

NATIONAL Assessment Centre Services.

Just 1 Jan 2003. **MAA20060029**

Date In: 16/07/2020 15:11	Job description	Date & Time Completed	Done by
Ref No: NBA/ME2000736414	SAS e-Milling		
Veh No: SKC 3114	E-mail (Mobile No, AIC No)		
D.O.A: 16/07/2020 10:45	I-Motor Claim Form	MAA2007081-001	16/07/2020 15:14
OD: TP: Reporting Only	I-Motor W/O (With/OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vic		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 88C	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 ()	

() 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: ()

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

Injury: _____

Date/Time: _____

MAA2003736

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (110)
Damaged Portion:	3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1 Day DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NG: Repairs Co-ordination	\$10
	• NI: Post Repair Inspection	\$25
	• ND: DV / Collect License Coordination	\$3
	• TE (11): TP (55) INC: replace 120G	\$30
	2) NI: 1 Day Mobile	
	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	16/07/2020 15:11
Date Of Accident	16/07/2020 10:45
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6 (TOWARDS AYE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC311G
Insured/Policyholder	
Name Of Registered Owner	TEO BIAN CHIN
NRIC No	SXXXX325A
Email Address	TEOKAIQIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98398139
Alternative Phone No	OTHERS-91281687

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING HOME
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	5087828550-03
Cover Note Number	

Driver

Name of Driver	TEO KAI QIN
NRIC No	SXXXX008B
Date Of Birth	09/11/1991
Occupation	INDOOR
Date Of Driving Pass	18/07/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281687
Fax Number	
Contact Number	OTHERS-98398139
EMail Address	TEOKAIQIN@GMAIL.COM

Address	BLK 5 JALAN MEMBINA #04-04
Postcode	169481
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)	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	SLJ88C
Vehicle Make/Model/Colour	PORCHE 911
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAW
NRIC/Passport Number	
Contact Number	97557168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/07/2020 1205H


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

traffic light

Along German Ave 6
(Towers Ave)

(B)
3rd party

✓, SLS 88C

(A)
My
Car


SKC 311 C₄

We were approaching the traffic light along Clementi Ave 6 and I was too close to the 3rd party. I was also distracted by my phone and couldn't stop in ~~tt~~ time and ended colliding with the 3rd party when he stopped at the traffic light at the last minute.

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


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

Reporting Centre Personnel's Signature
Name: Reza
NRIC/FIN No.: 9201 1234 5678

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
TEO KAI QIN

NRIC No
S9142008B



The card is the property of the Singapore Armed Forces. Any person losing this card is required to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence No: **S9142008B**

Name
TEO KAI QIN

Birth Date: **09 Nov 1991**
Issue Date: **18 Jul 2016**



 00025895418

NRIC No/Colour
S9142008B/ PINK

Race
CHINESE

Date Of Birth
09/11/1991

Service Status
NSF

Address
**Blk 5 JALAN MEMBINA
#04-04 SINGAPORE 169481**

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
WOSE

Sex
M



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

EFFECTIVE DATE **18 Jul 2016**

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

For LKK/NAC Use Only

NP 428A

 Licence No: S9142008B

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 07 / 2020 (DD/MM/YYYY), TIME: 10 : 45 (HH:MM)

LOCATION: Clementi Ave 6 (towards AYE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC311G
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 50878 28550 - 03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA COROLLA ALTIS
 f) TYPE: (SALOON / ~~COUPE~~ / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Communting home
 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: TEO BIAN CHIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SO1393254 CONTACT: 98398139
 c) ADDRESS: 5 JALAN MEMBINA #04-04 S169481

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO KH QIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9142008B CONTACT: 91281687
 c) ADDRESS: 5 JALAN MEMBINA #04-04 S169481

* d) DATE OF BIRTH: 09 / 11 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18 Jul 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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

- a) VEHICLE NUMBER: SLJ 88C MODEL: Porsche 911
 b) DRIVER'S NAME: SHAW
 c) NRIC/FIN/PASSPORT: CONTACT: 9755 7168

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 passengers
 (including driver)

()

No of passengers
 (including driver)

()

Email =

VIDEO

teokaigina@gmail.com

Claim Handling

Accident MT/1097031

Policy No.	9087828550-03	Vehicle No.	SKC111G	GST Registration No.	
Certificate No.					
Policyholder Name	TEO SEAN CHIN			Policyholder NRIC	S01393254
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	98396139	Contact No.(Office)		Contact No.(Home)	
Email Address	sean@p@gmail.com	Special Remark		sCode	NA
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	16/07/2020 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/07/2020	Time of Accident (h:mm)	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG CLEMENT AVENUE 6 (TOWARDS AYE)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1100.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	5 JALAN HERBERT	Address 2	#04-04	Address 3	SINGAPORE 169481
Address 4		Address Type	Singapore address	Post Code	169481
Unit No.		Related Policy Number	9087828550-03		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/11/1991
Unnamed driver Name	TEO KAJ QIN	Driver NRIC	S01420088	Driving Experience	3
Register Date of Driver License	18/07/2016	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	91181687	Contact No.(Office)		Address 3	SINGAPORE 169481
Address 1	5 JALAN HERBERT	Address 2	#04-04 CENTRAL GREEN CONDO	Post Code	169481
Address 4		Address Type	Foreign address		
Unit No.	04-04			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKC111G		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	CO-OP	Insured Name	TEO SEAN CHIN	Insured NRIC	S01393254
Contact No.(Mobile)	98396139	Contact No.(Home)	62756540	Contact No.(Office)	
Email Address	sean@p@gmail.com	DI Vehicle Number	SKC111G	TP Vehicle Number	SL188C
Claim Description	SKC111G / SL188C ON 16 Jul 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Sanction No.		Preferred Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/07/2020 15:54	Claim Close Date		Date Received	16/07/2020 00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1097031	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/07/2020 15:54
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> </div> <div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> </div>			
<div> <div>Category *</div> <div>Confidential</div> <div>Urgency *</div> <div>Description *</div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div> <div> <div>Please Select</div> <div>NO</div> <div>Normal</div> <div></div> </div>			
Send Mail			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)	on 16 Jul 2020 13:54	Photos	Normal	Photos 2020-7-16	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	Photos		Normal	Photos 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jul 2020 15:54	SAS		Normal	SAS 2020-7-16

Video List

Uploaded By/Date	Order Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			

THE SCHEDULE

Insurance
15/1/2020 - 14/1/2021

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5087828550-03
The Policyholder	: TEO BIAN CHIN 5 JALAN MEMBINA #04-04 SINGAPORE 169481
Period of Insurance	: 15 Jan 2020 To 14 Jan 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$729.02
Interest Insured	
Cover Type	: drive CLASSIC
Primary Driver	: TEO BIAN CHIN
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: TOYOTA/COROLLA ALTIS
Registration Number	: SKC311G
Chassis Number	: MR053REE104120428
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: N/A
Optional Cover	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1600cc
Registration Year	: 2011
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 50%
NCD Protection	: Yes(Free)
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M4

Agency : INSURE LINK PTE LTD (00000614836)
Date of Issue : 18 Dec 2019 21:10 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive