

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

Date In: 17/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020828/13	SAS e-filing		
Veh No: SJT1404M	E-mail (within 8hrs, AIC 2hrs)		
DOA 16/11/18 1805	I-Motor Claim Form	MT/1020191 -	001
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: (TWINCAR) Tel: Fax:)

TP Particulars: Veh No: SLB4734L 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Actions

NA1807518

Claimant's Particulars:	Invoice Preparation Charge	Am (\$)	Am (\$)
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) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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 \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

18/11/18

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	17/11/2018 14:13
Date Of Accident	16/11/2018 18:05
Exact Location Of Accident	BIDEFORD RD BESIDE PARAGON MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1404M
Insured/Policyholder	
Name Of Registered Owner	GOH GUAN KEE
NRIC No	S7508528A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81137679
Alternative Phone No	OTHERS-81137679

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	5103395754
Cover Note Number	

Driver

Name of Driver	GOH GUAN KEE
NRIC No	S7508528A
Date Of Birth	25/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81137679
Fax Number	
Contact Number	OTHERS-81137679
Email Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #08-1333
Postcode	470131
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	
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)	2
Passenger 1	
	NAME: : UNKNOWN
	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB4734L
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	GOH GUAN KEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJT1404M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

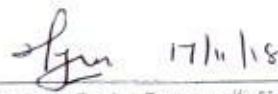
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

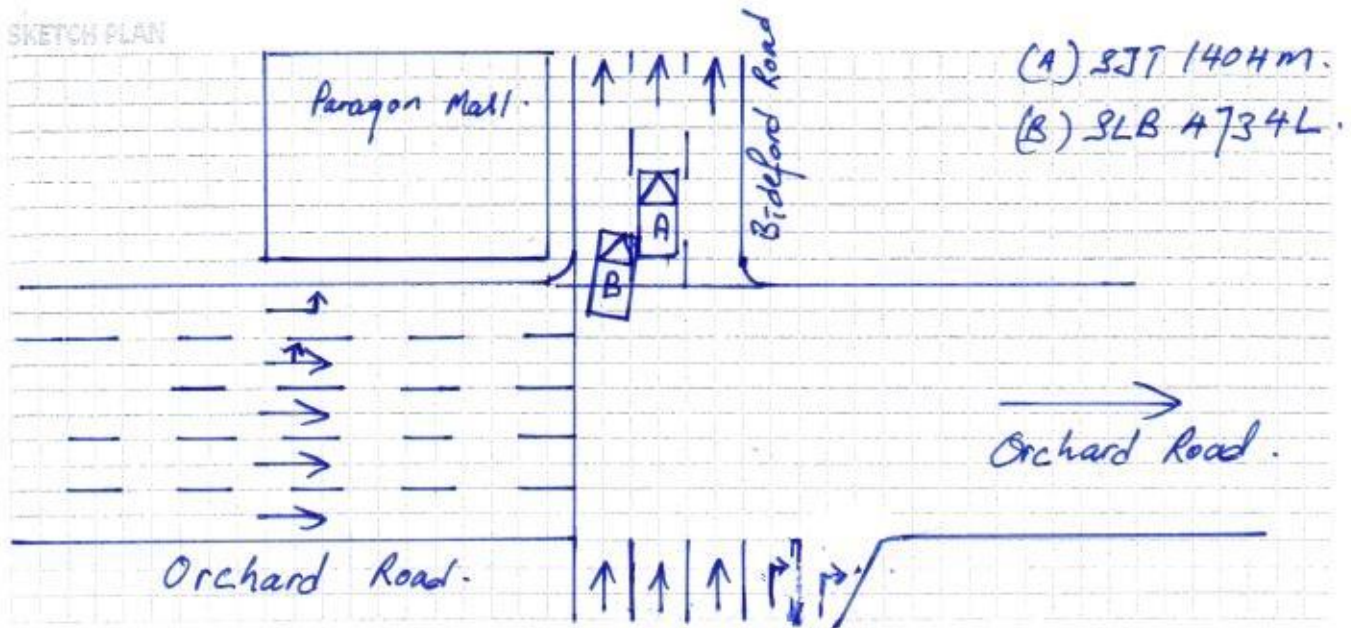


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/11/18

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Orchard Link.

