

# NATIONAL Assessment Centre Services

Date In: 15/12/2018 15:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18022547/K4			
Veh No: SGT 6892P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 15/12/2018 01:15	i-Motor Claim Form	MT/1023984-001	17/12/18 10:05
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: SHD4130R	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:
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Date/Time	Actions

NA1808218	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int. Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*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: Idno Mobile \$0		
	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 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	15/12/2018 15:22
Date Of Accident	15/12/2018 01:15
Exact Location Of Accident	LOR 7 LIEWLIAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6892P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH CHING YANG
NRIC No	S6803633Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84186091
Alternative Phone No	OTHERS-84186091

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088978826-01
Cover Note Number	

### Driver

Name of Driver	NICHOLAS KOK WEN JIE
NRIC No	S9414869C
Date Of Birth	24/04/1994
Occupation	INDOOR
Date Of Driving Pass	09/09/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84186091
Fax Number	
Contact Number	OTHERS-84186091
Email Address	NOEMAIL

Address	BLK 633 HOUGANG AVENUE 8 #04-11
Postcode	530633
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	
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)	2
Passenger 1	
	NAME: : NIL
	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4130R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CALVIN
NRIC/Passport Number	S6819001J
Contact Number	98742499
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:

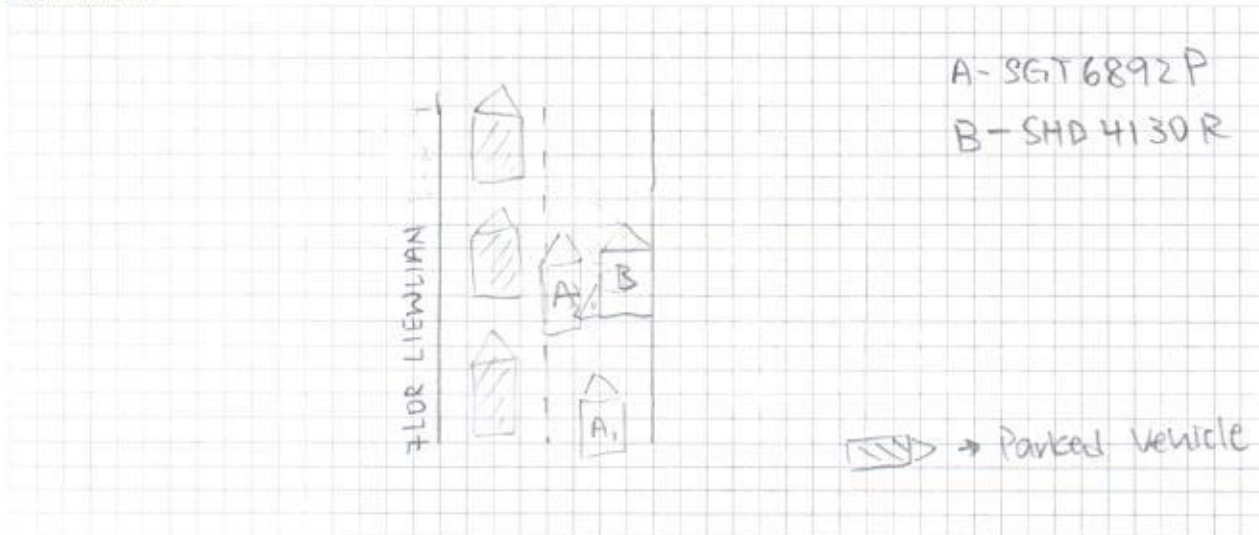
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was travelling along 7 Lor Liewlian. \* Vehicle B stopped at a 2-lane road & indicate \* with hazard signal to alight passenger. After the passenger has alighted from the vehicle, I proceeded to indicate my intention to overtake. Suddenly while overtaking I heard a sound. Upon alighting, I noticed my vehicle rear right portion was damaged. I would \* like to mention there are parked vehicle alongside the road.

## 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.:



**CONFIDENTIAL**

**Annex E**

**NOTICE OF COMPLIANCE**

This is to confirm that Nicholas Kok Wen Jie, S9414869C residing at Blk 633 Hougang Avenue 8 #04-11 Spore 530633 contact: 84186091 has reported to the Police a non-injury traffic accident which happened along Blk 7 Lorong Lew Lian on 15/12/2018 at 0115am involving the following vehicles: SGT6892P (Gold, Nissan Sylphy) and SHD4130R (Blue, Hyundai), Mr Kelvin, S6819001J, contact: 98742499.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT Robin Teo

Date: 15/12/2018 Time: 0158hrs

S/D Ref: 12

Police Post/Unit: Hougang NPC

HOUGANG NPC  
60 HOUGANG AVE 8  
SINGAPORE 538775  
TEL 1800-4890949

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

**CONFIDENTIAL**

Version as of 15 Jan 2002

OWNER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6803633Z



Name



GOH CHING YANG

吴晋媛

Race

CHINESE

Date of Birth

12-02-1968

Country of Birth

SINGAPORE

Sex

F

S6803633Z

1791411



NRIC No. S6803633Z



Blood Group Date of issue

O+

13-03-1994

Address

APT BLK 533 HOUGANG AVENUE 8 #04-11  
SINGAPORE 530533

NRIC No:

88864431

Date:

14-10-1996

No:

2121972

Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9414869C



Name  
NICHOLAS KOK WEN JIE

郭文杰

Race  
CHINESE

Date of birth  
24-04-1994

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9414869C



NICHOLAS KOK WEN JIE

Birth Date: 24 Apr 1994

Issue Date: 09 Sep 2016

0026082111

4410171



NRIC No. S9414869C

Date of issue  
27-05-2009

Address  
APT BLK 633 HOUGANG AVENUE 8  
#04-11  
SINGAPORE 530633

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  09 Sep 2016

NP 428A

Licence No: S9414869C



Hello, NAC\_PAYA\_UBI\_800601

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

Policy No.

Date of Accident

15/12/2018 01:15

Vehicle No. (For Motor)

SGT6892P

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088978826-01		GOH CHING YANG	S6803633Z	GPC	drive CLASSIC	SGT6892P	SGT6892P	12/02/2018	11/02/2019

## Policy Information

Policy No.	5088978826-01	Policyholder Name	GOH CHING YANG	Policyholder NRIC	S6803633Z
Certificate No.					
Address	BLK 633 #04-11 HOUGANG AVENUE 8 SINGAPORE 530633				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	07/02/2018	Effective Date	12/02/2018 00:00	Expiry Date	11/02/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	VV INSURANCE AGENCY PTE. LT	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 633 #04-11	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530633
Address 4		Address Type	Singapore address	Post Code	530633
Unit No.		Related Policy Number	5088978826-01		

## Insured Object: SGT6892P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#)[Cancel](#)



## Claim Handling

Accident MT/1023984

Policy No.	5088978826-01	Vehicle No.	SGT6892P	GST Registration No.
Certificate No.				
Policyholder Name	GOH CHING YANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	84186091	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KfK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ➤ Accident Details

Report Date	17/12/2018 09:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/12/2018	Time of Accident hh:mm	01:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOR 7 LIEWLIAN			

## ➤ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ➤ 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 633 #04-11	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088978826-01	

## ➤ OI Driver Info

Driver Name	NICHOLAS KOK WEN JIE	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9414869C	Driver DOB
Register Date of Driver License	09/09/2016	Driver Age	24	Driving Experience
Contact No.(Mobile)	84186091	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 633 #	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GOH CHING YANG
Contact No.(Mobile)	82829493	Contact No.(Home)	664856
Email Address	mary.goh@infineon.com	OI Vehicle Number	SGT6892P
Claim Description	SGT6892P / SHD4130R ON 15 Dec 2018		
Preferred Workshop	Insured Liability	Preferred Repair Option	GIA report
Workshop No. Finalisation	Partially at Fault	Preferred Workshop, Name unknown	Received
Date Registered	17/12/2018 10:03	Claim Close Date	
Report Taken By		Workshop Repairer	

Print AK letter















## Attachment

Accident No.:	MT/1023984	Claim No.:	001
Lost Doc. Received:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	15/12/2018 10:05

Choose File	No file chosen	<input type="button" value="Clear"/>	Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Message Read		<input type="button" value="Clear"/>	Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:03	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:01	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 10:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 09:59	Photos	Normal	Photos ;