

# NATIONAL Assessment Centre Services

[ver: 1.33/05]

MMA 118038438

Date In: 21/13/18 13:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1800 5256/h4	SAS e-filing		
Veh No: SGP 6087T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/13/18 11:10	i-Motor Claim Form	MT/0987111	22/13/18 09:08.
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

SLJ S377K

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 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

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Dat 1:

Dat 2 / 3:

MA1801831

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

30.00

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:-

Q1:

\*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 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	21/03/2018 13:55
Date Of Accident	21/03/2018 11:10
Exact Location Of Accident	PIE TWDS TUAS SLIP RD EXIT TO CTE(AMK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP6087T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH PHECK CHOO
NRIC No	S1455517Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96444956
Alternative Phone No	OFFICE-96444956

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH 1.5 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086845075-01
Cover Note Number	-

### Driver

Name of Driver	GOH PHECK CHOO
NRIC No	S1455517Z
Date Of Birth	22/01/1960
Occupation	INDOOR
Date Of Driving Pass	13/12/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96444956
Fax Number	
Contact Number	OFFICE-96444956
Email Address	NOEMAIL



Address	BLK 709 BEDOK RESERVOIR RD #03-3854
Postcode	470709
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	COLLISION - HEAD TO REAR
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?	
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

I WAS TRAVELLING ALONG PIE TOWARDS TUAS EXIT TO CTE (AMK) I WAS ON THE RIGHT LANE, WHEN COMING TO THE DOWN SLOPE, FROM MY VIEW I NEVER NOTICED MY FRONT VEH STOP, AS I TRY TO MANAGE MY BRAKE BUT TOO LATE. AS THE RESULT, MY VEH COLLIDED ONTO THE VEH B (BEARING NO SLJ5377K) REAR 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	SLJ5377K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HAN SENG
NRIC/Passport Number	S7609481J
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:

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



# SKETCH PLAN

A = SGP 6087T  
B = SLJ 5377K

B  
A

PIE twos Tuas Slip Rd Exit to CTE (AMK)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1455517Z

GOH PHECK CHOO

CHINESE  
Date of Birth 22-01-1960  
Sex F  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1455517Z

Name GOH PHECK CHOO

Birth Date 22 Jan 1960  
Issue Date 13 Dec 2003




1492096



NRIC No. S1455517Z



Blood Group AB+ Date of issue 05-12-1993

APT BLK 709 BEDOK RESERVOIR ROAD #03-3854  
SINGAPORE 470709

NRIC No: S1455517Z Date: 08/03/2018


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE 13 Dec 2001

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S1455517Z



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086845075-01	GOH PHECK CHOO	S1455517Z	GPC	Third Party, Fire & Theft	SGP6087T	SGP6087T	20/12/2017	19/12/2018

## Claim Handling

Accident MT/0987111

Policy No.	5086845075-01	Vehicle No.	SGP6087T	GST Registration No.	
Policyholder Name	GOH PHECK CHOO	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1455517Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96444956	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	22/03/2018 09:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/03/2018	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS TUAS SLIP RD EXIT TO CTE(AMK)				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	BLK 709 #03-3854	Address 2	BEDOK RESERVOIR ROAD	Address 3	BEDOK RESERVOIR GARD
Address 4	SINGAPORE 470709	Address Type	Singapore address	Post Code	470709
Unit No.	02-03	Related Policy Number	5086845075-01		

▼ 01 Driver Info

Driver Name	GOH PHECK CHOO	Driver Type	Main Driver	Driver DOB	22/01/1960
Unnamed driver Name		Driver NRIC	S1455517Z	Driving Experience	16
Register Date of Driver License	13/12/2001	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	96444956	Contact No.(Office)		Address 3	BEDOK RESERVOIR GARD
Address 1	BLK 709 #03-3854	Address 2	BEDOK RESERVOIR ROAD	Post Code	470709
Address 4	SINGAPORE 470709	Address Type	Singapore address		
Unit No.	02-03			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

## Modification History

Claim 001 New

Claim Type *	OD-MX ▼	Insured Name	GOH PHECK CHOO	Insured NRIC	S1455517Z
Contact No.(Mobile)	96444956	Contact No.(Home)	68760120	Contact No.(Office)	
Email Address	emilytaxi@yahoo.com.sg	01 Vehicle Number	SGP6087T	TP Vehicle Number	SLJ5377K
Claim Description	SGP6087T / SLJ5377K ON 21 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault ▼	Name of Preferred Workshop	0
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received
Date Registered	22/03/2018 09:07	Claim Close Date		Date Received	22/03/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0987111	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 09:08

Path \*

Choose File	No file chosen	Category *	NO ▼	Confidential	Normal ▼	Urgency *	Normal ▼	Descr
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼	Normal ▼		
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼	Normal ▼		
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼	Normal ▼		



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 09:08	Photos	Normal	Photos 2018-3-22

## Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading