

NATIONAL Assessment Centre Services.

[ver 1 Jan 2015]

MA 84830 7115

Date In: 20/03/2019 17:08	Job description	Date & Time Completed	Done by
Ref No: 188/INC 5005084/9	SAS e-filing		
Veh No: SA 2368D	E-mail (to: 3hrs, AIC 3hrs)		
D.O.A: 16/03/2019 14:30	I-Motor Claim Form	ml036679-001	20/03/2019 17:28
OD / TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SMA 8483D	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date of Incident: ()	Location: ()
Time of Incident: ()	Weather: ()
Police Report No: ()	Police Station: ()
Witness Name: ()	Witness Contact: ()

Signature: ()

Stamp: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditor's Comments: ()

Signature: ()

Stamp: ()

Signature: ()

Stamp: ()

Signature: ()

Stamp: ()

Signature: ()

Stamp: ()

Signature: ()

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	20/03/2019 17:08
Date Of Accident	16/03/2019 14:30
Exact Location Of Accident	TOWARDS WOODLANDS CHECKPOINT FROM BKE EXIT 10B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2368D
Insured/Policyholder	
Name Of Registered Owner	GOH TOO FUH
NRIC No	S7475801J
Email Address	AARONGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98636473
Alternative Phone No	OTHERS-98636473

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	TRIP TO MALAYSIA
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	5107055546
Cover Note Number	

Driver

Name of Driver	GOH TOO FUH
NRIC No	S7475801J
Date Of Birth	12/07/1974
Occupation	INDOOR
Date Of Driving Pass	02/01/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98636473
Fax Number	
Contact Number	OTHERS-98636473
Email Address	AARONGOH@GMAIL.COM

Address:	BLK 750 PASIR RIS STREET 71 #04-10
Postcode	510750
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	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	SMA8483C
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY JIN HUAT
NRIC/Passport Number	S8216558D
Contact Number	98350155
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 20/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Towards Woodlands checkpoint
↑

SMA883C



SLA2368D

From BKE Exit 10B
↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was heavy traffic towards Woodlands checkpoint from BKE exit 10B, & all vehicles have been moving very slowly, eg. moved a little and stopped, for more than 2 hours.

I accidentally hit car B in front during the heavy traffic condition.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/03/2019

Rafael Lim H13



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2019 17:07	Photos	Normal	Photos 2019-3-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2019 17:07	Photos	Normal	Photos 2019-3-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2019 17:07	Photos	Normal	Photos 2019-3-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2019 17:07	Photos	Normal	Photos 2019-3-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Mar 2019 17:07	Photos	Normal	Photos 2019-3-20

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

ACCIDENT STATEMENT

ACCIDENT DATE: 16/03/2019 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Towards Woodlands checkpoint from BKE Exit 10B

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA2368D
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5107055546
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Harrier
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Trip to Malaysia
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GOH TOO FUH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7475801J CONTACT: 98636473
 c) ADDRESS: 750 Pagar Rd St. 71 #04-10 S (510750)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12/07/1974 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 02 Jan 2001

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: SMA8483C MODEL: Honda Vozel
 b) DRIVER'S NAME: Tay Jin Huat
 c) NRIC/FIN/PASSPORT: S8216558D CONTACT: 98350155

9. THIRD PARTY VEHICLE

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

email = aaron.goh@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7475801J



Name
GOH TOO FUH
吴多傅
Race
CHINESE
Date of Birth
12-07-1974
Sex
M
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7475801J
Name
GOH TOO FUH
Birth Date: 12 Jul 1974
Issue Date: 24 Dec 2002



A6007507




NAME: S7475801J
Nationality
MALAYSIAN
Blood Group
A+
Date of issue
05-11-1998
APT BLK 750 PASIR RIS STREET 71
#04-10
SINGAPORE 510750

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

PASS: ME: 02 Jan 2001



License No: S7475801J
HP 429A

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5107055546
The Policyholder	: GOH TOO FUH BLK 750 #04-10 PASIR RIS ST 71 SINGAPORE 510750

Period of Insurance	: 21 Jan 2019 To 20 Jan 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$858.20

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2000cc
Primary Driver	: GOH TOO FUH	Registration Year	: 2016
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/HARRIER	NCD Entitlement	: 40%
Registration Number	: SLA2368D	NCD Protection	: No
Chassis Number	: ZSU600064395		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		

Optional Cover

Transport Allowance	: No
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M8

Agency	: META AGENCY PTE. LTD. (00000573430)
Date of issue	: 16 Jan 2019 11:35 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive