

NATIONAL Assessment Centre Services

Form 1-10-13

Page 1

Date In: 01/03/2019 14:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003849/K4	SAS e-filing		
Veh No: SGW 488.2R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/03/2019 10:30	I-Motor Claim Form	MT/1034374-002	4/3/19/1655
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: YN2816E	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

NA1901653

Invoice Preparation Checklist

Customer's Particulars	Amount (\$)	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
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	
Date 1:	For claiming against INC Only (wef 10 Jan 2005)	
Date 2 / 3:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / TP 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 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	01/03/2019 14:02
Date Of Accident	01/03/2019 10:30
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW4882R
Insured/Policyholder	
Name Of Registered Owner	S & M TECHNOLOGY
Co Reg No	53263622L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83227113
Alternative Phone No	OFFICE-83227113
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	508 1.6 A TURBO ACTIVE PLUS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093522103-01
Cover Note Number	
Driver	
Name of Driver	GOH JOO SENG PHILLIP
NRIC No	S1639406H
Date Of Birth	20/10/1964
Occupation	INDOOR
Date Of Driving Pass	26/07/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227113
Fax Number	
Contact Number	OTHERS-83227113
Email Address	NOEMAIL

Address	BLK 498B TAMPINES STREET 45 #02-378
Postcode	521498
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	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

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	YN2816E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

01/03/2019

LOR 236

A-SGW48
B-YN281

← Geylang Road ←

A B

← BUS LANE ←

A-SGW4882R
B-YN2816E

1. Vehicle A was driving along Geylang Road
2. Vehicle B try to overtake my vehicle and hit the right rear section of Vehicle A.

Damage to the rear bumper paint work.

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



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

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



Received From:

OFFICIAL RECEIPT



S & M TECHNOLOGY
10 ADMIRALTY STREET
#06-42 NORTH LINK BUILDING
SINGAPORE 757695

Receipt Date : 15 Aug 2018 10:27 hrs
Receipt No : RTG00004295996

GST Reg No : M4-0003030-8
UEN No : S97CS0162D

Description of Payment

<u>Reference No.</u>	<u>Product Code</u>	<u>Debit Note No.</u>	<u>Amount</u>
5093522103-01	GCV		S\$1,399.00

Total Receipt Amount : S\$1,399.00

PAYMENT BY: OCBC BANK Cheque 000001

Thank you for your payment.
This official receipt requires no signature.
Staff: s992687 Jesslyn Yip

NTUC Income Insurance Co-operative Limited

Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Email: csquery@income.com.sg • Website: www.income.com.sg

an NTUC Social Enterprise

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1639406H



Name
GOH JOO SENG PHILLIP

吴如成

Race
CHINESE

Date of Birth 20-10-1964 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1639406H

Name
GOH JOO SENG PHILLIP

Birth Date: 20 Oct 1964

Issue Date: 08 Jul 2014




002320705J

1589736




NRIC No. S1639406H

Blood Group: AB+ Date of issue: 14-01-1994


Address
APT BLK 498B TAMPINES STREET 45 #02-378
SINGAPORE 621498

NRIC No: S1639406H Date: 05-10-2000 No: 3881876

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


EFFECTIVE DATE

Class 3 Motor Cars \leq 5000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 26 Jul 1982



NP 42EA

Licence No: S1639406H



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="01/03/2019 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="SGW4882R"/>	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"/>	5093522103-01		S & M TECHNOLOGY	53263622L	GCV	Comprehensive	SGW4882R	SGW4882R	17/08/2018	16/08/2019

▼ Policy Information

Policy No.	5093522103-01	Policyholder Name	S & M TECHNOLOGY	Policyholder NRIC	53263622L
Certificate No.					
Address	10 ADMIRALTY STREET #06-42 NORTH LINK BUILDING SINGAPORE 757695				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/08/2018	Effective Date	17/08/2018 00:00	Expiry Date	16/08/2019 23:59
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 ADMIRALTY STREET	Address 2	#06-42 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.	06-42	Related Policy Number	5093522103-01		

► Insured Object: SGW4882R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1034374

Policy No.	5093522103-01	Vehicle No.	SGW4882R	GST Registration No.	
Certificate No.					
Policyholder Name	S & M TECHNOLOGY			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	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(%)	15	Private Hire	Yes
Accident Details					
Report Date	04/03/2019 11:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/03/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG ROAD				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	04/03/2019 14:28:00 Karthlyn Yuen changed GST Status Verified from No to Yes.				
Policyholder Mailing Address					
Address 1	10 ADMIRALTY STREET	Address 2	#06-42 NORTH LINK BUILDING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-42	Related Policy Number	5093522103-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH JOO SENG PHILLIP	Driver NRIC	S1639406H	Driver DOB	
Register Date of Driver License	26/07/1982	Driver Age	54	Driving Experience	
Contact No.(Mobile)	83227113	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 498B #02-378	Address 2	TAMPINES STREET 45	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-378				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 002 OD-MX **New**




























Claim Type *	OD-MX	Insured Name	S & M TECHNOLOGY	Insured NRIC	
Contact No.(Mobile)	83227113	Contact No.(Home)		Contact No.(Office)	
Email Address	philip_goh@yahoo.com	OI Vehicle Number	SGW4882R	TP Vehicle Number	
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGW4882R / YN2816E ON 1 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	04/03/2019 16:03	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1034374	Claim No.	002																																				
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2019 16:55																																				
Path *	<table> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td>Confidential</td> <td>Urgency</td> </tr> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td></td> <td>Normal</td> </tr> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td></td> <td>Normal</td> </tr> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td></td> <td>Normal</td> </tr> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td></td> <td>Normal</td> </tr> <tr> <td>Browse...</td> <td>Clear</td> <td>Please Select</td> <td>▼</td> <td></td> <td>Normal</td> </tr> </table>			Browse...	Clear	Please Select	▼	Confidential	Urgency	Browse...	Clear	Please Select	▼		Normal	Browse...	Clear	Please Select	▼		Normal	Browse...	Clear	Please Select	▼		Normal	Browse...	Clear	Please Select	▼		Normal	Browse...	Clear	Please Select	▼		Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 16:00	SAS	Normal	SAS 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:59	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:59	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:59	Photos	Normal	Photos 2019-3-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:57	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:57	Photos	Normal	Photos 2019-3-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Mar 2019 15:57	Photos	Normal	Photos 2019-3-4
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