

NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA 48117486**

Date In: 10/09/2018 18:34	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/1801649214	SAS e-filing		
Veh No: SJA 7035E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/09/2018 17:05	i-Motor Claim Form	11/10/0968001	11/09/2018
OD <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:24
	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: SJB 89552 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)

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

NA 1805781

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 / Tpl 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		
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	10/09/2018 18:34
Date Of Accident	08/09/2018 17:05
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7035E
Insured/Policyholder	
Name Of Registered Owner	GOH CHOON SENG
NRIC No	S1728541F
Email Address	JOHNGOH_ROOF@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93868490
Alternative Phone No	OTHERS-93868490

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5081815228-01
Cover Note Number	

Driver

Name of Driver	GOH CHOON SENG
NRIC No	S1728541F
Date Of Birth	29/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93868490
Fax Number	
Contact Number	OTHERS-93868490
Email Address	JOHNGOH_ROOF@YAHOO.COM.SG

Address	BLK 648A JURONG WEST STREET 61 #15-232
Postcode	641648
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	2
Was any body injured in the Accident?	YES
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: : MALE
Passenger 2	NAME: : PASSENGER 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

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	SHB8955L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAMID
NRIC/Passport Number	
Contact Number	98465994
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name GOH CHOON SENG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJA7035E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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 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.

 10/09/18

Policyholder's Signature
Date & Time:

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

 10/09/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Bideford Road

Orchard Road

Orchard Link

A) SJA 7035 E
B) SHB 8955 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I'm driving on extreme right lane on Bideford Rd a taxi SHB 8955 L in the middle cut in and hit my vehicle left panel near left front wheel on 8/4/18 05.08 pm.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Johnson 10/08/18.

Policyholder's Signature
Date & Time:

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

10/09/2018
Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: S1728541F
Owner ID Type: Singapore NRIC
Owner Name: GOH CHOON SENG
Registered Address: APT BLK 648A JURONG WEST STREET 61 #15-232 SINGAPORE 641648
Mailing Address: -
Birth Date: 29 Sep 1965

Vehicle Particulars

Vehicle No.: SJA7035E
Previous Vehicle No.: -
Effective Date of Ownership: 01 Jul 2011
Original Regn Date: 18 Dec 2007
Registration Date: 18 Dec 2007
Year of Manufacture: 2007
Vehicle Type: Passenger Motor Car
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HONDA
Vehicle Model: STREAM 1.8 A
Primary Colour: Black
Secondary Colour: -
Passenger Capacity: 6
Chassis No.: RN61044136
Engine No.: R18A1749400
Engine Capacity/Power Rating: 1799 cc / -
Maximum Power Output: 103.0 kW (138 bhp)
Propellant: Petrol
Max Unladen Weight: 1350 kg
Maximum Laden Weight: 1735 kg
Open Market Value: \$18,672.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 17 Dec 2017
Minimum PARF Benefit: \$10,380.00
No. of Transfers: 1
IU Label No.: 1027042439
COE No: 2007100107001954D
COE Expiry Date: 17 Dec 2017
COE Category: E - Open Category
COE Registration Category: B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium: \$19,199.00 / -
Actual QP Paid: \$19,199.00
QP (Regn Cat): \$19,589.00
OPC Cash Rebate

Claim Handling

Accident MT/1010968

Policy No.	SOR1815228-01	Vehicle No.	SJA7035E	GST Registration No.	
Certificate No.					
Policyholder Name	GOH CHOON SENG	Cover Type	Comprehensive	Policyholder NRIC	S3340631E
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93868490	Special Remark		Contact No.(Home)	
Email Address		ICA		eCode	No
KFK	Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	11/09/2018 12:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/09/2018	Time of Accident hh:mm	17:03	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BIDEFORD ROAD				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 648A #15-232	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 641648
Address 4		Address Type	Singapore address	Post Code	641648
Unit No.	15-323	Related Policy Number	SOR1815228-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/09/1965
Unnamed driver Name	GOH CHOON SENG	Driver NRIC	S1728541F	Driving Experience	33
Register Date of Driver License	23/02/1985	Driver Age	52	Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 641648
Address 1	BLK 648A #15-323	Address 2	JURONG WEST STREET 61	Post Code	641648
Address 4		Address Type	Foreign address		
Unit No.	15-323			Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes = No	Driver Vehicle No.	SJA7035E		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		
Modification History					

Claim 001 **NEW**

Claim Type *	OD-MK	Insured Name	GOH CHOON SENG	Insured NRIC	S3340631E
Contact No.(Mobile)	93868490	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SJA7035E	TP Vehicle Number	SHB89
Claim Description	SJA7035E / SHB895L ON 8 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered	11/09/2018 12:24	Claim Close Date		Date Received	11/09/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AX letter					
Save Submit					

Attachment

Accident No.	MT/1010968	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	11/09/2018 12:24		
Path *					
Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *
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		Clear	Please Select	NO	Normal
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2018 12:24		Photos	Normal	Photos 2018-9-11	

2/2

ACCIDENT STATEMENT

ACCIDENT DATE: 08/09/2018 (DD/MM/YYYY), TIME: 05:08 (HH:MM) PM

LOCATION: Along Bideford Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 7035 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5081815228
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
 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: GOH CHOON SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 1728541 F CONTACT: 93868490
 c) ADDRESS: 648A Jurong West St 61 #15-232 S 641648

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH CHOON SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 1728541 F CONTACT: 93868490
 c) ADDRESS: 648A Jurong West St 61 #15-232 S 641648

*d) DATE OF BIRTH: 29/09/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 FEB 1985

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: SHB 8955 L MODEL: KIA
 b) DRIVER'S NAME: HAMID
 c) NRIC/FIN/PASSPORT: CONTACT: 98465994

9. THIRD PARTY VEHICLE

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

EMAIL = Johngeh - roof @ yahoo . com . sg

VIDEO =

086751



NRIC No. S1728541F

Blood Group Date of issue

B+

02-04-1993

APT BLK 648A JURONG WEST ST.61 #15-232

SINGAPORE 641648

NRIC No: S1728541F Date: 04-11-1999 No: 3146175

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1728541F



Name

GOH CHOON SENG

吴春成

Race

CHINESE

Date of Birth

Sex

29-09-1965

M

Country of Birth

SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unless otherwise stated does not exceed 2500 kilograms

23 Feb 1995

NP 426A



My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No.(For Motor)	<input type="text" value="SJA7035E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5081815228-01		GOH CHOON SENG	53340631E	GCV	Comprehensive	SJA7035E	SJA7035E	18/12/2017	17/12/2018