

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MA119005236

Date In: 12/01/2019 11:01	Job description	Date & Time Completed	Done by
Ref No: N/A119000722/4	SAS e-filing		
Vch No: SKG 46844	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/01/2019 18:20	I-Motor Claim Form	MT/1027461-001	12/01/2019 1143 Hrs
OID: 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:	Vch No: SHB 3019L	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:	Complete by:	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

MA11900329	Invoice Preparation	
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*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 (N-in INC) against INC \$20	
	9) N12: Idao 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	12/01/2019 11:01
Date Of Accident	08/01/2019 18:20
Exact Location Of Accident	ANG MO KIO AVE 5 TOWARDS YIO CHU KANG RD B/F CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4684H /
Insured/Policyholder	
Name Of Registered Owner	TOH WEI LOONG (ZHUO WEILUN) /
NRIC No	S7345169H
Email Address	CHIENCHIEN.GOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98415158
Alternative Phone No	OTHERS-98415159

Vehicle Particulars

Manufacturer	PEUGEOT
Model	208
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	REPORTING ONLY /
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	5100613200 /
Cover Note Number	

Driver

Name of Driver	GOH CHIEN CHIEN (WU JUANJUAN) /
NRIC No	S7839304A
Date Of Birth	29/12/1978
Occupation	INDOOR
Date Of Driving Pass	15/06/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98415159
Fax Number	
Contact Number	OTHERS-98415158
Email Address	CHIENCHIEN.GOH@GMAIL.COM

Address	BLK 601 ANG MO KIO AVENUE 5 #10-2825
Postcode	560601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SHB3019L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

NRIC/FIN No.

Claim Handling

Accident MT/1027461

Policy No.	5100613200	Vehicle No.	SKG4684H	GST Registration No.	
Certificate No.					
Policyholder Name	TOH WEI LOONG (ZHUO WEILUN)			Policyholder NRIC	S7345
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98415158	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	12/01/2019 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	08/01/2019	Time of Accident hh:mm	18:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE S TOWARDS YIO CHU KANG RD B/F CTE				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	900.00	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 601 #10-2625	Address 2	ANG MO KIO AVENUE 5	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	56060
Unit No.		Related Policy Number	5100613200		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH CHEEN CHIEN (WU JU	Driver NRIC	S7839304A	Driver DOB	29/12/
Register Date of Driver License	15/06/2007	Driver Age	40	Driving Experience	11
Contact No.(Mobile)	98415158	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 601 #10-2625	Address 2	ANG MO KIO AVENUE 5	Address 3	YIO CH
Address 4	SINGAPORE 560601	Address Type	Foreign address	Post Code	56060
Unit No.	10-2625				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKG4684H	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MIX	Insured Name	TOH WEI LOONG (ZHUO WEILU
Contact No.(Mobile)	98008108	Contact No. (Home)	64052858
Email Address	topdiskus@yahoo.com.sg	Vehicle Number	SKG4684H
Claim Description	SKG4684H // SHB319L ON 8 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	12/01/2019 11:43	Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLI WAHAB	GIA report	Received
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No.	MT/1027461	Claim No.	001
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1/12/2019

Claim Handling(accident reporting Claim Task)

Last Doc. Received

* Yes ☐ No ☐

Upload Date

12/01/2019 11:43

Path: *

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

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

Urgency *

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	Photos	Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	SAS	Normal	SAS 2019-1-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Jan 2019 11:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-12

Video List

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

rsbm

From: rsbm <rsbm@lkkauto.com>
Sent: Tuesday, 22 January, 2019 10:24 AM
To: 'Theresa Vimala D/O Balagangadharan'
Cc: ODsupport@income.com.sg
Subject: MT/1027461-001 SKG4684H

Hi the above mention claim the third party vehicle number should be SHB3019L and not SHB319L type wrongly in the ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 08/01/2019 (DD/MM/YY) Time: 6:20pm (HH:MM)
Exact location of accident	Ang mo kio Ave 5 towards Yio Chu Kang Rd before CTE exit

Details of vehicle

Vehicle registration number	SKG4684H
Vehicle make and model	PEUGEOT 208
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private use
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5100613200
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	TOH WEI LUNG	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	57345169H	
Contact	98415158	
Address	Blk 601 Ang mo kio Ave 5 #10-2625 S(560601)	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	GOH CHIEN CHIEN	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	57839304A	
Contact	98415159	
Address	Blk 601 Ang mo kio Ave 5 #10-2625 S(560601)	
Email address	chienchien.goh@gmail.com	
Date of birth	29-12-1978	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	15/06/2007	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHB3019L
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 15 Jun 2007

NP 428A



Licence No: S7839304A



NRIC No: S7839304A



Date of issue
29-12-2006

APT BLK 001 ANG MO KIO AVENUE 5 #10-2426
SINGAPORE 600001

NRIC No: S7839304A

Date: 25/10/2010 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7839304A

Name:

GOH CHIEN CHIEN
(WU JUANJUAN)

Birth Date: 29 Dec 1978

Issue Date: 15 Jun 2007



001567065D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7839304A



Name:

GOH CHIEN CHIEN
(WU JUANJUAN)

吴娟娟

Race:

CHINESE

Date of birth:

29-12-1978

Country of birth:

SINGAPORE

Sex:

F





NRIC No. S7345169H

Date of issue
13-01-2004APT BLK 601 ANG MO KIO AVENUE 5 #10-2825
SINGAPORE 680601

NRIC No. S7345169H

Date: 01/08/2016 (R)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7345169H



Name

TOH WEI LOONG
(ZHUO WEILUN)

卓伟伦

Race

CHINESE

Date of birth

28-12-1973

Sex

M

Country of birth

SINGAPORE

S7345169H

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)

Certificate Number: 5100613200

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG4684H**
Chassis Number : VF30U5FVACS138850
2. Name of Policyholder : TOH WEI LOONG (ZHUO WEILUN)
3. Effective Date of Insurance : 14 May 2018
4. Expiry Date of Insurance : 06 Sep 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TOH WEI LOONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

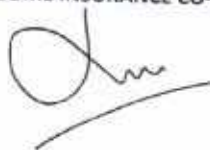
Agency : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 14 May 2018 09:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive