NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA1180346444

Date In: 13/3/18-14:25	Job description	Date &Time Completed	Done by
Ref No: NA/INC 1800974424	SAS e-filing		
Veh No: SBW1893M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/3/18-17:00	i-Motor Claim Form	MT/0985867	13/3/18 15:25
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars:	Veh No: YD183A	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 hotline: 6788 6616)	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

NA 18 01636

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
•N5: Courtesy Car / Tpt Allowance	$5		
•N6: Repair Co-ordination	$10		
•N7: Post Repair Inspection	$25		
•N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
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 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	13/03/2018 14:25
Date Of Accident	12/03/2018 17:00
Exact Location Of Accident	JUNC JLN BUROH & WEST COAST HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW1893M

Insured/Policyholder

Name Of Registered Owner	RENFORD PTE LTD
Co Reg No	201026033H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 TSI AT 5K14Q5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096551464
Cover Note Number	

Driver

Name of Driver	GOH JUN JIE, GREGORY
NRIC No	S9231504E
Date Of Birth	01/09/1992
Occupation	INDOOR
Date Of Driving Pass	26/01/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85691243
Fax Number	
Contact Number	OFFICE-85691243
EMail Address	NOEMAIL

Address	BLK 120B RIVERVALE DRIVE #12-388
Postcode	542120
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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

ON STATED DATE AND TIME MY VEHICLE WAS TURNING ALONG LANE 1 FROM JUNCTION JLN BUROH TWDS WEST COAST HIGHWAY. SUDDENLY VEHICLE B FROM LANE 2 TRYING CUT ONTO MY LANE WITHOUT SIGNALLING HIS VEHICLE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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	XD183A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIU HUAMIN
NRIC/Passport Number	G6900230M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

_____
Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/03/2018 .

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

SKETCH PLAN

West Coast Highway

A = SBW1893W

B = XD183A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/03/2018.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9231504E

Name
GOH JUN JIE, GREGORY

昊 俊 杰

Race
CHINESE

Date of birth 01-09-1992   Sex M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9231504E

Name
GOH JUN JIE, GREGORY

Birth Date: 01 Sep 1992
Issue Date: 26 Jan 2017

002651489J

4095165

NRIC No. S9231504E

Date of issue:
04-09-2007

APT BLK 120B RIVERVALE DRIVE #12-388
SINGAPORE 542120

NRIC No: S9231504E   Date: 12/03/2015

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

EFFECTIVE DATE

Class 3   Motor cars with unladen weight =< 3000kg with =< 7   26 Jan 2017
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

Licence No: S9231504E

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

▸ Change Language   ▸ Change Password   ▸ Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.		Date of Accident
Vehicle No.(For Motor)	SBW1893M	

Date of Accident: 12/03/2018 17:00

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5096551464	RENFORD PTE LTD	201026033H	GPC	drivo CLASSIC	SBW1893M	SBW1893M	08/12/2017	07/12/2018

Continue

Policy Information

Policy No.	5096551464	Policyholder Name	RENFORD PTE LTD	Policyholder NRIC	201026033H
Address	BLK 120B #12-388 RIVERVALE DRIVE SINGAPORE 542120				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/12/2017	Effective Date	08/12/2017 00:00	Expiry Date	07/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	STARBRIGHT AUTO PTE. LTD.	Agent Tel.	67930080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 120B #12-388	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 542120
Address 4		Address Type	Singapore address	Post Code	542120
Unit No.		Related Policy Number	5096551464		

Insured Object: SBW1893M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue   Cancel

> Exit

Claim Handling

Accident MT/0985867

Policy No.	5096551464	Vehicle No.	S8W1893M	GST Registration No.	
Policyholder Name	RENFORD PTE LTD			Policyholder NRIC	201026033H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	⦿ No ○ Yes	TCA	⦿ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	13/03/2018 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/03/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Forte		ICM No.	
Accident Location	JUNC JLN BUROH & WEST COAST HWY				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		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		No	
Modification History					

Policyholder Mailing Address

Address 1	BLK 120B #12-388	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 542120
Address 4		Address Type	Singapore address	Post Code	542120
Unit No.		Related Policy Number	5096551464		

OI Driver Info

Driver Name	GOH JUN JIE, GREGORY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9231504E	Driver DOB	01/09/1992
Register Date of Driver License	26/01/2017	Driver Age	25	Driving Experience	1
Contact No.(Mobile)	85691243	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 120B	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE GARDENS
Address 4	SINGAPORE 542120	Address Type	Singapore address	Post Code	542120
Unit No.	12-388				
Does he own a Singapore Registered car?	○ Yes ⦿ No	Driver Vehicle No.		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	RENFORD PTE LTD	Insured NRIC	201026033H
Contact No.(Mobile)	90995128	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	S8W1893M	TP Vehicle Number	XD183A
Claim Description	S8W1893M / XD183A ON 12 Mar 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	Received
Date Registered	13/03/2018 15:25	Claim Close Date		Date Received	13/03/2018 00:00
Report Taken By	Jackson				
☑ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985867	Claim No.	001	
Last Doc. Received	⦿ Yes ○ No	Upload Date	13/03/2018 15:27	

Path *			Category *	Confidential	Urgency *	Description *
	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	

☐ Send Message   Upload

Attachment List

Attachment	Uploaded By/Date	Category	🔑	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:27	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:26	SAS		Normal	SAS 2018-3-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:26	Photos		Normal	Photos 2018-3-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:26	Photos		Normal	Photos 2018-3-13		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:26	Photos		Normal	Photos 2018-3-13		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:26	Photos		Normal	Photos 2018-3-13		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:25	Photos		Normal	Photos 2018-3-13		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Mar 2018 15:25	Photos		Normal	Photos 2018-3-13		Edit

▽ Video List

Uploaded By/Date	Folder Date	File Name	🔑	Source	Action

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