

# NATIONAL Assessment Centre Services

Part 1 of 2

MNA 1180 52445

Date In: 20/4/18 16:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18007375/64	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SKB 2799A	i-Motor Claim Form	M7/0994356-001	23/4/18 12:11
D.O.A: 20/4/18 13:20	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> TP Reporting Only	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: SLP 5830L	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

MA1802549	Invoice Preparation Checklist	Amr (\$) 1st Bill	Amr (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	9) QP:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	20/04/2018 16:21
Date Of Accident	20/04/2018 13:20
Exact Location Of Accident	JUNC OF BEDOK RD & UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2799A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO KIM MOH (YANG JINWANG)
NRIC No	S7803010J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92773003
Alternative Phone No	OFFICE-92773003

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	5097628893
Cover Note Number	-

### Driver

Name of Driver	GOH PUEY HIE
NRIC No	S7817270C
Date Of Birth	02/07/1978
Occupation	INDOOR
Date Of Driving Pass	24/12/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96811066
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	332 UPPER EAST COAST RD #01-01
Postcode	466456
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : YEO KAI SER
	GENDER: : MALE

#### 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 ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5830L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOK SIEW KUEN
NRIC/Passport Number	S7105166H
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.:



Upp Changi Rd E

A = SKB 2799A  
B = SLP 5830L

Bedok Rd.

I was turning right from Bedok Road to Upper Changi Rd east and stopped for a pedestrian to cross the road. Then this car SLP 5830L hit ~~my~~ my car from behind.

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7817270C



Name

GOH PUEY HIE

吴培僖

Race

CHINESE

Date of birth

02-07-1978

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7817270C

Name

GOH PUEY HIE

Birth Date 02 Jul 1978

Issue Date 16 Dec 2002



4850209

NRIC No. S7817270C



Date of issue

09-04-2012

332 UPPER EAST COAST ROAD #01-01  
SINGAPORE 466456

NRIC No: S7817270C

Date: 05/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

24 Dec 1997



NP 428A

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5097628893

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SKB2799A**  
Chassis Number : JTDGG20W00J006448
2. Name of Policyholder : **YEO KIM MOH (YANG JINWANG)**
3. Effective Date of Insurance : **21 Feb 2018**
4. Expiry Date of Insurance : **20 Feb 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: YEO KIM MOH
NAMED DRIVER (1)	: GOH PUEY HIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GOH CHIN LEONG (00000585020)  
Date of Issue : 13 Feb 2018 18:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Claim Handling

Accident MT/0991356

Policy No.	5097628893	Vehicle No.	SKB2799A	GST Registration No.	
Policyholder Name	YEO KIM MOH (YANG JINWANG)			Policyholder NRIC	S7803010J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	92773003	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
MCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	23/04/2018 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/04/2018	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BEDOK RD & UPPER CHANGI RD EAST				

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	1
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	332 UPPER EAST COAST ROAD	Address 2	#01-01 THE TROPIC GARDENS	Address 3	SINGAPORE 466456
Address 4		Address Type	Singapore address	Post Code	466456
Unit No.		Related Policy Number	5097628893		

▼ OI Driver Info

Driver Name	GOH PUEY HIE	Driver Type	Named Driver	Driver DOB	02/07/1978
Unnamed driver Name		Driver NRIC	S7817270C	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	96811066	Contact No.(Office)		Address 3	SINGAPORE 466456
Address 1	332 UPPER EAST COAST ROAD	Address 2	#01-01 THE TROPIC GARDENS	Post Code	466456
Address 4		Address Type	Singapore address		
Unit No.	01-01				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YEO KIM MOH (YANG JINWANG)	Insured NRIC	S7803010J
Contact No.(Mobile)	92773003	Contact No.(Home)	64420845	Contact No.(Office)	
Email Address	yeokimmoh@gmail.com	OT Vehicle Number	SKB2799A	TP Vehicle Number	SLP5830L
Claim Description	SKB2799A / SLP5830L ON 20 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/04/2018 00:00
Date Registered	23/04/2018 10:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/0991356	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/04/2018 10:11
Path *		Category *	Confidential Urgency * Descr
Choose File No file chosen		Clear Please Select	NO Normal
		Clear	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Send

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:11	SAS	Normal	SAS 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:11	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:11	Photos	Normal	Photos 2018-4-23
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:10	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:10	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:10	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:10	Photos	Normal	Photos 2018-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Apr 2018 10:10	Photos	Normal	Photos 2018-4-23

## Video List

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

Scan and uploading