

NATIONAL Assessment Centre Services (NACS) (1/1/2008)

NAI801467 30595

Date In: 05/03/2018 12:26	Job description	Date & Time Completed	Done by
Ref No: NAI801467 30595	SAS e-illing		
Veh No: SJG 4422E	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 12/01/2018 06:50	1-Motor Claim Form	mm10982135002	05/03/2018 12:26
OD / TP (Reporting Only)	1-Motor SY/O (Vehicles, OD sheet, TP sheet)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SLB 4422E	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%; 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 Exp. No: 57581001	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury: _____

Other: _____

NAI801467	Invoice Preparation Checklist	Invoice No: NAI801467
Customer/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
C. Checked by (Bug-In-Charge):	4) FT: Follow-Through Survey	\$110
	5) PT: Post-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$33
	7) NT: NTUC DA + SMAT Survey	\$160
	8) NTUC Additional Services	
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	100) NTUC Additional Services	

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	05/03/2018 12:26
Date Of Accident	12/02/2018 06:50
Exact Location Of Accident	B/F JUNCTION OF NORTN BUONA VISTA/DOVER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4422E
Insured/Policyholder	
Name Of Registered Owner	1 ACCORD AUTO
Co Reg No	53360768W
Email Address	DAV.1ACCORDAUTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81136719
Alternative Phone No	OFFICE-81136719

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091968325
Cover Note Number	

Driver

Name of Driver	GOH HOON LOON
NRIC No	S1502077F
Date Of Birth	01/03/1961
Occupation	INDOOR
Date Of Driving Pass	27/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81136719
Fax Number	
Contact Number	OTHERS-81136719
Email Address	DAV.1ACCORDAUTO@GMAIL.COM

Address	BLK 12 HOLLAND AVENUE #13-27
Postcode	272012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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(NO PHOTO TAKEN CAR WAS SCRAPE ON 13-02-2018 LETTER ATTACH)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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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.


1 ACCORD AUTO
UEN: 53360768W

Policyholder's Signature
Date & Time:

 05/03/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

UNKNOWN
X10 COLLISION.

ON 23/02/2018 THE RENTAL COMPANY INFORM ME THAT
I HAVE INVOLVED IN THE ACCIDENT ON 12/02/2018 WHICH
I WAS NOT AWARE OF THE ACCIDENT. THAT ALL

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

Policyholder's Signature _____
Date & Time: _____

Δ. 05/03/18

05/03/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Our Ref: MT/CA/TP/020/0982133-001/FS/LC

23 Feb 2018

1 ACCORD AUTO
58 PHILLIPS AVENUE
SINGAPORE 547005

**CERTIFICATE OF POSTING
REMINDER**

Dear Policyholder

CLAIM NUMBER: MT/0982133-001
ACCIDENT INVOLVING SJC4422E / SLB5138B on 12 Feb 2018

We refer to our letter of 13 Feb 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Fiona Shen at 6430 7923 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

13 Feb 2018

Our ref: 1302180601N052171370

1 ACCORD AUTO
58 PHILLIPS AVENUE
SINGAPORE 547005

Dear MR DAVIAN TAN TAI BOON

DE-REGISTRATION STATUS OF VEHICLE SJC4422E

The above-mentioned vehicle was de-registered on 13 Feb 2018. If the vehicle has yet to be disposed of, you should by no later than 13 Mar 2018, scrap it (including the engine and chassis) at an Appointed Scrapyard or submit to LTA, valid documentary proof that the vehicle has been permanently exported out of Singapore. Otherwise, it constitutes an offence under the Road Traffic Act and you may be prosecuted in Court.

2. We have granted the following rebate(s), where applicable, to you. You may use the rebate(s) if there are no outstanding matters with the vehicle, e.g. no road tax arrears, submitted valid documentary proof that the vehicle has been permanently exported out of Singapore to LTA etc.

PARF Rebate Amount	: \$9,169.00
PARF Rebate Reference No.	: 1852660MP0000
Expiry Date of PARF Rebate	: 12 Feb 2019
COE Rebate Amount	: \$17.00
COE Rebate Reference No.	: 1852660MC0000
Expiry Date of COE Rebate	: 12 Feb 2019

3. The PARF rebate may only be used to offset the Additional Registration Fee (ARF), Registration Fee (RF), Quota Premium (QP) and Used Car Surcharge, where applicable, of a motor car to be registered in your name. The COE rebate may be used to offset the ARF, RF, QP and Used Car Surcharge, where applicable, of any motor vehicle to be registered in your name. The COE rebate can also be used to offset the Prevailing Quota Premium (PQP) payable for revalidating the COE of a vehicle that is currently registered in your name. You may also transfer the PARF/COE rebate(s) together or separately to a third party. A fee of \$15.00 is payable for each transfer.

4. Alternatively, you may apply to encash the PARF/COE rebate(s) before the expiry of the rebate(s). You can download the application form (Form FR02) for encashment of the rebate(s) from <http://www.onemotoring.com.sg> and mail the completed Form FR02 to LTA, 10 Sin Ming Drive, Singapore 575701, Attn: VRL Service Operations Division, at least 2 weeks before the expiry date of your PARF/COE rebate(s). For your convenience, you may also login to e-Services@ONE.MOTORING (Vehicle Hub > Update Owner Particulars) using your SingPass 2FA or CorpPass 2FA. For firm and organisation, you can also login using your LTA-issued User ID & Password (up till 30 Sep 2017) or EASY (up till 31 Dec 2017) to register your Refund Bank Account for GIRO refund BEFORE applying online for the encashment (Ownership > PARF/COE Rebate > Apply to encash rebate).
5. Any unused portion of the road tax will be refunded to you automatically.
6. Please note that a separate PIN is required to transfer or split the PARF/COE rebate via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your PINs via <http://www.onemotoring.com.sg> or visit our office at 10 Sin Ming Drive, Singapore 575701, VRL Service Operations Division.
7. The procedure to dispose of/de-register a vehicle is attached for your reference.
8. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

Claim Handling

Accident MT/0982133

Policy No.	5091968325	Vehicle No.	SJC4422E	GST Registration No.	
Policyholder Name	1 ACCORD AUTO			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	13/02/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Date of Accident	12/02/2018	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	BEFORE TRAFFIC JUNCTION OF NORTH BUONA VISTA & DOVER RD				

Benefits

Excess

Own Damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	58 PHILLIPS AVENUE	Address 2	SINGAPORE 547005	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091968325		

01 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	1 ACCORD AUTO	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJC4422E	TP Vehicle Number	
Claim Description	SJC4422E / SLB51388 ON 12 Feb 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	05/03/2018 12:46	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0982133	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 12:46

Path *

Category *	Confidential	Urgency
Browse Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal
Browse Clear Please Select	<input type="radio"/> Yes <input type="radio"/> No	Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

add new folder

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2018 12:46	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2018 12:46	NRIC/ Driving License		Normal	NRIC/ Drivin

Video List

Uploaded By/Date	Folder Date	File Name		Source
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Display in New Window

Scan and uploading

col's stamp
SCEAP initial
ins car

ACCIDENT STATEMENT

ACCIDENT DATE: 12/02/2018 (DD/MM/YYYY), TIME: 06:50 (HH:MM)

LOCATION: Before Junction of North Bona-Vista Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 4422E
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5091968325
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MTB431SH CONCARE 1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: 1 ACCORDO AUTO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53360768W CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
a) NAME: Goh Hoon Look (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1502077F CONTACT: 81136719
c) ADDRESS: BK 12 HOLLAND AVENUE #13-27
(272012)

* d) DATE OF BIRTH: 01/03/1961 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

i) DATE OF DRIVING PASS: 27/05/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) HIRER
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

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____ CONTACT: _____
f) NRIC/FIN/PASSPORT: _____

email = dav.1accordanto@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1502077F



Name
GOH HOON LOON

Race
CHINESE

Date of Birth
01-03-1961

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1502077-F

Name
GOH HOON LOON

Birth Date 01 Mar 1961

Issue Date 26 Dec 2012




1343878



NRIC No. S1502077F



Blood Group O+ Date of Issue 13-10-1993

APT BLK 12 HOLLAND AVENUE #13-27
SINGAPORE 272012

NRIC No. S1502077F Date: 20-05-2002 No. 4240884

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

EFFECTIVE DATE 27 Mar 2005


C Class 3A Motor cars without clutch pedals <= 3500 kg with <= 9 passengers, exclusive of the driver; and motor tractor/vehicles without clutch pedals <= 2500 kg

S / No. 9000235877

S1502077F

NP 428A

Licence No. S1502077F



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident:

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091968325	1 ACCORD AUTO	S3360768W	GFT	Third Party	SJC4422E	SJC4422E	25/10/2017	13/02/2018