

# NATIONAL Assessment Centre Services.

Part 1 Jan 09

SN 0920 00009

Date In: 21/12/20 14:27	Job description	Date & Time Completed	Done by
Ref No: NAJMC 20014189/44	SAS e-filing		
Veh No: SKN 8273K	E-mail (within 3hrs, A/C 2hrs)		
IP: 20/12/20 14:00	I-Motor Claim Form	MT/11/4474 001	21/12/20 16:54
OT: (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

SKN 3967L

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 ( ) Non-INC ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: (

Other: (

Comments: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

Signature: (

Date: (

NA2100724

Driver/Owner:

Contact No:

Damage Portion:

Checked by (Bug-In-Charge):

Comments:

1:

2/3:

Invoice Itemization		Amount	Added
1) AR: Accident Reporting (\$30);			30
2) DA: Damage Assessment (\$100);	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claimant's use only (INC Only) (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) N1: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (N11 INC) against INC	\$20		
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 Submission ..... 21/12/2020 14:27 (SGT)  
 Date of Accident ..... 20/12/2020 14:00 (SGT)  
 Exact Location of Accident ..... Lor 9 Geylang, Singapore  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number ..... SLN8273K

**INSURED/POLICYHOLDER**

Is company? ..... No  
 Name Of Registered Owner ..... TEO YU SOON  
 NRIC No ..... SXXXX036C  
 Email Address ..... FVTUSS@GMAIL.COM  
 Mobile Phone No ..... (Phone) +65-98375633  
 Alternative Phone No ..... +65-98375633

**VEHICLE PARTICULARS**

Manufacturer ..... Toyota  
 Model ..... Axio  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Private hire  
 Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Private hire

**INSURANCE COMPANY**

Name of Insurance Company ..... NTUC  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... 5120056729  
 Cover Note Number ..... -

**DRIVER**

Name of Driver ..... TEO YU SOON  
 NRIC No ..... SXXXX036C  
 Date Of Birth ..... 20/02/1988

Date Of Driving Pass .....	04/06/1992
Driving experience .....	28 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98375633
Alt. Phone Number .....	+65-98375633
Email Address .....	FVTUSS@GMAIL.COM
Address .....	BLK 409A FERNVALE RD #11-38
Address complement .....	-
Postcode .....	791409
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201220/7015

#### 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 .....	SKN3967L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TEO YU SOON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLN8273K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


## SKETCH PLAN


### IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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:

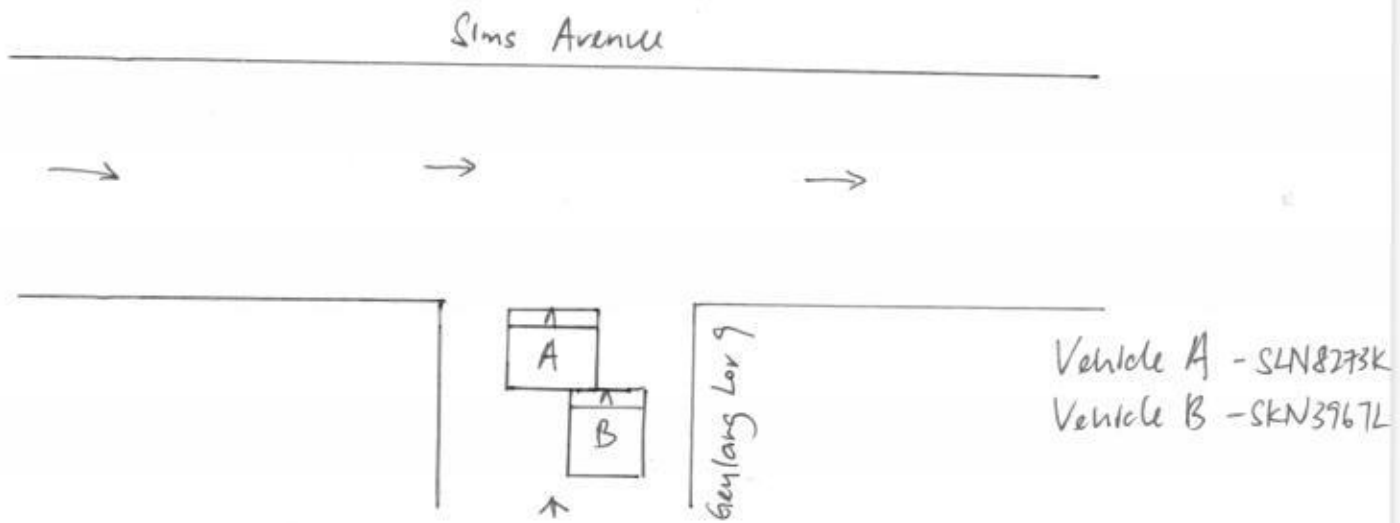
- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

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

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

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

**SKETCH PLAN**



Refer to police report - T/2020/220/7015

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



T/20201220/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3

Report No. T/20201220/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2020 16:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO YU SOON			Address: 409A FERNVALE ROAD #11-38 SINGAPORE 791409		
ID Type / ID No.: NRIC NO / S6808036C			Contact No.: Home/Office: Mobile: 98375633		
Nationality: SINGAPORE CITIZEN			Email: fvtys@gmail.com		
Sex: Male	Age: 52	Date of Birth: 20/03/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2020 14:00	Type of Location: T-Junction
Location:  Geylang Lorong 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKN3967L	Car					0
SLN8273K	Car	TOYOTA	COROLLA AXIO HYBRID 1.5 CVT	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20201220/7015

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No. T/20201220/7015

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN8273K	NTUC Income Insurance Co-Operative Limited	5120056729	02/12/2020	01/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO YU SOON		ID No. S6808036C
Related Vehicle	SLN8273K (Car)		Contact No. 98375633
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4,5 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

On the stated date and time , I was travelling along Geylang Avenue 9 turning towards Sims Avenue . My car was stationary before turning out of the T junction . Suddenly I felt an impact from my rear . I stopped my vehicle and went down . I realised Vehicle bearing carplate no. (SKN3967L) had collided onto my rear . We exchanged particulars and left the scene . I went to consult a doctor as I felt pain in my back and neck area and was entitled 3 days of mc .





**SINGAPORE  
POLICE FORCE**



T/20201220/7015

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Report No. T/20201220/7015

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 406665

Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/12/2020 16:51

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6808036C



Name: TEO YU SOON

Chinese Name: 趙 由 順

Race: CHINESE

Date of Birth: 20-03-1968

Sex: M

Country of Birth: SINGAPORE



S6808036C

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S6808036C



Name: TEO YU SOON

Birth Date: 20 Mar 1968

Issue Date: 22 Mar 2016



002549816J

Land Transport Authority


VOCATIONAL LICENCE

Licence No. S6808036C

Name: TEO YU SOON

Issue Date: 3/8/2016

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



3633337



Licence No. S6808036C



Date of Issue: 18-06-2004


Address:  
APT BLK 409A FERNVALE ROAD  
#11-3B  
SINGAPORE 791409

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	04 Jun 1992
Class 4	Motor vehicles which are constructed to carry 16 or passengers and the unladen weight ≤ 2500kg	18 Mar 1994
Class 5	Motor vehicles which are not constructed to carry 16 or passengers and the unladen weight ≤ 7250kg	22 Nov 2010

NP 425A



Licence No S6808036C

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 675701.

Type	Description	Issue Date
02	TAXI VL	26/06/2007
03	BUS VL	18/04/2007
04	BUS ATTENDANT	18/04/2007





## Certificate of Insurance

1) The Policy does not cover any driver who is below 22 Years of Age and / or less than 2 Years of Driving Experience

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

2) Section 1 Clause 8 on Unnamed Driver Excess will not apply.

Certificate Number: 5120056729

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLNB273K

Chassis Number

: NKE1657140852

2. Name of Policyholder

: TEO YU SOON

3. Effective Date of Insurance

: 02 Dec 2020

4. Expiry Date of Insurance

: 01 Dec 2021

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$2,000

EXCESS (SECTION 2)

: S\$1,500

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: TEO YU SOON

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIKE PURCHASE COMPANY

: PRIME MOTOR & LEASING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Date of Issue : 01 Dec 2020 14:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Date of Accident : 20/12/20 Accident Time: 14.00 (24-HR-Format)  
Accident Place : Geylang Lorong 9  
Vehicle No. (Car Plate No.) : SLN8273K Make/Model: Corolla Axio Hybrid 1.5 CVT  
Insurance Company : NTUC Policy No: 5120056729  
Owner or Company Name / IC No. : Teo Yu Soon S6808036C  
Owner or Company Contact No. : Owner's Hp 9837 5633 Company Tel  
DRIVER'S Name / IC No. : S6808036C Teo Yu Soon  
DRIVER'S Date Of Birth : 20/03/1968 DRIVER'S License Pass Date 22/03/16  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : Blk 409A Fernvale Road #11-38 S791409  
DRIVER'S Contact No./ Alt No. : 1) 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : fvtysse@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: SKN3967L	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

G13 Accident Reporting @ gmail.com