

NATIONAL Assessment Centre Services. Part 1 Jan 2003

Date In: 25/10/20	Job description	Date & Time Completed	Done by
Ref No: NBN INC 2001764 IT	SAS e-filing		
Veh No: S KR60286	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 27/10/20	I-Motor Claim Form	MT1108103002	29/10/2000
OID: TP: Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		11:09
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wkcp / INC Assign Wkcp / OW: ( ) Toll ( ) Fax ( )

TP Particulars: Vch No: 2255812 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: \_\_\_\_\_

NA2005712	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Arch/Com:	For claiming against INC Only, Over 10 Jan 2003	
Dat. 1:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repair Coordination	\$10
	• NI: Post Repair Inspection	\$23
	• NI: DV / Collect Excess Coordination	\$3
	• NI: TP (Non-INC) against DTC	\$20
	9) NI: 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	28/10/2020 18:33
Date Of Accident	27/10/2020 07:55
Exact Location Of Accident	JUNCTION OF CLAYMORE HILL/DRAYCOTT DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6028G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO SIEW KIM
NRIC No	SXXXX690J
Email Address	SISKIMTEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96745301
Alternative Phone No	OFFICE-96745301

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5070033327-05
Cover Note Number	

### Driver

Name of Driver	TEO SIEW KIM
NRIC No	SXXXX690J
Date Of Birth	17/04/1945
Occupation	INDOOR
Date Of Driving Pass	25/10/1971
Driving Experience	49 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96745301
Fax Number	
Contact Number	OFFICE-96745301
Email Address	SISKIMTEO@GMAIL.COM

Address	BLK 326 CLEMENTI AVE 5 #13-187
Postcode	120326
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

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	SLZ5581C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

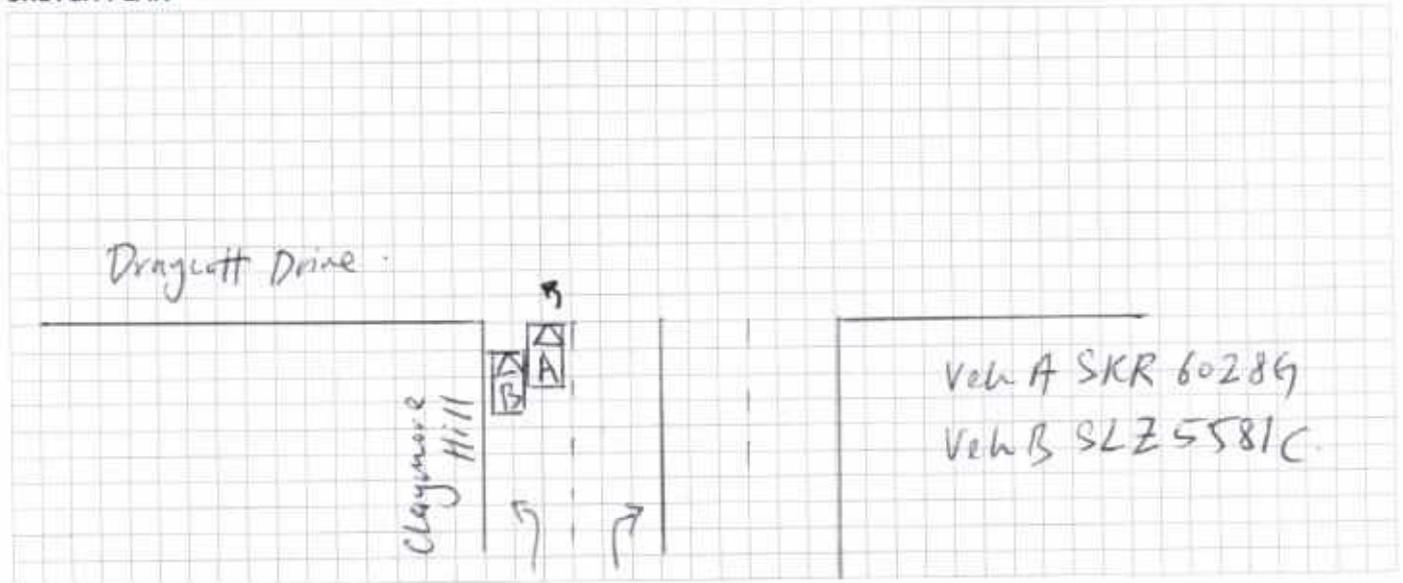
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 x  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

