

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 24/12/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18023040/13 | SAS e-filing | | |
| Veh No: 9B020205 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 22/12/18 1145 | i-Motor Claim Form | MT/1025040-001 | |
| OD: TP (Reporting Only) | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 5GN4014C | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA1808497

| Claimant's Particulars:- | Invoice Preparation Checklist | Amt (\$) | |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | 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 | | |
| 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:- | | |
| | OD: | | |
| | *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 | |

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 | 24/12/2018 16:55 |
| Date Of Accident | 22/12/2018 11:45 |
| Exact Location Of Accident | SERANGOON CENTRAL SLIP RD INTO BOUNDARY ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBD2020J |
| Insured/Policyholder | |
| Name Of Registered Owner | FAUSTINA TRADING |
| Co Reg No | 53095935J |
| Email Address | DORAEMON1634@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97126748 |
| Alternative Phone No | OFFICE-97126748 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV350 |
| Exact Purpose for which vehicle was being used at time of accident | DELIVERY |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5072761762-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | SIMON GOH HWEE HENG |
| NRIC No | S7410189E |
| Date Of Birth | 26/03/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/06/1995 |
| Driving Experience | 23 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97126748 |
| Fax Number | |
| Contact Number | |
| Email Address | DORAEMON1634@YAHOO.COM.SG |

| | |
|---|---------------------------|
| Address | BLK 494 JURONG WEST ST 41 |
| | #03-124 |
| Postcode | 640494 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT THE SERANGOON CENTRAL SLIP RD INTO BOUNDARY RD TO GIVE WAY FOR ONCOMING VEH. SUDDENLY VEH(B) BEARING REG NO SGN4014C CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

| | |
|---|------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | HAVEN'T RETRIEVE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SGN4014C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WU LI JUAN |
| NRIC/Passport Number | S8328129D |
| Contact Number | 90071779 |
| 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.

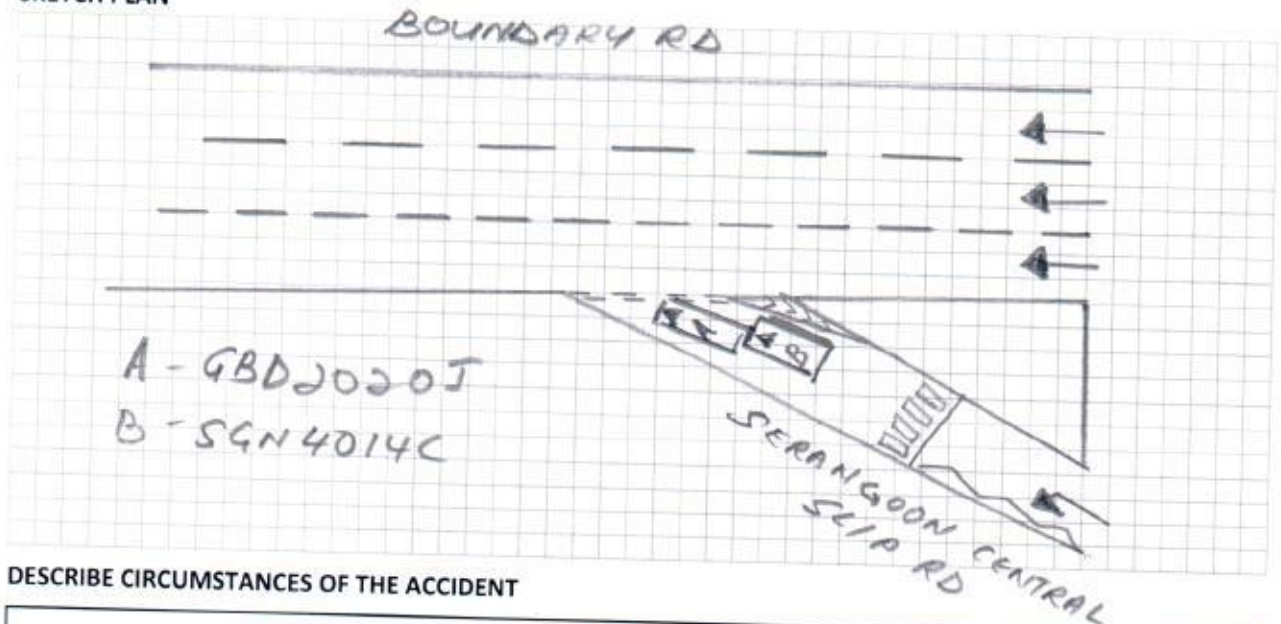


Policyholder's Signature
Date & Time:

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

P/s refer to the statement.

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:

24/12/18

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

Shym 24/12/18

ACCIDENT STATEMENT

ACCIDENT DATE: (22/12/18) (DD/MM/YYYY), TIME: (11:45) (HH:MM) Am.

LOCATION: Serangoon Central turning to Boundary Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 2020J
b) INSURANCE COMPANY: Fook Tm
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97126748
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Simon Goh Hwee Heng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S/7410189/E CONTACT: 97126748
c) ADDRESS: 494 Jurong West st 41 #03-124 640494

*d) DATE OF BIRTH: (26/03/74) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27 Jun 1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SGN 4014C MODEL:
b) DRIVER'S NAME: Wu Li Juan
c) NRIC/FIN/PASSPORT: S8328129D CONTACT: 90071779

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Simon Goh Hwee Heng

Licence Number: **S7410189E**

Name: **SIMON GOH HWEE HENG**

Birth Date: **26 Mar 1974**

Issue Date: **14 May 2003**

Barcode: 000479331B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7410189E**

Portrait of Simon Goh Hwee Heng

Name: **SIMON GOH HWEE HENG**

Place: **CHINESE**

Date of Birth: **26-03-1974**

Sex: **M**

Country of Birth: **SINGAPORE**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **27 Jun 1995**

Licence No: **S7410189E**

NP 428A

2967

Barcode

NRIC No: **S7410189E**

Fingerprint

Blood Group: **O+** Date of issue: **01-07-1997**

APT BLK 494 JURONG WEST STREET 41 #03-124
SINGAPORE 640494

NRIC No: **S7410189E** Date: **05/02/2018**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5072761762-03 | | FAUSTINA TRADING | 53095935J | GCV | Comprehensive | GBD2020J | GBD2020J | 30/07/2018 | 29/07/2019 |

Claim Handling

Accident MT/1025040

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5072761762-03 | Vehicle No. | GBD2020J | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | FAUSTINA TRADING | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | 97126748 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" 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 |

▼ Accident Details

| | | | | |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date | 24/12/2018 17:47 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 22/12/2018 | Time of Accident hh:mm | 11:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SERANGOON CENTRAL SLIP RD INTO BOUNDARY ROAD | | | |

▼ Excess

| | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|
| Own damage Excess | 600.00 | 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 | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|
| Address 1 | BLK 494 #03-124 | Address 2 | JURONG WEST STREET 41 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5072761762-03 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-----------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB |
| Unnamed driver Name | SIMON GOH HWEE HENG | Driver NRIC | S7410189E | Driving Experience |
| Register Date of Driver License | 27/06/1995 | Driver Age | 44 | Contact No.(Home) |
| Contact No.(Mobile) | 97126748 | Contact No.(Office) | 0 | Address 3 |
| Address 1 | BLK 494 | Address 2 | JURONG WEST STREET 41 | Post Code |
| Address 4 | | Address Type | Singapore address | |
| Unit No. | #03-124 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

GIA report

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name FAUSTI

97126748 Contact No. (Home)

Vehicle Number GBD2020J

GBD2020J / SGN4014C ON 22 Dec 2018

24/12/2018 17:52 Claim Close Date

ROSLINDA Workshop Repairer

Insured Liability Not at Fault

Preferred Repair Option Preferred Workshop, Name unknown

Received

Save Submit

Attachment



| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1025040 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/12/2018 00:00 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Desi |
|------------|--|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:52 | NRIC/ Driving License | Normal | NRIC/ Driving L |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:52 | SAS | Normal | SAS 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:52 | Photos | Normal | Photos ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2018 17:51 | Photos | Normal | Photos ; |

Video List

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