

NATIONAL Assessment Centre Services

MNA91055074

Date In: 26/04/2018 16:21	Job description	Date & Time Completed	Date by
Ref No: NBA/INC/000724/Y	SAS e-tiling		
Veh No: SRK 817 U	Demol (white shell, A10 shell)		
P.O.A: 25/04/2018 17:20	1-Motor Claim Form	m1/0992020-001	26/04/2018 16:29
OD / TP / Reporting Only	1-Motor VVO (if/when/oo/2nd/3rd/curr)		
TP Insure:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assl Report by Box/Hand to Owner/Whsp		

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

TP Particulars: Yell No: SRK 7874X INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bil. Stanl (WO): NI 0-20%; PI 21-79%; PI 80-100%)

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-In-Glass: Customer's information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YBS () / NO () ; Towing Co: ()

Remarks: INC 60116: 6788 0016

1) Apply for Transit Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

Other Items:

NA180266

Item	Amount
Invoice Preparation/GR/ELIS	
1) ARI Accident Reporting (\$30)	
2) DA/Damage Assessment (\$100)	INC (\$49)
3) TP/Towing Fee	\$40/\$12
4) PT/Follow Through Survey	\$12
5) PT/Follow Through Survey (Re Survey)	\$12
For additional work INC Only (w/ 10 Jan 2018)	
6) TR/No Inspection	\$12
7) NTUC DA + SMRT Survey	\$12
8) NTUC Additional Survey/Call	
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100) NTUC Additional Survey/Call	

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	26/04/2018 16:21
Date Of Accident	25/04/2018 17:20
Exact Location Of Accident	TRAFFIC JUNCTION OF CHANGI SOUTH RD/EXPO DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7817U
Insured/Policyholder	
Name Of Registered Owner	ANG GEOK LIAN
NRIC No	S7326425A
Email Address	NOELGOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93396645
Alternative Phone No	OTHERS-93857351
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096235189
Cover Note Number	
Driver	
Name of Driver	GOH CHIN HIAN (WU ZHENXIAN)
NRIC No	S7310865I
Date Of Birth	29/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93396645
Fax Number	
Contact Number	OTHERS-93857351
EMail Address	NOELGOH@YAHOO.COM

Address	15A ANAMALAI AVENUE
Postcode	279985
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	2
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.	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

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	SGR7874X
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG SHU PING
NRIC/Passport Number	S8419345C
Contact Number	84885826
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:

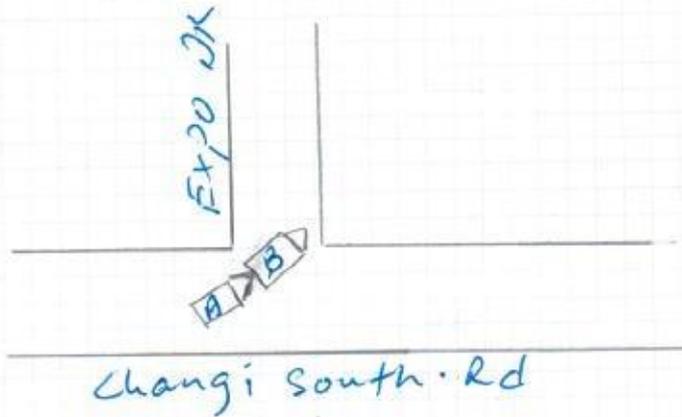


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



- A) SJE 7817U.
- B) SGR 7874X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both vehicles were turning from Changi South Rd to Expo Dr. When traffic light turn green vehicle SGR 7874X start to turn left so I release my break then suddenly SGR 7874X jam break because there was a person dash across the traffic. I cant stop in time and hit vehicle SGR 7874X.

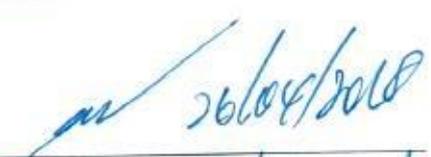
AT time of checking the ~~car~~ vehicle damage, nothing serious was seen. So owner of SGR 7874X did not take any particulars from me. After he visit workshop then call me say panel damage.

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.:

Claim Handling

Accident MT/0992020

Policy No.	5096235189	Vehicle No.	SJE7817U	GST Registration No.	
Policyholder Name	ANG GEOK LIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S7326425A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93396645	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No ▼
MFK	- No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

▼ Accident Details

Report Date	26/04/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/04/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNCTION OF CHANGI SOUTH RD/EXPO DRIVE				

▼ Benefits

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
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	BLK 707 #05-3400	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 470707
Address 4		Address Type	Singapore address	Post Code	470707
Unit No.		Related Policy Number	5096235189		

▼ OI Driver Info

Driver Name	GOR CHIN HIAN	Driver Type	Named Driver	Driver DOB	29/03/1973
Unnamed driver Name		Driver NRIC	S7310865I	Driving Experience	24
Register Date of Driver License	19/08/1993	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	93857351	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJE7817U		

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	ANG GEOK LIAN	Insured NRIC	S7326425A
Contact No.(Mobile)	93396645	Contact No.(Home)	63007696	Contact No.(Office)	
Email Address	maryang@gensem.com	OI Vehicle Number	SJE7817U	TP Vehicle Number	SGR7874X
Claim Description	SJE7817U / SGR7874X DN 25 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault ▼	Name of Preferred Workshop	
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼
Date Registered	26/04/2018 16:44	Claim Close Date		Date Received	26/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0992020	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/04/2018 16:49

Category *	Confidential	Urgency *	Description *
Clear Please Select ▼	NO ▼	Normal ▼	
Clear 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 Message Upload

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Apr 2018 16:49		SAS	Normal	SAS 2018-4-26		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Apr 2018 16:49		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-26		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Apr 2018 16:44		Photos	Normal	Photos 2018-4-26		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Apr 2018 16:44	Photos	Normal	Photos 2018-4-26	Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 25/04/2018 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: Changi south Rd n Expo Dr traffic Junction.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 57E 7817U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5096235189
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALTI.S
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: Ang Gook Lian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7326425A CONTACT: 93396645
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Chin Hian (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73108852 CONTACT: 93857351
c) ADDRESS: 15A ANAMALAI AVE S.C.27985

*d) DATE OF BIRTH: 129/03/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 19/08/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife
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: SGR 7874x MODEL: Honda Stream
b) DRIVER'S NAME: Ang Shu Ping
c) NRIC/FIN/PASSPORT: S8419345C CONTACT: 84885826

9. THIRD PARTY VEHICLE

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

email = noelgoh@yahoo.com

fax = _____

No of passengers
(including driver)
()

No of passengers
(including driver)
()

No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7310865I



Name

GOH CHIN HIAN
(WU ZHENXIAN)

吴振贤

Race

CHINESE

Date of birth

29-03-1973

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7310865I
Name



GOH CHIN HIAN
(WU ZHENXIAN)

Birth Date: 29 Mar 1973

Issue Date: 06 Aug 2004



4675777



NRIC No: S7310865I

Date of issue

14-01-2011

Address

15A ANAMALAI AVENUE
SINGAPORE 279985

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

PASS DATE

Class 3 | Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

19 Aug 1993

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: 5096235189

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJE7817U |
| Chassis Number | : MR0532EE106104803 |
| 2. Name of Policyholder | : ANG GEOK LIAN |
| 3. Effective Date of Insurance | : 04 Dec 2017 |
| 4. Expiry Date of Insurance | : 03 Sep 2018 |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG GEOK LIAN
NAMED DRIVER (1)	: GOH CHIN HIAN
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)

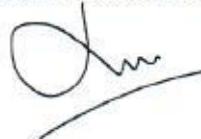
Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 01 Dec 2017 18:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive