NATIONAL Assessment Centre Services. (ver 1 Jan/00) 4180026256

Date In: 28/02/2018 1445	Job description	Date & Time Completed	Done by
Ref No: NBA/ZMC1800349914	SAS e-filing		
Veh No: SKF9312D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/02/2018 09:15	i-Motor Claim Form	MH6983329	28/02/2018 15.15
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: SFT 706X INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note: BSL 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: 67881006)	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

NA180/219

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-in-Charge):

Internal Comments:

Invoice Preparation Checklist		Bill	Non-Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($50)		
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$150		
5) FT: Follow-Through Survey (Resurvey)	$50		
For claims against INC Only (wef 10 Jun 2010)			
6) TR: Re-Inspection	$35		
7) NI: New DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OII			
NS: Courtesy Car / Tpt Allowance	$5		
NS: Repair Co-ordination	$10		
NS: Post Repair Inspection	$35		
NS: DV / Collect Excess Coordination	$5		
TP (NI) / TP (Non INC) against INC	$20		
9) NI: Idea Mobile	10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA418026256 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 23/02/2018 14:45
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 witholding 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	23/02/2018 14:45
Date Of Accident	22/02/2018 09:15
Exact Location Of Accident	ECP TOWARDS MCE(AROUND MARINE PARADE AREA)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF9312D
Insured/Policyholder	
Name Of Registered Owner	GOH WEE HIN
NRIC No	S7772415Z
Email Address	GOHWH7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81572100
Alternative Phone No	OFFICE-81572100
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	GOPING TO OFFICE
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	5092795371
Cover Note Number	
Driver	
Name of Driver	GOH WEE HIN
NRIC No	S7772415Z
Date Of Birth	30/01/1977
Occupation	INDOOR
Date Of Driving Pass	25/10/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81572100
Fax Number	
Contact Number	OFFICE-81572100
EMail Address	GOHWH7@GMAIL.COM

Address	23 FLORA ROAD #07-04
Postcode	509739
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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.	YES
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	SFT706X
Vehicle Make/Model/Colour	MAZDA3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CELINE ONG JIN LING
NRIC/Passport Number	S8412580F
Contact Number	97381804
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCL6986S

Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHOON HIONG
NRIC/Passport Number	S0047705B
Contact Number	96759708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

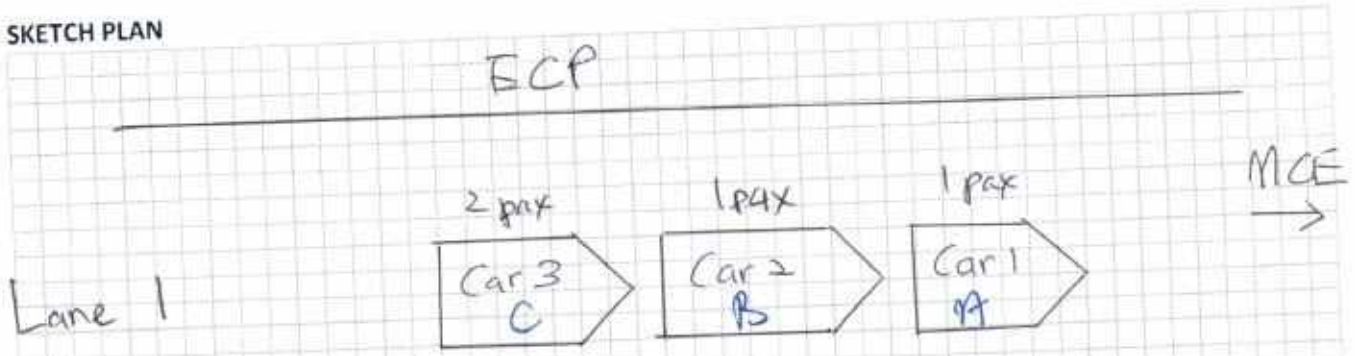
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 23/02/2018 12:25pm	Driver's Signature (If driver is not the policyholder) Date & Time:	23/02/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No:

