

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA19063893**

Date In: <b>29/1/19 - 16:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC1902922/1/4</b>	SAS e-filing		
Veh No: <b>5071703A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>29/1/19 - 14:50</b>	i-Motor Claim Form	<b>NA/11046034-201</b>	<b>29/1/19 16:46</b>
OD: <input checked="" type="checkbox"/> 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: **5043123A** 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

**NA1903847** Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill 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

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments:- For claiming against INC Only (wef 10 Jan 2005)

Pat. 1: 6) TR: Re-inspection \$75

Pat. 2 / 3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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	25/05/2019 16:07
Date Of Accident	25/05/2019 14:50
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1303X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH WAI MENG
NRIC No	S7475043E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97604389
Alternative Phone No	OFFICE-97604389

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L A
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	THIRD PARTY
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	5045699853-08
Cover Note Number	

### Driver

Name of Driver	LAI YEW SHEN
NRIC No	S0767462G
Date Of Birth	12/08/1951
Occupation	INDOOR
Date Of Driving Pass	05/08/1959
Driving Experience	59 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96908016
Fax Number	
Contact Number	OFFICE-96908016
EEmail Address	NOEMAIL

Address	77 PARRY TERRACE
Postcode	547172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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: : TAN BENG HEOK
	GENDER: : FEMALE

#### 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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC LIGHT WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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	SLH3123A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: ;

GENDER: ;

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR4687D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name

TAN BENG HEOK

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJT1303X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

LAI YEW SHEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJT1303X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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

upp Street rd

A  
B  
C

A: SJT1303X  
B: SLHBI23A  
C: SJRV687D

## 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. S0767462G



Name  
LAI YEW SHEN

賴又信

Race  
CHINESE

Date of Birth  
12-08-1951

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0767462G

Name  
LAI YEW SHEN

Birth Date 12 Aug 1951

Issue Date 14 Jul 2003




2142329



NRIC No. S0767462G



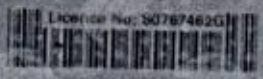
Word Class Date of issue  
C1 17-06-1994

77 PARRY TERRACE  
SINGAPORE 547172

NRIC No: S0767462G Date: 30/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	VALID DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Nov 1972
Class 2A	Motorcycles between 201 cc and 400 cc	21 Nov 1972
Class 2	Motorcycles exceeding 400 cc	21 Nov 1972
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1960



License No: S0767462G

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5045699853-08		GOH WAJ MENG	S7475043E	GPC	drivo CLASSIC	SJT1303X	SJT1303X	24/09/2018	23/09/2019

 Policy Information

Policy No.	5045699853-08	Policyholder Name	GOH WAI MENG	Policyholder NRIC	S7475043E
Certificate No.					
Address	77 PARRY TERRACE PARRY PARK SINGAPORE 547172				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/08/2018	Effective Date	24/09/2018 00:00	Expiry Date	23/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0	Young/Inexperience Driver Excess	
Agent	DIRECT SALES	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	77 PARRY TERRACE	Address 2	PARRY PARK	Address 3	SINGAPORE 547172
Address 4		Address Type	Singapore address	Post Code	547172
Unit No.		Related Policy Number	5045699853-08		

 Insured Object: SJT1303X

 Endorsements

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

## Claim Handling

Exit

Accident MT/1046054

Policy No.	5045699853-08	Vehicle No.	SJT1303X	GST Registration No.	
Certificate No.					
Policyholder Name	GOH WAI MENG	Cover Type	drive CLASSIC	Policyholder NRIC	S7475043E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97604389	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="1"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	25/05/2019 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/05/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	77 PARRY TERRACE	Address 2	PARRY PARK	Address 3	SINGAPORE 547172
Address 4		Address Type	Singapore address	Post Code	547172
Unit No.		Related Policy Number	5045699853-08		

**OT Driver Info**

Driver Name	LAJ YEW SHEN	Driver Type	Named Driver	Driver DOB	12/08/1951
Unnamed driver Name		Driver NRIC	S0767462G	Driving Experience	59
Register Date of Driver License	05/08/1959	Driver Age	67	Contact No.(Home)	0
Contact No.(Mobile)	96908016	Contact No.(Office)	0	Address 3	SINGAPORE 547172
Address 1	77 PARRY TERRACE	Address 2	PARRY PARK	Post Code	547172
Address 4		Address Type	Singapore address		
Unit No.					
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GOH WAI MENG	Insured NRIC	S7475043E
Contact No.(Mobile)	97604389	Contact No.(Home)	63128528	Contact No.(Office)	
Email Address	gohwaimeng@gmail.com	OT Vehicle Number	SJT1303X	TP Vehicle Number	SLH3123A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT1303X / SLH3123A ON 25 May 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/05/2019 16:46	Claim Close Date		Date Received	25/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

**Attachment**

Save Submit



















Accident No.	MT/1046054	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/05/2019 16:48

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Browse...		Clear	Please Select	NO	Normal	
Browse...		Clear	Please Select	NO	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	SAS	Normal	SAS 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:47	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 25 May 2019 16:46	Photos	Normal	Photos 2019-5-25		<a href="#">Edit</a>

[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"/>				