

# NATIONAL Assessment Centre Services

Date In: 09/05/2018 14:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18008496/KY	E-mail (within 8hrs, Alt 2hrs):		
Veh No: SJX 203L	i-Motor Claim Form: WIT/0993732-01/10/5/18 09:45		
D.O.A: 09/05/2018 10:15	i-Motor W/O (Within: Old 2hrs, TP 4hrs)		
OD: 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: SLK 6631P	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

NA1802946	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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:-			
Driver/Owner:	ON:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Contact No:	*N8: DV / Collect Excess Coordination \$5			
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20			
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile 30			
<b>Auditors' Comments :-</b>	Invoice date:	Fee Charged		
	Cat. 1			
Cat. 2/3				



## 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 09/05/2018 14:38  
 Date Of Accident 09/05/2018 10:15  
 Exact Location Of Accident MARINA BOULEVARD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX203L  
**Insured/Policyholder**  
 Name Of Registered Owner GOH KHAY LAI CHRIS  
 NRIC No S0199329A  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96347418  
 Alternative Phone No OTHERS-96347418

### Vehicle Particulars

Manufacturer KIA  
 Model CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR  
 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 COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5052487970-06  
 Cover Note Number

### Driver

Name of Driver GOH KHAY LAI CHRIS  
 NRIC No S0199329A  
 Date Of Birth 21/09/1952  
 Occupation INDOOR  
 Date Of Driving Pass 07/09/1973  
 Driving Experience 44 YEARS AND 8 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96347418  
 Fax Number  
 Contact Number OTHERS-96347418  
 Email Address NOEMAIL

Address	BLK 334 UBI AVENUE 1 #06-805
Postcode	400334
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	SIDE SWIPE
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK6631P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTOR TAN KIM WHATT
NRIC/Passport Number	S1426042J
Contact Number	
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.
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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:

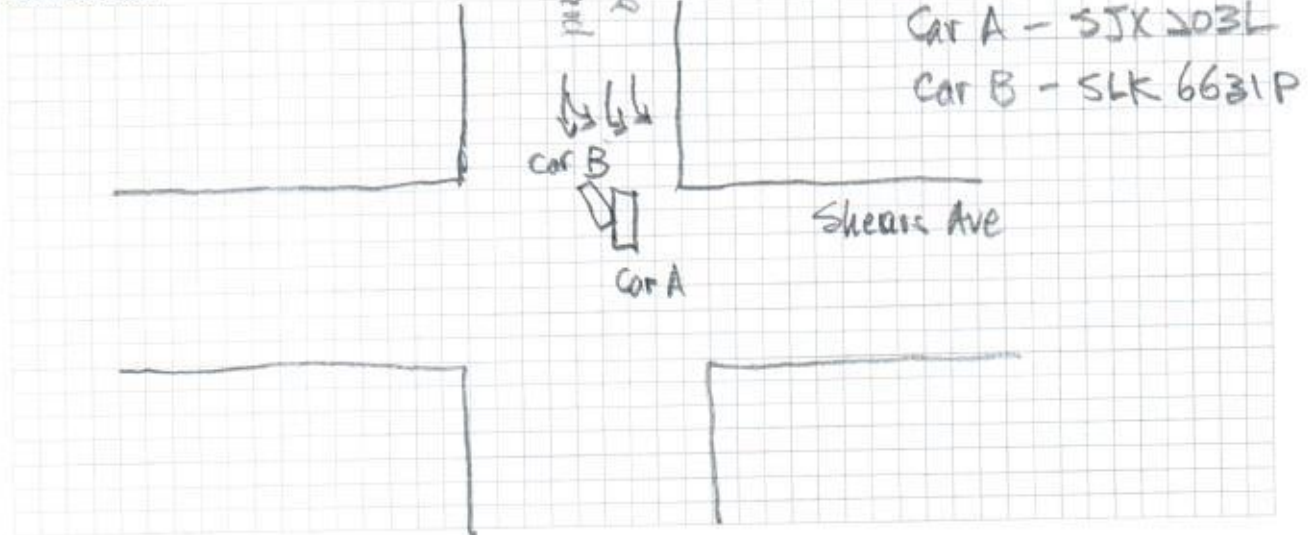
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
\_\_\_\_\_  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 May 2018 at about 10.15 am, I was driving my car SJX 203L towards the direction of MCE, along Marina Boulevard.

At the traffic junction, at the junction of Marina Boulevard and Shears Avenue, I was occupying the 2nd left lane, which is supposed to turn left, but instead I went straight as a result the vehicle on my right, driven by Mr. Victor Tan Kim Whatt, NRIC no: S1426042J, collided to my car.

Mr. Victor Tan was occupying the left 3rd lane which is for turning left and going straight. Mr. Victor Tan was driving SLK 6631P, which belongs to his boss.

My vehicle is at the workshop with defective steering problem and have not possible to drive to Idac office. I have a video camera installed in my vehicle.

## 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.:

:- 9/5/2018



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0199329A



Name  
GOH KHAY LAI CHRIS

吴 啟 来

Race  
CHINESE

Date of Birth  
21-09-1952

Sex  
M

Country of Birth  
SINGAPORE

0441496



NRIC No. S0199329A



Blood Group  
O+

Date of issue  
23-07-1992

Address  
APT BLK 334 UBI AVENUE 1  
#06-805  
SINGAPORE 1440

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0199329A

Name  
GOH KHAY LAI CHRIS

Birth Date 21 Sep 1952

Issue Date 26 Aug 2003




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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	20 Dec 1976
Class 2A	Motorcycles between 201 cc and 400 cc	20 Dec 1976
Class 2	Motorcycles exceeding 400 cc	20 Dec 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Sep 1973

NP 428A

Licence No. S0199329A



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/05/2018 10:15"/>						
Vehicle No. (For Motor)	<input type="text" value="SJX203L"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5052487970-06	GOH KHAY LAI CHRIS	S0199329A	GPC	drive CLASSIC	SJX203L	SJX203L	07/05/2018	06/05/2019
<input type="button" value="Continue"/>									

\* Ack by NTUC MDM Theresa  
on 9/5/2018 @ 1445 HRS.  
process with generating  
GIA report without vehicle  
present at idac to  
taken photos by phone.  
9/5/2018  
@ 1445 HRS.



## ▼ Policy Information

Policy No.	5052487970-06	Policyholder Name	GOH KHAY LAI CHRIS	Policyholder NRIC	S0199329A
Address	BLK 334 #06-805 UBI AVENUE 1 SINGAPORE 400334				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/04/2018	Effective Date	07/05/2018 00:00	Expiry Date	06/05/2019 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	UNION MOTOR TRADING CO PT	Agent Tel.	63385142	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 334 #06-805	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400334
Address 4		Address Type	Singapore address	Post Code	400334
Unit No.	06-805	Related Policy Number	5052487970-06		

## ► Insured Object: SJX203L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0993732

Policy No.	5052487970-06	Vehicle No.	SJX203L	GST Registration No.	
Policyholder Name	GOH KHAY LAI CHRIS			Policyholder NRIC	S01
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96347418	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	10/05/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	09/05/2018	Time of Accident hh:mm	10:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BOULEVARD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.
Unnamed Driver Excess	0.00	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	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 334 #06-805	Address 2	UBI AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	400.
Unit No.	06-805	Related Policy Number	5052487970-06		

## ▼ OI Driver Info

Driver Name	GOH KHAY LAI CHRIS	Driver Type	Main Driver	Driver DOB	21/1
Unnamed driver Name		Driver NRIC	S0199329A	Driving Experience	44
Register Date of Driver License	07/09/1973	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	96347418	Contact No.(Office)	0	Address 3	
Address 1	BLK 334	Address 2	UBI AVENUE 1	Post Code	400.
Address 4		Address Type	Singapore address		
Unit No.	#06-805				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	GOH KHAY LAI CHRIS	Insured NRIC	S01
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJX203L	TP Vehicle Number	SLK
Claim Description	SJX203L / SLK5631P ON 9 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼	Name of Preferred Workshop	
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Rec
Date Registered	10/05/2018 09:48	Claim Close Date		Date Received	10/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

## Attachment



5/10/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0993732

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

10/05/2018 09:45

Path \*

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

Choose File No file chosen

Message Read








Category \*

Confidential

Urgency \*

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
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2018 09:45	Photos	Normal	Photos 20:

## Video List

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

Scan and uploading