

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA118 135892

Date In: 14/10/18 - 15:30	Job description	Date & Time Completed	Done by
Ref No: NA/003 1809041/24	SAS e-filing		
Veh No: JDN3626A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 14/10/18 - 17:30	i-Motor Claim Form		
OD A 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: Vch No: XD 3837 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:- (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:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	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:-		
	Q1:		
	*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	

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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 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. 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	19/10/2018 15:27
Date Of Accident	19/10/2018 13:30
Exact Location Of Accident	OUTRAM RD TWDS CHINATOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN3636A
Insured/Policyholder	
Name Of Registered Owner	GOH TIONG YONG @ ALBERT GOH
NRIC No	S1243399I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98183636
Alternative Phone No	OFFICE-98183636

Vehicle Particulars

Manufacturer	INFINITI
Model	Q50 2.0T PREMIUM A/T
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110153201602
Cover Note Number	

Driver

Name of Driver	GOH RENGUANG, DESMOND
NRIC No	S8426876C
Date Of Birth	20/09/1984
Occupation	INDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97821383
Fax Number	
Contact Number	OFFICE-97821383
EMail Address	NOEMAIL

Address	54B FLORENCE ROAD
Postcode	549509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON SATED DATE AND TIME, I, VEHICLE A (SDN3636A) WAS TRAVELLING STRAIGHT ON MY RIGHTFUL LANE. I CAME TO A COMPLETE STOP DUE TO THE TRAFFIC LIGHT TURN RED. WHEN THE LIGHT TURN GREEN, I START TO MOVE. VEHICLE B (XD3883T) COLLIDED ON TO MY RIGHT REAR PORTION. I WANT TO STATE THAT MY IN CAR CAMERA HAVE CAPTURED THE ACCIDENT VIDEO FOOTAGE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD3883T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VALIVITTAN RAVICHANDRAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

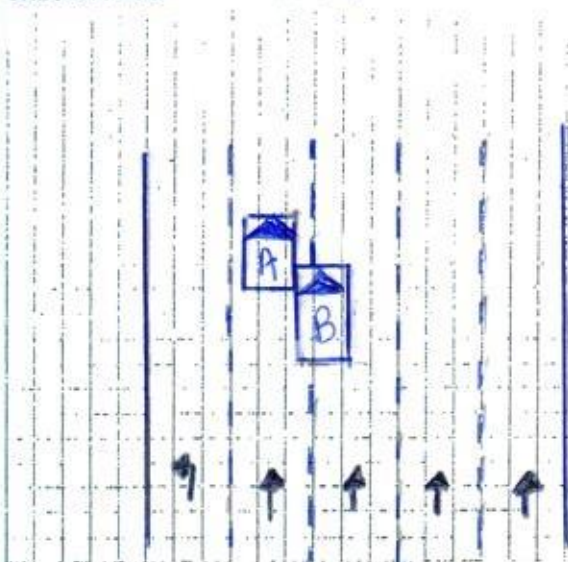
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Outram Road towards Chinatown



Vehicle A - SDN 3636A

Vehicle B - XD 3883T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date, time and location, I vehicle A (SDN 3636A) was travelling straight on my rightful lane. I came to a complete stop due to the traffic light turn red. When the light turn green, I start to move. Vehicle B (XD 3883T) Collided on to my right rear portion. I want to state that my in Car Camera have captured the accident, video footage.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 10 / 2018) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: OUTRAM ROAD TOWARD CHINATOWN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDN 3636A
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 110153201602
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: INFINITI Q50
 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: GOH TONG YONG @ ALBERT GOH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12433991 CONTACT: 98183636
 c) ADDRESS: 54B Florence Road
Singapore 549509

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH REN CHANG, DESMOND (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8426876C CONTACT: 97821383
 c) ADDRESS: 54A Florence Road
Singapore 549509

*d) DATE OF BIRTH: (20 / 09 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 YRS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER & SON

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: XD 3883T MODEL: _____
 b) DRIVER'S NAME: Valivittan Ravichandran
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(0)

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

EK52 AUTO PTE LTD

Reg. No. 201814204H

Blk C, 1 Kaki Bukit Ave 6,

#01-53, Autobay@Kaki Bukit,
Singapore 417883

Email: Enquiry.ek52@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S12433991



GOH TIONG YONG
@ALBERT GOH

姓 名

CHINESE

Date of birth
30-03-1957

Sex
M

Country of birth
SINGAPORE



0334211

NRIC No. S12433991



Blood Group
O+

Date of issue
07-05-1992

Address
54B FLORENCE ROAD
SINGAPORE 1954

REPUBLIC OF SINGAPORE DRIVING LICENCE

GOH RENGUANG, DESMOND

Birth Date: 20 Sep 1984
Issue Date: 24 Nov 2003

001019822D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8426876C



Name
GOH RENGUANG, DESMOND

吴仁光

Race
CHINESE

Date of birth
20-09-1984

Sex
M

Country of birth
SINGAPORE



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

Class	Vehicle Class	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Nov 2003

Licence No: S8426876C



NP 428A

4226166



NRIC No: S8426876C



Date of issue
12-05-2008

Address
54B FLORENCE ROAD
SINGAPORE 549509

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

(SDN3636A)



Fax (65) 6327 3869 / 6327
Email: ContactUs@uak.com.sg
uak.com.sg
Co. Reg. No. 19700152R

from (16/10/18 To 15/10/19)

ORIG

CERTIFICATE NO.	DHOM110153201602	Excess:	\$400/- NAMED DRIVERS \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EX \$100/- WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SDN3636A		
Name of Insured	GOH TIONG YONG @ ALBERT GOH		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 16 October 2018 to 15 October 2019

Engine# 274AE013258A
Chassis# JN1BCAV37Z04804C

DATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
INSURED DRIVER

The Insured

Any other person who is driving on the Insured's order or with his permission
In the event of the death of the Insured

- (a) any member of the Insured's family or a paid driver who has been driving the car during the period of the Insured and permission to drive had not been withdrawn prior to the death of Insured
b) any other person who has been given permission to drive the vehicle prior to the death of Insured and permission had not been withdrawn by the Insured

CONDITIONS AS TO USE

Only for social domestic and pleasure purposes and for the Insured's business
POLICY DOES NOT COVER

hire or reward or racing pace-making reliability trial or speed-testing or the carriage of more than samples) in connection with any trade or business or use for any purposes in connection with Trade
carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the Insured or any other person thereunder towards the running expenses of any vehicle described in the Schedule shall not constitute use for hire or reward

that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving

rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

BY CERTIFYING THIS