

NATIONAL Assessment Centre Services (Ref: 23100)

Date In: 29/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011877/13	SAS e-filing		
Veh No: SLX90410	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/06/18 1140	i-Motor Claim Form	07/1000956	
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SGD 6645X 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

NA1804154	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$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	29/06/2018 12:22
Date Of Accident	28/06/2018 11:40
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9041D
Insured/Policyholder	
Name Of Registered Owner	GOH HAI CHUAN
NRIC No	S1781745J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94553998
Alternative Phone No	OTHERS-94553998

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5099611896
Cover Note Number	

Driver

Name of Driver	GOH HAI CHUAN
NRIC No	S1781745J
Date Of Birth	01/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94553998
Fax Number	
Contact Number	OTHERS-94553998
Email Address	NOEMAIL

Address	BLK 893B WOODLANDS DRIVE 50 #08-113
Postcode	731893
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?	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

MY CAR WAS STATIONARY BEHIND OTHERS VEH AT THE RED LIGHT JUNC.A FEW SECONDS LATER VEH B COLIDED ONTO THE REAR OF MY CAR.

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	SGD6645X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN WAI MENG
NRIC/Passport Number	S1596027B
Contact Number	87208366
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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)

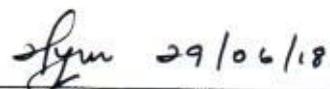
I understand, acknowledge, agree and consent that:

- (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.



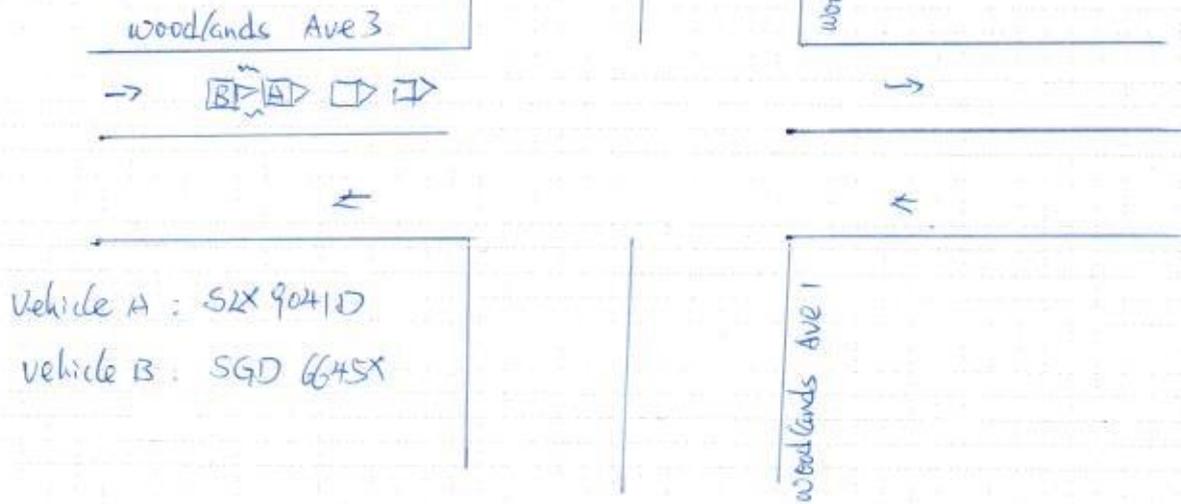
Policyholder's Signature
Date & Time:

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

My car was stationary behind others vehicles at the red light junction. A few seconds later, Veh (B) collided onto the rear of my car.

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:

 29/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEHICLE NO : SLX 9041 D		MAKE/MODEL :	
Date of Accident	28.06.2018	Time: 11:40 AM	Foreign Veh Involved YES / <input checked="" type="radio"/> NO
Location of Accident	Woodlands Ave 3		Foreign Veh No
Country of Loss			No. of Veh Involved :
Vehicle Damaged			
Claim Type	OD / <input checked="" type="radio"/> TP / REPORTING		Was There Any Witness YES / <input checked="" type="radio"/> NO
INSURANCE CO			Name of Witness :
Coverage	<input checked="" type="checkbox"/> Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	5099611896		
Fleet Policy	YES / NO		
		OTHER VEHICLES	
OWNER / CO. NAME	GOH HAI CHUAN		VEHICLE B SG.D 6645X
NRIC / Co's Reg No.	S1781745J		Category :
Address	Blk 893B Woodlands Drive 50		Driver's Name : KWAN WAI MENG
	#08-113 (731893)		NRIC No : S1596027B
Contact / Mobile No	94553998		Contact No : 87208366
Email Address	go.h.c2708@gmail.com		No. of Passenger :
Date of Birth	01.03.1966		
Gender	<input checked="" type="radio"/> M / <input type="radio"/> F		VEHICLE C
DRIVER'S NAME	As above.		Category :
NRIC No			Driver's Name :
Address			NRIC No :
			Contact No :
Contact / Mobile No			No. of Passenger :
Email Address			
Date of Birth			VEHICLE D
Gender	M / F		Category :
LICENSE PASSED DATE	21 Jan 1994		Driver's Name :
			NRIC No :
Occupation	Indoor / Outdoor		Contact No :
Relation with Owner	Owner		No. of Passenger :
Does Driver Own Any Other Veh ? YES / <input checked="" type="radio"/> NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Others		Video Captured : Yes / No
Road Surface	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Others		
INJURED : YES / <input checked="" type="radio"/> NO			
Name of Injured			Police Report : YES/NO
Convey To Hospital by Ambulance	: YES / NO		If YES, Where :
NO. OF PASSENGERS : 0			
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
Name of Passenger			M / F INJURED? YES/NO
REMARKS : SUCCESS UNITED PTE LTD			
Name of Workshop	2 Kaki Bukit AutoHub		Contact No :
Address	Kaki Bukit Ave 2, #01-337#02-29		Email :
	Singapore 417921		
	Tel: 6746 1515 Fax: 6748 5015		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1781745J**
 Name: **GOH HAI CHUAN**
 Birth Date: **01 Mar 1966**
 Issue Date: **16 May 2008**

001603833H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1781745J**



Name: **GOH HAI CHUAN**
吴海泉
 Race: **CHINESE**
 Date of Birth: **01-03-1966** Sex: **M**
 Country of Birth: **SINGAPORE**

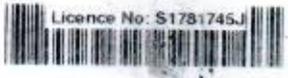


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 3. Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Jan 1994

NP 428A

Licence No: S1781745J



2269815



NRIC No: **S1781745J**



Blood Group: **O+** Date of issue: **13-08-1994**

Address: **APT BLK 893B WOODLANDS DRIVE 50 #08-113 SINGAPORE 731893**

NRIC No: **S1781745J** Date: **12-11-2001** No: **4132439**

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"/>	5099611896	GOH HAI CHUAN	S1781745J	GPC	drive CLASSIC	SLX9041D	SLX9041D	16/04/2018	15/04/2019

Continue

THE SCHEDULE

For more information on the
policy, please contact your insurer.

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy; and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8.

Policy Number	:	S099611896
The Policyholder	:	GOH HAI CHUAN BLK 893B #08-113 WOODLANDS DRIVE 50 SINGAPORE 731893

Period of Insurance	:	16 Apr 2018 To 15 Apr 2019
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S\$795.06

Interest Insured

Cover Type	:	drive CLASSIC			
Primary Driver	:	GOH HAI CHUAN			
Named Driver (1)	:	N/A			
Named Driver (2)	:	N/A			
Make/Model	:	HONDA/VEZEL	Capacity	:	1500cc
Registration Number	:	SLX9041D	Registration Year	:	2018
Chassis Number	:	RU11228579	Off-peak Car	:	No
Repair at Owner's Preferred Workshop	:	No	Insure with COE	:	Yes
Excess (Section 1)	:	S\$600	NCD Entitlement	:	50%
Excess (Section 2)	:	N/A	NCD Protection	:	Yes
Windscreen Excess	:	S\$100	Loyalty Discount	:	5%
Additional Excess	:	N/A			
Unnamed Driver Excess	:	Please refer to Terms and Conditions.			
Hire Purchase Company	:	HL BANK.			
Optional Cover					
Transport Allowance	:	No			
Excess Waiver	:	No			

Memo A : N/A

Endorsement Operative : M4

Agency	:	HUA YANG CREDIT PTE LTD (00000613824)
Date of Issue	:	16 Apr 2018 17:00 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors:



Chief Executive

Claim Handling

Accident MT/1000956

Policy No.	5099611896	Vehicle No.	SLX9041D	GST Registration No.	
Policyholder Name	GOH HAI CHUAN	Cover Type	drive CLASSIC	Policyholder NRIC	S1781745J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94553998	Special Remark		Contact No.(Home)	0
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	Yes	Private Hire			No

▼ **Accident Details**

Report Date	29/06/2018 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/06/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 3				

▼ **Benefits**

▼ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 893B #08-113	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 731893
Address 4		Address Type	Singapore address	Post Code	731893
Unit No.		Related Policy Number	5099611896		

▼ **OI Driver Info**

Driver Name	GOH HAI CHUAN	Driver Type	Main Driver	Driver DOB	01/03/1966
Unnamed driver Name		Driver NRIC	S1781745J	Driving Experience	24
Register Date of Driver License	21/01/1994	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	94553998	Contact No.(Office)	0	Address 3	SINGAPORE 731893
Address 1	BLK 893B	Address 2	WOODLANDS DRIVE 50	Post Code	731893
Address 4		Address Type	Singapore address		
Unit No.	#08-113	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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 **New**

Claim Type *	OD-MX ▼	Insured Name	GOH HAI CHUAN	Insured NRIC	S1781745J
Contact No.(Mobile)	94553998	Contact No.(Home)	63627164	Contact No.(Office)	
Email Address	GOH.HC2708@GMAIL.COM	OI Vehicle Number	SLX9041D	TP Vehicle Number	SGD6645X
Claim Description	SLX9041D / SGD6645X ON 28 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	29/06/2018 00:00
Date Registered	29/06/2018 17:55	Claim Close Date			
Report Taken By	ROSLINDA				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1000956	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/06/2018 17:55

Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	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 29 Jun 2018 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	SAS	Normal	SAS 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 17:55	Photos	Normal	Photos 2018-6-29

Video List

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