

NATIONAL Assessment Centre Services [wef 1 Jan 2005] **MNA1806282**

Date In: 11/5/18-09:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008641/24	SAS e-filing		
Veh No: G229180	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 14/5/18-15:55	i-Motor Claim Form	MT/0993917-001	11/5/18 10:38
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: **5098654** 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:	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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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 willful 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	11/05/2018 09:55
Date Of Accident	10/05/2018 15:55
Exact Location Of Accident	JUNC SENKANG E AVE & SENKANG CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2918U
Insured/Policyholder	
Name Of Registered Owner	GJM SERVICES
Co Reg No	53368851E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	SSANGYONG
Model	MUSSO 4X2 MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

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	5093708836
Cover Note Number	

Driver

Name of Driver	GOH JONG MENG
NRIC No	S1131066D
Date Of Birth	22/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96797903
Fax Number	
Contact Number	OFFICE-96797903
Email Address	NOEMAIL

Address	7 RIVERVALE LINK #07-41
Postcode	545125
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 - CROSS JUNCTION
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 SENGKANG E AVE APPROACHING THE JUNCTION. I DID NOT NOTICED THAT THE TRAFFIC LIGHT AT THE JUNCTION WAS RED, IN A RESULT, WHEN I APPROACHING THE JUNCTION, VEHICLE B WAS ALONG LANE 1 SENGKANG CENTRAL. I HIT ONTO VEHICLE B RIGHT 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	SJD9865Y
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO GIM HUAT (ZHANG JINFA)

NRIC/Passport Number	S7514510A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

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.

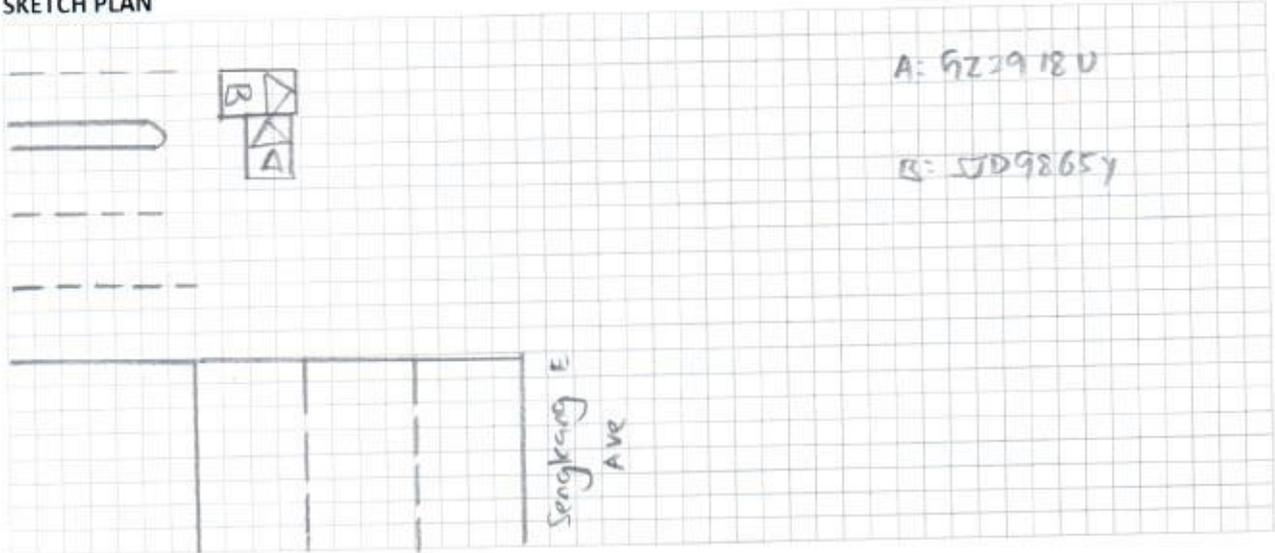


Policyholder's Signature
Date & Time:

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

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:

[Handwritten signature]

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

[Handwritten signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1131066D**

Name: **GOH JONG MENG**

Birth Date: **22 Jul 1955**

Issue Date: **03 Apr 2003**

0003446598




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1131066D**

Name: **GOH JONG MENG**

吴永明

Race: **CHINESE**

Date of Birth: **22-07-1955** Sex: **M**

Country of Birth: **SINGAPORE**



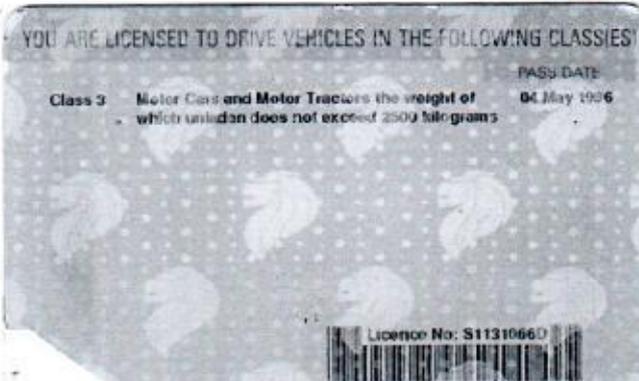


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3: **Motor Cars and Motor Tractors the weight of which includes does not exceed 2500 kilograms**

PASS DATE: **04 May 2006**

Licence No: **S1131066D**



3134503

Barcode

NRIC No: **S1131066D**

Portrait Group: **O+** Date of Issue: **03-03-2000**

RIVERVALE CIN #07-41
SINGAPORE 54925

NRIC No: **S1131066D** Date: **02-01-2001** No: **3942897**



Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093708836	GJM SERVICES	53368851E	GCV	Third Party, Fire & Theft	GZ2918U	GZ2918U	24/08/2017	21/08/2018

Continue

Policy Information

Policy No.	5093708836	Policyholder Name	GJM SERVICES	Policyholder NRIC	53368851E
Address	7 RIVERVALE LINK #07-41 THE RIVERVALE SINGAPORE 545125				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	24/08/2017	Effective Date	24/08/2017 00:00	Expiry Date	21/08/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	7 RIVERVALE LINK	Address 2	#07-41 THE RIVERVALE	Address 3	SINGAPORE 545125
Address 4		Address Type	Singapore address	Post Code	545125
Unit No.	07-41	Related Policy Number	5093708836		

Insured Object: GZ2918U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/08/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 24 Aug 2017, the number of seater is amended as follows: SEATER: 5

Continue Cancel

Exit

Claim Handling

Accident MT/0993917

Policy No.	5093708836	Vehicle No.	GZ2918U	GST Registration No.	
Policyholder Name	GJM SERVICES	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S3368851E
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Social Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	No
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details			Accident Type	Collision - Cross Junction	
Report Date	11/05/2018 10:35	Time of Accident (hh:mm)	15:55	Country of Accident	Singapore
Date of Accident	10/05/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	JUNC SENGKANG E AVE & SENGKANG CENTRAL				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	7 RIVERVALE LINK	Address 2	#07-41 THE RIVERVALE	Address 3	SINGAPORE 545125
Address 4		Address Type	Singapore address	Post Code	545125
Unit No.	07-41	Related Policy Number	5093708836		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/07/1955
Unnamed driver Name	GOH JONG MENG	Driver NRIC	S1131066D	Driving Experience	22
Register Date of Driver License	04/05/1996	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96797903	Contact No.(Office)	0	Address 3	SINGAPORE 545125
Address 1	7 RIVERVALE LINK	Address 2	THE RIVERVALE	Post Code	545125
Address 4		Address Type	Singapore address		
Unit No.	07-41			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GJM SERVICES	Insured NRIC	S3368851E
Contact No.(Mobile)	94897857	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	GZ2918U	TP Vehicle Number	S3D9865Y
Claim Description	GZ2918U / S3D9865Y ON 10 May 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	11/05/2018 10:38	Claim Close Date		Date Received	11/05/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0993917	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/05/2018 10:39																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal		<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
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Attachment List

