NATIONAL Assessment Centre Services. (ref.) MNA418011247

Date In: 23/01/2018 11:31	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18001352/Y	SAS e-filing		
Veh No: SJK 3335U	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 22/01/2018 19:15	I-Motor Claim Form	WT10979047	23/01/2018 12:28
OD / (TP) / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	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: SBS 6634H 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%, F: 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 0616	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 / Action:

NM1800561

	Invoice Preparation Checklist	Amt(S) Bill	Amt(S) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting ($30):		
	2) DA: Damage Assessment ($100): INC ($80)		
Driver/Owner:	3) TP: Towing Fee $40/$45		
	4) FT: Follow-Through Survey $150		
Contact No:	5) RT: Follow-Through Survey (Resurvey) $50		
	For claimant against INC Only (w.e.f 10 Jun 2010)		
Damaged Portion:	6) TR: Re-Inspection $35		
	7) NI: New DA + SMRT Survey $160		
	8) NTUC Additional Services:		
QC Checked by (Engr-In-Charge):	OD:		
	(N): Courtesy Car / Tpt Allowance $5		
	(N): Repair Coordination $10		
Additional Comments:	(N): Post Repair Inspection $35		
	(N): DY / Collect Excess Coordination $5		
	TZ (N/I): TP (Non INC) against INC $20		
	9) N: Idex Mobile $0		
	Invoice dated Not Charged		
	Invoice Issued Not Charged		

MNA418011247 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 23/01/2018 11:31
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 ability.
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	23/01/2018 11:31
Date Of Accident	22/01/2018 19:15
Exact Location Of Accident	ALONG DUNMAN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE3335U
Insured/Policyholder	
Name Of Registered Owner	JESSILINE GOH
NRIC No	S7614935F
Email Address	SILIN540@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90098540
Alternative Phone No	OTHERS-90098540
Vehicle Particulars	
Manufacturer	NISSAN
Model	CEFIRO
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	5088611853
Cover Note Number	
Driver	
Name of Driver	JESSILINE GOH
NRIC No	S7614935F
Date Of Birth	19/05/1976
Occupation	INDOOR
Date Of Driving Pass	26/01/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90098540
Fax Number	
Contact Number	OTHERS-90098540
EMail Address	SILIN540@HOTMAIL.COM

Address	23 JALAN SEMPADAN #03-09
Postcode	457399
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 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)	3
Passenger 1	NAME: : AUDRIK TEO GENDER: : MALE
Passenger 2	NAME: : RUPIAH 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6634H
Vehicle Make/Model/Colour	SBS BUS 32
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

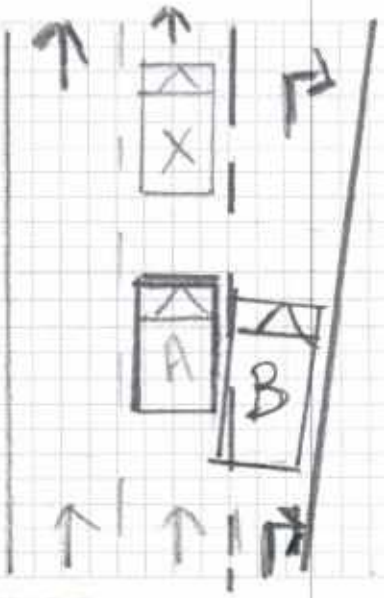
Policyholder's Signature
Date & Time: 23/1/18 11.30am

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

23/01/2018
Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC/FIN No.:

SKETCH PLAN

Along Dunman Road



A) SJE 3335 4

B) SBS 6634 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22-1-18 @ 7.15pm I was travelling on Dunman Rd (before junction of Tanjong Katong Rd). I was at the 2nd lane going straight going to stop @ traffic light. Suddenly a SBS bus No 32 cut into my left lane and hit my car on the right side mirror and right rear fender. The bus did not stop and turn Right to Tg Katong Road. I ~~went~~ turn right to stop him at the next bus stop. The driver did not admit hitting my car.

DECLARATION

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

Policyholder's Signature
Date & Time: 23-1-18 11:30

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

23/01/2018

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

Claim Handling

Accident MT/0979047

Policy No.	5088611853	Vehicle No.	SJE3335U	GST Registration No.	
Policyholder Name	JESSILINE GOH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drivo CLASSIC	Loading	
Contact No.(Mobile)	90098540	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	NO	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	23/01/2018 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/01/2018	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DUNMAN ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No			GST Registration Date	
GST Registration No.				GST Status Verified	Yes
Modification History					

Policyholder Mailing Address

Address 1	23 JALAN SEMPADAN	Address 2	#03-09 VILLA MARINA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-78	Related Policy Number	5088611853		

OI Driver Info

Driver Name	JESSILINE GOH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7614935F	Driver DOB	
Register Date of Driver License	10/10/1999	Driver Age	41	Driving Experience	
Contact No.(Mobile)	90098540	Contact No.(Office)		Contact No.(Home)	
Address 1	23 JALAN SEMPADAN	Address 2	#03-09 VILLA MARINA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-78				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SJE3335U	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JESSILINE GOH	Insured NRIC	
Contact No.(Mobile)	90098540	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJE3335U	TP Vehicle Number	
Claim Description	SJE3335U / SBS6634H ON 22 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	23/01/2018 12:27	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0979047	Claim No.	001				
Last Doc. Received	◉ Yes ○ No	Upload Date	23/01/2018 12:28				
Path *				Category *		Confidential	Urgency
Browse...	Clear			Please Select		NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:28	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:28	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:28	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:27	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Jan 2018 12:27	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display In New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/01/18) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: Dunman Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJE 3335 4
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5088611853
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: NISSAN CEFIRO
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   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: JESSILYNE GOH (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S7614935F CONTACT: 90075540
   c) ADDRESS: 23 Jln Sempadan #03-09 S457399
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (__)

3. DRIVER
   a) NAME: as above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (19/05/1976) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) ~~DATE~~ OF DRIVING PASS 26-1-1998

Rupiah (F)
Andrik Teo (M)

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
   c) VEHICLE NUMBER: SBS6634H MODEL: SBS Bus 32

* No of passenger (Including driver) (__)

   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____

* No of passenger (Including driver) (__)

   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = s.lin540@hotmail.com
fax =
VIDEO ✓

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7614935F

Name

JESSILINE GOH
(JESSILINE WU)

Race
CHINESE

Date of birth
19-05-1976

Sex
F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7614935F

JESSILINE GOH (JESSILINE WU)

Birth Date 19 May 1976

Issue Date 15 Jan 2003

0001166859H

3888103

NRIC No S7614935F

Date of issue
05-06-2006

23 JALAN SEMPADAN #03-09
SINGAPORE 457399
NRIC No: S7614935F

Date: 17/01/2012

No: 6997762

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jan 1998

Licence No: S7614935F

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJE3335U

Date of Accident 23/01/2018 11:19

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5088611853	JESSILINE GOH	S7614935F	GPC	drivo CLASSIC	SJE3335U	SJE3335U	21/03/2017	22/04/2018

Continue