

NATIONAL Assessment Centre Services [ver: 1 Jan 2005]

Date In: 09/11/2018 11:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020312/K4	SAS e-filing		
Veh No: GZ63884	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/11/2018 19:00	i-Motor Claim Form	MT/1018999-002	12/11/18 10:00
OD: 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: Veh No: SJH5314B. 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

NA1807297

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) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	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:		
	*N3: 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	

12/11/18

## 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	09/11/2018 11:08
Date Of Accident	08/11/2018 19:00
Exact Location Of Accident	KPE TOWARDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6388Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REGAL PAINTING PTE LTD
Co Reg No	199601013G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97539078
Alternative Phone No	OFFICE-97539078

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR G
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5044152495-08
Cover Note Number	

### Driver

Name of Driver	GOH GEOK CHEW ( WU YUQIU )
NRIC No	S1491973B
Date Of Birth	26/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97539078
Fax Number	
Contact Number	OTHERS-97539078
EMail Address	NOEMAIL

Address	BLK 407A FERNSVALE ROAD #13-21
Postcode	791407
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SJH5314B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE WEI XIN
NRIC/Passport Number	S8200675C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGS1620X
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMMAD JUFRY BIN SENIN

NRIC/Passport Number

S7611287H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.



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.:

9/11/2018

SKETCH PLAN

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along KPE to TPE. When in front Vehicle B and Vehicle C slowdown and Vehicle A would have time to stop and hit on Vehicle B near portion, Vehicle A damage was slight damage.

DECLARATION

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



Policyholder's Signature Date & Time:

Driver's Signature

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

9/11/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

EXIT 9A

9A

SGS

1620X

MOHAMMAD JUFRY BIN SERIN

57611287H

3JH

5314B

WEE WEI XIN

58200675C

GZ

A 6388Y

KPE to TPE

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.: 199601013G  
 Owner ID Type: Company  
 Owner Name: REGAL PAINTING PTE LTD  
 Registered Address: 1032 EUNOS AVENUE 5A #01-08 EUNOS INDUSTRIAL ESTATE SINGAPORE 409702  
 Mailing Address: -  
 Birth Date: -

### Vehicle Particulars

Vehicle No.: GZ6388Y  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 10 Jul 2006  
 Original Regn Date: 10 Jul 2006  
 Registration Date: 10 Jul 2006  
 Year of Manufacture: 2006  
 Vehicle Type: Goods (Open) Lorry (Metal Body)/Pickup  
 Vehicle Scheme: -  
 Vehicle Attachment 1: With Hood  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: NISSAN  
 Vehicle Model: CABSTAR G  
 Primary Colour: Blue  
 Secondary Colour: -  
 Passenger Capacity: 2  
 Chassis No.: JN1SF4F23Z0861681  
 Engine No.: QD32227220  
 Engine Capacity /Power Rating: 3153 cc / -  
 Maximum Power Output: -  
 Propellant: Diesel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1491973B



Name  
GOH GEOK CHEW  
(WU YUQIU)

吴玉秋



Race  
CHINESE

Date of birth  
26-10-1961

Sex  
M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1491973B

Name  
GOH GEOK CHEW  
(WU YUQIU)

Birth Date: 26 Oct 1961

Issue Date: 16 Feb 2004



5958403



NRIC No. S1491973B



Date of issue  
14-06-2018

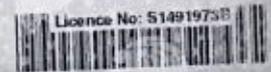
Address

APT BLK 407A FERNVALE ROAD  
#13-21  
SINGAPORE 791407

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

Class 9 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE  
10 May 1983



4P478A

8/11/2018  
7 pm

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/11/2018 19:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GZ6388Y"/>	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 type="radio"/>	5044152495-08		REGAL PAINTING PTE LTD	199601013G	GCV	Third Party	GZ6388Y	GZ6388Y	10/07/2018	09/07/2019
<input type="button" value="Continue"/>										

## Claim Handling

[Task Transfer](#) [Exit](#)
[Accident MT/1018999](#)
[LOS](#) [SAL](#) [SUB](#)

Policy No.	5044152495-08	Vehicle No.	GZ6388Y	GST Registration No.	M289230262
Certificate No.					
Policyholder Name	REGAL PAINTING PTE LTD			Policyholder NRIC	199601013G
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

[Accident Details](#)

Report Date	09/11/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	08/11/2018	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Along KPE (TPE) beside Tampines Exit				

[Excess](#)

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

[Benefits](#)
[GST Registered Information](#)

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M289230262	GST Status Verified	No

Modification History

[Policyholder Mailing Address](#)

Address 1	BLK 1032 #01-08	Address 2	EUNOS AVENUE 5A	Address 3	SINGAPORE 409702
Address 4		Address Type	Singapore address	Post Code	409702
Unit No.		Related Policy Number	5104780542		

[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)	

**Claim Handling**

Accident MT/1018999

Policy No.	5044152495-08	Vehicle No.	GZ6388Y	GST Registration No.
Certificate No.				
Policyholder Name	REGAL PAINTING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ **Accident Details**

Report Date	09/11/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/11/2018	Time of Accident hh:mm	19:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Along KPE (TPE) beside Tampines Exit			

▼ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	15/04/19
GST Registration No.	M289230262	GST Status Verified	Yes
Modification History	12/11/2018 09:04:27 Deborah Mui changed GST Registration Date from 01/01/2015 to 15/04/1996 12/11/2018 09:04:27 Deborah Mui changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	BLK 1032 #01-08	Address 2	EUNOS AVENUE 5A	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S104780542	

▼ **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?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

**New**

Claim Type *	OD-MX	Insured Name	REGAL
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	GZ6388
Claim Description	GZ6388Y / SJH5314B ON 8 Nov 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	12/11/2018 09:56	Claim Close Date	
Report Taken By		Workshop Repairer	

✓ Print AK letter

Save Submit

Attachment

Accident No. MT/1018999 Claim No. 002
Last Doc. Received Yes No Upload Date 12/11/2018 10:00

Path \*

Category \*

Confidential

- Choose File No file chosen

- Clear
Clear
Clear
Clear
Clear
Clear

Table with 2 columns: Category (Please Select), Confidential (NO)

Message Read

Attachment List

Table with 6 columns: Attachment, Uploaded By/Date, Category, Urgency, Description. Contains 15 rows of photo attachments.

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading