NATIONAL Assessment Centre Services

MNA46095636

Date In: 24/07/2018 15:56	Job description	Date & Time Completed	Done by
Ref No: NBA/NCR013630/4	SAS e-filing		
Veh No: SJG5732H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 26/06/2018 22:45	i-Motor Claim Form	MT1001066002	26/07/2018 16:07
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SH 6676T   . 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

NA604722

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Amt ($) 1st Bill	Amt ($) Add Bill
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 : 1dao 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: 1dao 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 wilful misrepresentation or witholding 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	24/07/2018 15:56
Date Of Accident	26/06/2018 22:45
Exact Location Of Accident	ESPLANADE DRIVE TOWARDS NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5732H

Insured/Policyholder

Name Of Registered Owner	JDG UBER
Co Reg No	53332141K
Email Address	FIEVEFOREVER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81333752
Alternative Phone No	OFFICE-81333752

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098145124
Cover Note Number	

Driver

Name of Driver	GOH WEI LONG JACKSON (WU WEILONG JACKSON)
NRIC No	S8425836I
Date Of Birth	31/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81333752
Fax Number	
Contact Number	OTHERS-81333752
EMail Address	FIEVEFOREVER@GMAIL.COM

Address	BLK 660C JURONG WEST STREET 64
	#02-366
Postcode	643660
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	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)	3

Passenger 1	NAME:	: PASSENGER
	GENDER:	: FEMALE
Passenger 2	NAME:	: PASSENGER
	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 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	SH6676T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.
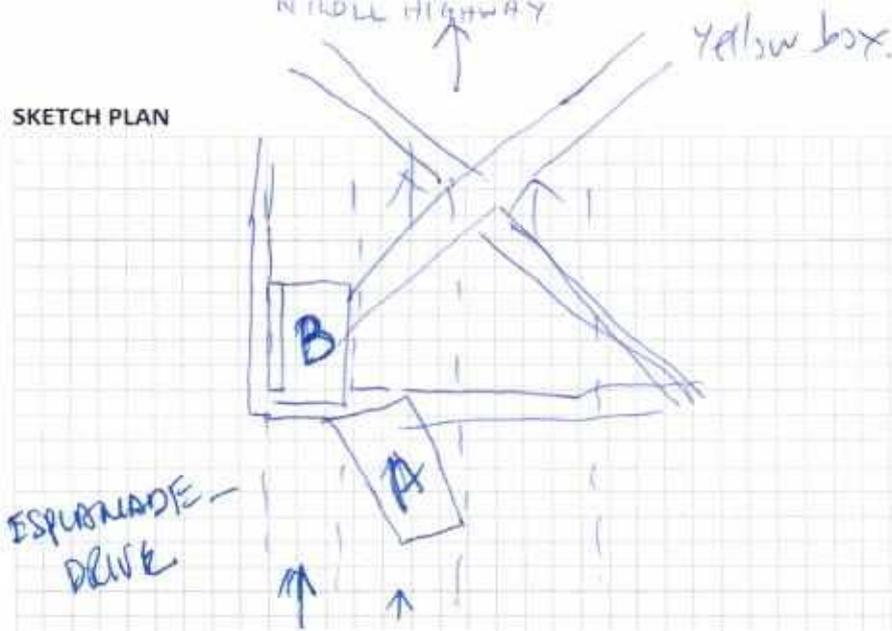
Policyholder's Signature
Date & Time:

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

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

26/07/2018

SKETCH PLAN

N*COLL HIGHWAY

Yellow box.

ESPLANADE - DRIVE
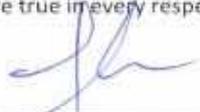
A

B

A) SJG 5732H

B) SH 6676T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left to change lane.
A taxi dashed across, I let him past.
As I turned halfway, his car moved backwards.
His car moved backwards and knocked into my car
His car is in the yellow box.

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.:

26/07/2018

ROSLI WP7023

Claim Handling

· Exit

Accident MT/1001066

Policy No.	5098145124	Vehicle No.	SJG5732H	GST Registration No.		
Policyholder Name	JDG UBER			Policyholder NRIC	53332141K	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)		
Email Address		Special Remark		eCode	No ▼	
KPK	~ No Yes	TCA	~ No Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available	

▽ Accident Details

Report Date	02/07/2018 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	26/06/2018	Time of Accident hh:mm	22:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ESPLANADE DR TWDS NICOLL HIGHWAY				

▽ Benefits

▽ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		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 500C #02-366	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 643660
Address 4		Address Type	Singapore address	Post Code	643660
Unit No.	02-366	Related Policy Number	5098145124		

▽ OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes ~ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002   New

Claim Type *	OD-MV ▼	Insured Name	JDG UBER	Insured NRIC	53332141K
Contact No.(Mobile)	92280188	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJG5732H	TP Vehicle Number	SH66767
Claim Description	SJG5732H / SH66767 ON 26 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼
Date Registered	26/07/2018 15:58	Claim Close Date		Date Received	26/07/2018 00:00
Report Taken By	ROSLI WAHAB				

✓ Print AK letter

[Save] [Submit]

Attachment

▽

Accident No.	MT/1001066	Claim No.	002
Last Doc. Received	● Yes ○ No	Upload Date	26/07/2018 16:07

Path *		Category *	Confidential	Urgency *	Description *
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	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 ▼	

[Message Read]   Send Message [Upload]

▽ Attachment List

Attachment	Uploaded By/Date	Category	⦿	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 16:07	SAS		Normal	SAS 2018-7-26		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 16:07	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-26		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 15:58	Photos		Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Jul 2018 15:58	Photos		Normal	Photos 2018-7-26		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH))	Photos		Normal	Photos 2018-7-26		Edit

UKIT MERAH)) on 26 Jul 2018 15:58

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 Jul 2018 15:58	Photos	Normal	Photos 2018-7-26		Edit

▽ Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window   Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 06 / 248 (DD/MM/YYYY), TIME: (22 : 45) (HH:MM) *evening*

LOCATION: Esplanade drive

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJG 57321 H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:_____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: MITSUBISHI , LANCER
   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: JDG UBER (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 5333 2141 K   CONTACT: 81333752
   c) ADDRESS: Blk 660C Jurong West St 64. #02-366
   (S) 643660

   PASSONGER in IF

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

   # No of passenger
   (Including driver)
   (3)

3. **DRIVER**
   a) NAME: Goh Wei Long Jackson (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8425P36 I   CONTACT: 81333752
   c) ADDRESS: Blk 660C Jurong West St 64. #02-366
   (S) 643660
   *d) DATE OF BIRTH: (31 / 08 / 1984) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) **DATE** OF DRIVING PASS (3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:_____

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**
   # No of passenger
   (Including driver)
   (-)
   a) VEHICLE NUMBER: SH 6676 T   MODEL: TAXI
   b) DRIVER'S NAME: —
   c) NRIC/FIN/PASSPORT: —   CONTACT: —

9. **THIRD PARTY VEHICLE**
   # No of passenger
   (Including driver)
   (-)
   d) VEHICLE NUMBER: —   MODEL: —
   e) DRIVER'S NAME: —
   f) NRIC/FIN/PASSPORT: —   CONTACT: —

email = HEVEFOREVER@GMAIL.com

VIDEO=

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S84258361

Name
GOH WEI LONG JACKSON
(WU WEILONG JACKSON)
吴 韦 龙

Race
CHINESE

Date of birth   Sex
31-08-1964   M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE   DRIVING LICENCE

Licence Number S84258364
Name
GOH WEI LONG JACKSON
(WU WEILONG JACKSON)

Birth Date 31 Aug 1964
Issue Date 28 Nov 2005

0013840GSA

5394151

NRIC No S84258361

Date of issue
29-04-2016

Address
APT BLK 860C JURONG WEST STREET 84
#02-366
SINGAPORE 643660

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

Class 3   Motor Cars < 3000kg with =<7 passengers, exclusive   28 Nov 2005
          of the driver; and other motor vehicles =< 250kg

Licence No: S84258364

N° 1084

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

· Change Language   · Change Password   · Log Out

My Desktop

Notice of Loss

Policy Query

| Policy No. | | Date of Accident | 24/05/2018 14:45 |
| Vehicle No. (For Motor) | SJG5732H | | |

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5098145124	JOG UBER	53332141K	GPC	drive CLASSIC	SJG5732H	SJG5732H	13/02/2018	12/02/2019

Continue