SKETCH PLAN



A) SKF9312D
B) SFT706X
C) SCL6986S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(1) I am the driver for Car 1 (SKF9312D) - S7772415Z
Car 2 Driver - Ms Celine Ong Jin Ling (SFT706X) - S8412586F
Car 3 Driver - Mr Goh Choon Hiong (SCL6986S) - S0047705B
(2) I am travelling to work in the morning. At the time when accident happenned (on or around 9:15 am 22/2/2018) I was travelling at the 1st Lane ~~of~~ on ECP toward MCE. My travelling speed ~~is~~ before I stopped the car is around 60-70 km/hr.
(3) A Few cars infront of me suddenly stopped. I brake and managed to stop on time. The distance betweem my car and the car in front of me is about 1-2 meters
(4) Car 2 managed to stop on time But ~~it~~ shirtly after Car 2 stopped. Car 2 lurch forward and hit my car from the back. My car jerked forward violently.
(5) After I get down from my car, I realised car 3 has hit Car 2 from the back.
(6) ~~A~~ At the scene of accident, car 2 owner confirm ~~the co~~ to compensate the damage via insurance claim.
(7) On visual inspection, my back bumper ~~was~~ is scratched dented and ~~dislocation~~ dislocated.

DECLARATION

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

Policyholder's Signature
Date & Time: 23/2/2018 12:25pm

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

23/02/2018

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

Claim Handling

Accident MT/0983379

Policy No.	5092795371	Vehicle No.	SKF9312D	GST Registration No.	
Policyholder Name	GOH WEE HIN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81572100	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCoda	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	23/02/2018 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	22/02/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TOWARDS MCE(AROUND MARINE PARADE AREA)				

Benefits

Excess

Own damage Excess	500.00	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 FLORA ROAD	Address 2	#07-04 ESTELLA GARDENS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-04	Related Policy Number	5092795371		

OI Driver Info

Driver Name	GOH WEE HIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7772415Z	Driver DOB	
Register Date of Driver License	25/10/2002	Driver Age	41	Driving Experience	
Contact No.(Mobile)	81572100	Contact No.(Office)		Contact No.(Home)	
Address 1	23 FLORA ROAD	Address 2	#07-04 ESTELLA GARDENS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-04				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SKF9312D	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	GOH WEE HIN	Insured NRIC	
Contact No.(Mobile)	81572100	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	gohwh@hotmail.com	OI Vehicle Number	SKF9312D	TP Vehicle Number	
Claim Description	SKF9312D / SFT706X ON 22 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	23/02/2018 15:13	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☐ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0983379	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	23/02/2018 15:15

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
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:15	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:15	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:14	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 15:14	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:26	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:25	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 23 Feb 2018 14:25	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 / ~~07~~ / 2018 (DD/MM/YYYY), TIME: 09 : 15 (HH:MM)

LOCATION: ECP Towards MCE (Around Marine Parade Area)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKF9312D
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5092795371 Drivo Classic
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: Volkswagen Jetta 1.4 TSI
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: Going to office
   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: GOH WEE HIN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7772415Z CONTACT: 81572100
   c) ADDRESS: 23 Flora Road #07-04 Singapore 509739

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

~~No~~ No of passenger (Including driver) (__)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: 30/01/1977 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS: 25 Oct 2002
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: SFT706X MODEL: Mazda 3
   b) DRIVER'S NAME: CELINE ONG JIN LING
   c) NRIC/FIN/PASSPORT: S8412580F CONTACT: 97381804

~~No~~ No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: SCL6986S MODEL: HONDA CIVIC
   e) DRIVER'S NAME: GOH CHUN HIONG
   f) NRIC/FIN/PASSPORT: S0047705B CONTACT: 9675 9708

~~No~~ No of passenger (Including driver) (__)

email = gohwh7@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7772415Z

Name

GOH WEE HIN

吳 偉 興

Race
CHINESE

Date of birth
30-01-1977

Sex
M

Country/Place of birth
MALAYSIA

9345223

NRIC No. S7772415Z

Nationality
MALAYSIAN

Date of issue
24-09-2014

23 FLORA ROAD #07-04
SINGAPORE 509739

NRIC No: S7772415Z Date: 07/03/2016

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 22/02/2018 12:49

Vehicle No.(For Motor) SKF9312D

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5092795371	GOH WEE HIN	S7772415Z	GPC	drivo CLASSIC	SKF9312D	SKF9312D	21/07/2017	17/07/2018

Continue