 y  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/10/20

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 27/10/20 Wednesday at around 7.55am. I stopped at junction of Claymore Hill (opposite Tangle Hub) to turn to Draycott Drive. When traffic cleared, I turned very slowly and next second heard a sound. Car driver SLZ5581C. claimed I knocked into him. He must have squeezed through my left side (blind spot), unaware to me. This is a single lane road and I was the first car and quite sure no car behind me.

**DECLARATION**

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

[Signature]  
 Policyholder's Signature  
 Date & Time:

[Signature]  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 28/10/20

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/10/2020 (DD/MM/YYYY), TIME: 7:55 (HH:MM) <sup>AM</sup>

LOCATION: Junction of Claymore Hill / Draycott Drive

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 6028G  
b) INSURANCE COMPANY: N74C  
c) POLICY NUMBER: 5070033327-05  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN / SYLPHY  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
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 SIEW KIM (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S0492690J CONTACT: 96745361  
C) ADDRESS: 326 Clementi Ave S #13-187  
Singapore 120326

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

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 17/4/1945 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25.10.71

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 clear)

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: SLZ5581C 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: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = siskimteo@gmail.com

VIDEO

**Claim Handling**

**Accident MT/1108103**

Policy No.	5070033327-05	Vehicle No.	SKR6028G	GST Registration No.
Certificate No.				
Policyholder Name	TEO SIEW KIM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KIK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

**Accident Details**

Report Date	28/10/2020 08:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/10/2020	Time of Accident (h:mm)	08:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD OF CLAYMORE HILL TWRD5 DRAYCOTT DR			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	400.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver Is 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 Registraton No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 325 #13-187	Address 2	CLEMENTI AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5070033327-05	

**O1 Driver Info**

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Comp

Modification History

**Claim 002** New

Claim Type *	DD-MX	Inured Name	TEO SIEW
Contact No.(Mobile)	96745301	Contact fm. (Home)	6774257
Email Address	SISKIMTEO@GMAIL.COM	O1 Vehicle Number	SKR6028
Claim Description	SKR6028G / SL255R)C ON 27 Oct 2020		
Preferred Workshop		Insured Liability	Partially at fault
Garage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/10/2020 11:08
Print AK letter			TAUFIQ

Save Submit

Attachment

Accident No. MT/1108103 Claim No: 002  
 Last Doc. Received  Yes  No Upload Date: 29/10/2020 11:09

Path \*

- Choose File No file chosen

Category *	Confidential
Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:09	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:09	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:09	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:09	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:09	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 11:08	SAS	Normal	SAS 20f

Video List

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

## THE SCHEDULE

### 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	: 5070033327-05
The Policyholder	: TEO SIEW KIM BLK 326 #13-187 CLEMENTI AVENUE 5 SINGAPORE 120326

Period of Insurance	: 23 Feb 2020 To 22 Feb 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,065.91

#### Interest Insured

Cover Type	: drive PREMIUM	Capacity	: 1600cc
Primary Driver	: TEO SIEW KIM	Registration Year	: 2015
Named Driver (1)	: TEO WAI LOON ADRIAN	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: NISSAN/SYLPHY	NCD Entitlement	: 50%
Registration Number	: SKR6028G	NCD Protection	: Yes(Free)
Chassis Number	: MNTBBAB17Z0022430	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
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

Memo A : N/A

Endorsement Operative : M4, M7

Agency	: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue	: 07 Jan 2020 17:18 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