On 16/11/18 at @ 1808 hrs, I was travelling in my vehicle (SJT 1404M) along Orchard Link travelling straight towards Bideford Road on the centre lane. Just as I pass the junction of Orchard Road, a vehicle (SLB 4734L) on the left lane, suddenly cut into my lane and collided onto the left rear portion of my vehicle.

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:

 17/11/18
Reporting Centre Personnel's Signature
Name:
Date & Time:

Vehicle No.	SJT 1404 M.	Model / Make	Toyota Allion.
Date of Accident	16 / 11 / 18.		
Time of Accident	1808 HRS		
Location of Accident	Bideford Road beside Paragon Mall		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Goh Guan Kee.		
Telephone No.	H/P : 8113 7679.	Home :	Office :
NRIC	S 7508528 A		
Address	22K 131, Bedok Reservoir Road #08-1333 (E) 470131.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	<u>As Above</u> If No,		
NRIC		Any Passengers :	01 (F).
Date of birth	25 / 03 / 1975.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	18 / 10 / 2002.		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	owner.	
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Goh Guan Kee (H/P: 8113 7679)		
Name And Contact No.			
Police Report	<u>No.</u> If Yes, Where?		
Vehicle B No.	SLB 4734 L.	Any Passengers :	N.A.
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Left Rear Portion.		
Camera Recorder	<u>Yes</u> / No		
Email Address	delwengoh@gmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes	<u>No</u>
PARTICULAR WORKSHOP	Twin car.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7508528A**

Name: **GOH GUAN KEE**

Birth Date: **25 Mar 1975**

Issue Date: **13 Oct 2003**

000915019J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7508528A**

Name: **GOH GUAN KEE**

吴源奇

Race: **CHINESE**

Date of Birth: **25-03-1975**

Country of Birth: **SINGAPORE**

Sex: **M**




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

Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	18 Oct 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Aug 2008
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	10 Jan 2009

S7508528A

S / No. 9000104786

Licence No: **S7508528A**

NP 428A

1199032

Barcode

NRIC No: **S7508528A**



Blood Group: **B+**

Date of issue: **18-08-1993**

APT BLK 131 BEDOK RESERVOIR ROAD #06-1333
SINGAPORE 470131

NRIC No: **S7508528A**

Date: **24/10/2018**

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="16/11/2018 18:05"/>
Vehicle No.(For Motor)	<input type="text" value="SJT1404M"/>	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"/>	5103395754		GOH GUAN KEE	57508528A	GPC	drivo CLASSIC	SJT1404M	SJT1404M	30/08/2018	24/09/2019

Claim Handling

Accident MT/1020191

Policy No.	5103395754	Vehicle No.	SJT1404M	GST Registration No.
Certificate No.				
Policyholder Name	GOH GUAN KEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81137679	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

▼ Accident Details

Report Date	17/11/2018 15:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/11/2018	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BIDEFORD RD BESIDE PARAGON MALL			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ 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 131 #08-1333	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470131	Address Type	Singapore address	Post Code
Unit No.	08-1333	Related Policy Number	5103395754	

▼ OI Driver Info

Driver Name	GOH GUAN KEE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7508528A	Driving Experience
Register Date of Driver License	18/10/2002	Driver Age	43	Contact No.(Home)
Contact No.(Mobile)	81137679	Contact No.(Office)	0	Address 3
Address 1	BLK 131	Address 2	BEDOK RESERVOIR ROAD	Post Code
Address 4	SINGAPORE 470131	Address Type	Singapore address	
Unit No.	#08-1333			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Contract No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	GOH GUAN KEE
	Contact No. (Home)	684278
	OI Vehicle Number	SJT140

SJT1404M / SLB4734L ON 16 Nov 2018

17/11/2018 15:15	Claim Close Date	
ROSLINDA	Workshop Repairer	

[Save](#) [Submit](#)

Attachment

Accident No. MT/1020191 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 17/11/2018 00:00

Choose File	No file chosen	Path *	Category *	Confidential
Choose File	No file chosen			
Choose File	No file chosen			
Choose File	No file chosen			
Choose File	No file chosen			
Choose File	No file chosen			
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Nov 2018 15:15	Photos	Normal	Photos ;

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading