

NATIONAL Assessment Centre Services

(APR 2005)

MAA18095736

Date In: 26/07/2018 16:55	Job description	Date & Time Completed	Done by
Ref No: NPA18095736/27/4	SAS e-filing		
Veh No: S2G 5732H	E-mail (w/dun 8hrs, AIC 2hrs)		
D.O.A: 10/07/2018 08:00	i-Motor Claim Form	MT/1002425-002	26/07/2018
OD: ER Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:24
	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:

SL29105T

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

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 (\$)

Amt (\$)

Int Bill

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: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON*
- *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 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	24/07/2018 16:55
Date Of Accident	10/07/2018 08:00
Exact Location Of Accident	KPE TOWARDS CITY
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	FIEVEFOEVER@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	FIEVEFOEVER@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	SLZ9105T
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

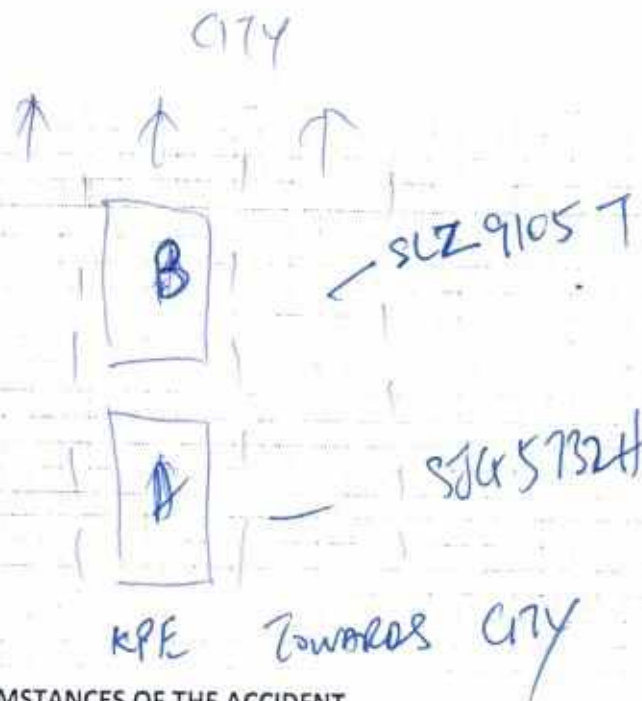


Policyholder's Signature
Date & Time:

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

Morning peak hour, many cars.
 Speed was slow
 Braked but car might have skid and knocked gently on the car in front.
 The other driver was rambly despite my gentle approach.
 He seem to want a fight or instigate a fight. Then he talks in a demanding way and order me to surrender my driver's licence.
 And he keeps insisting that I do not have my driver licence with me. He is a person with very bad attitude.

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

Task Transfer Edit

Accident MT/1002425

ICB SAS SLM

Policy No.	5096145124	Vehicle No.	SIG5732H	GST Registration No.	
Policyholder Name	JDG UBER			Policyholder NRIC	5332141K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Licensing	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	10/07/2018 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/07/2018	Time of Accident Incomm.	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 669C #02-366	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 613660
Address 4		Address Type	Singapore address	Post Code	643660
Unit No.	02-366	Related Policy Number	5096145124		

OT Driver Info

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

Modification History

Investigation

Claim 002 OD-MX

ICB SAS SLM

Claim Case Officer

Claim Type	OD-MX	Insured Name	JDG UBER	Insured NRIC	5332141K
Contact No.(Mobile)	92280188	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SIG5732H	TP Vehicle Number	SL2910ST
Claim Description	SIG5732H / SL2910ST ON 10 Jul 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/07/2018 16:16	Claim Close Date		Date Received	26/07/2018 16:26
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print Aki letter					

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Notes

Accident No.	MT/1002425	Claim No.	002
Last Doc. Received	Yes	Upload Date	26/07/2018 16:24

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_HERAH_B00676 NATIONAL ASSESSMENT CENTRE SERVICE		SAS	Normal	SAS 2018-7-26		Edit

S (BUKIT MERAH)) on 26 Jul 2018 16:24



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:24

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:16

Photos

Normal

Photos 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:16

Photos

Normal

Photos 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:16

Photos

Normal

Photos 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:16

Photos

Normal

Photos 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:14

Photos

Normal

Photos 2018-7-26

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S (BUKIT MERAH)) on 26 Jul 2018 16:14

Photos

Normal

Photos 2018-7-26

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Photos 2018-7-26

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Photos

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Photos 2018-7-26

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S (BUKIT MERAH)) on 26 Jul 2018 16:14

Photos

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Photos 2018-7-26

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Jul 2018 16:14

Photos

Normal

Photos 2018-7-26

[Edit](#)

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (10/07/2018) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: KPE towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STG 5732 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: 554235367 CONTACT: 81333712
c) ADDRESS: 5352141 K
Blk 606 Juncy West St 64 #02-306 (S) 643660

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Wei Long Jackson (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 554235367 CONTACT: 81333712
c) ADDRESS: Blk 606 Juncy West St 64 #02-306
(S) 643660

*d) DATE OF BIRTH: (31/08/1996) (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

- a) VEHICLE NUMBER: SL29105T MODEL: Lancer
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S84258361



GOH WEI LONG JACKSON
(WU WEILONG JACKSON)

吴韦龙

Race

CHINESE

Date of birth

31-08-1984

Country/place of birth

SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S84258361



GOH WEI LONG JACKSON
(WU WEILONG JACKSON)

Exp. Date 31 Aug 1984

Issue Date 26 Nov 2005



S594151



NRIC No S84258361



Date of issue

29-04-2015

Address

APT BLK 660C JURONG WEST STREET 64
#02-366
SINGAPORE 643660

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class 3 Motor Cars - < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2307kg



5/30/2018

Policy Search

eBaoTech

Hello, NAC_BUKIT_MERAH_800676

General Claim

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

24/05/2018 14:45

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5098145124	JOG UNPA	53332141A	GPC	drive CLASSIC	5JG5732H	5JG5732H	13/02/2018	12/03/2019

Continue