

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA11906203**

Date In: 15/1/19-14:39	Job description	Date & Time Completed	Done by
Ref No: NA 11906203/24	SAS e-filing		
Veh No: JFK 268T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 15/1/19-07:35	i-Motor Claim Form	NA11906203-001	15/1/19 17:35
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: SH 67850	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 : _____

Date/Time	Actions

NA11903618	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	15/05/2019 14:39
Date Of Accident	15/05/2019 07:35
Exact Location Of Accident	CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK2638T
Insured/Policyholder	
Name Of Registered Owner	GOH CHING YANG
NRIC No	S6803633Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82829493
Alternative Phone No	OFFICE-82829493

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	5108187350
Cover Note Number	

Driver

Name of Driver	GOH CHING YANG
NRIC No	S6803633Z
Date Of Birth	12/02/1968
Occupation	INDOOR
Date Of Driving Pass	12/07/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82829493
Fax Number	
Contact Number	OFFICE-82829493
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	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?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SH6765U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM MENG YONG
NRIC/Passport Number	S1574381F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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

(7E (AYE))

A: SF10638T
B: SHG765U

B
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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:


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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6803633Z



GOH CHING YANG

吴晋媛

CHINESE

Date of Birth

12-02-1968

Country of Birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6803633Z

Name

GOH CHING YANG

Birth Date 12 Feb 1968

Issue Date 21 Apr 2012



002061940H

1791411



NRIC No. S6803633Z



Blood Group Date of issue

O+ 13-03-1994

Address

APT BLK 803 HOUGANG AVENUE 8 #04-11

SINGAPORE 530633

NRIC No:

S6803633Z

Date:

14-10-1994

No:

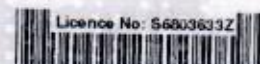
2121972

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 Jul 2006

NP 428A



Licence No: S6803633Z

eBaoTech

GeneralClaim

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S108187350		GOH CHING YANG	S6803633Z	GPC	drive CLASSIC	SFK2638T	SFK2638T	18/03/2019	17/03/2020

Continue

Policy Information

Policy No.	5108187350	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	18/03/2019	Effective Date	18/03/2019 00:00	Expiry Date	17/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	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	5108187350		

Insured Object: SFK2638T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1044718

Policy No.	5108187350	Vehicle No.	SPK2638T	GST Registration No.	
Certificate No.					
Policyholder Name	GOH CHING YANG			Policyholder NRIC	S6803633Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82829493	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	15/05/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/05/2019	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CTE (AYE) TWDS PIE (CHANGI)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
Coverage		Sum Insured	99999999.99		
Excess Waiver					
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	HOUANG AVENUE 8	Address 3	SINGAPORE S30633
Address 4		Address Type	Singapore address	Post Code	S30633
Unit No.		Related Policy Number	5108187350		
DI Driver Info					
Driver Name	GOH CHING YANG	Driver Type	Main Driver	Driver DOB	12/02/1968
Unnamed driver Name		Driver NRIC	S6803633Z	Driving Experience	12
Register Date of Driver License	12/07/2006	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	82829493	Contact No.(Office)	0		
Address 1	BLK 633	Address 2	HOUANG AVENUE 8	Address 3	SINGAPORE S30633
Address 4		Address Type	Singapore address	Post Code	S30633
Unit No.	04-11				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **Next**

Claim Type *	OD-MX	Insured Name	GOH CHING YANG	Insured NRIC	S6803633Z
Contact No.(Mobile)	82829493	Contact No.(Home)	86485631	Contact No.(Office)	
Email Address	mary.goh@infineon.com	DI Vehicle Number	SPK2638T	TP Vehicle Number	SH6765U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPK2638T / SH6765U ON 15 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/05/2019 17:55	Claim Close Date		Date Received	15/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/1044718 Claim No. 001
 LAST DOC. Received ☒ Yes ☐ No Upload Date 15/05/2019 17:56

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	<input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:56	SAS	Normal	SAS 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:56	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:56	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:56	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 May 2019 17:55	Photos	Normal	Photos 2019-5-15		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	