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal
	Browse... Clear	Please Select		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	SAS	Normal	SAS 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Jul 2020 11:31	Photos	Normal	Photos 2020-7-14	
					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		Display in New Window	Scan and uploading		