

**NATIONAL Assessment Centre Services** (wef 1 Jan 05)

Date In: 13/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19012414/13	SAS e-filing		
Veh No: SGU79296	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/07/2019 1255	i-Motor Claim Form	MT/1053355-001	
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: SLP4029	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

NA1905298

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : 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			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	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	13/07/2019 15:14
Date Of Accident	13/07/2019 12:55
Exact Location Of Accident	STILL RD SLIP RD TWDS EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7929G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YOCK TUAN (WU YUZHANG)
NRIC No	S7311613I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90127073
Alternative Phone No	OTHERS-96232177

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5091087558-02
Cover Note Number	

### Driver

Name of Driver	AUDREY NG HUI SIAN(AUDREY HUANG HUIXIAN)
NRIC No	S7332244H
Date Of Birth	14/09/1973
Occupation	INDOOR
Date Of Driving Pass	20/11/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96232177
Fax Number	
Contact Number	
EMail Address	AUDREYNG@CHC.ORG.SG

Address 187 TANJONG RHU RD  
 #01-08  
 Postcode 436925  
 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 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) 2  
 Passenger 1  
 NAME: : TYLERGOH  
 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**

PLS REFER TOTHE ATTACHED STATEMENT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: HAVEN'T RETRIEVE  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLP402Y  
 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)

## SKETCH PLAN

### IMPORTANT NOTICE

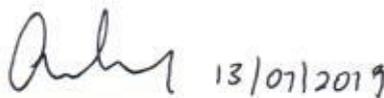
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

 13/07/2019

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

 13/07/19

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

SKETCH PLAN

A-5GU79296  
B-SLP4024



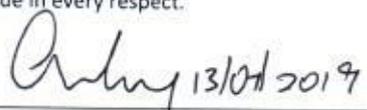
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

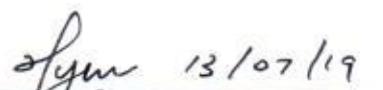
I was stopping at the slip road of the still road while waiting for the ongoing car at the east coast road to clear. The car B (SLP4024) bang into the back of my car. The impact was very loud and strong. My child in the car screamed in shock.

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: 13/07/2019

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 13/07/19 (DD/MM/YYYY), TIME: 12:55 (HH:MM)

LOCATION: Slip road of still roads towards East Coast Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBU7001G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Estima Toyota  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Goh Yock Tuan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S731613I CONTACT: 90127073  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Ng Hui Sian Audrey (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7332244H CONTACT: 96232177  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 14/09/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SLP 4027 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(2)

TYMROH (M)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = audreyng@chc.org.sg

fax =

VIDEO = yes, overwrite

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7332244H



Name

AUDREY NG HUI SIAN  
(AUDREY HUANG HUIXIAN)

黄慧娴

Race  
CHINESE

Date of birth  
14-09-1973

Country of birth  
SINGAPORE

Sex  
F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7332244H

Name

AUDREY NG HUI SIAN  
(AUDREY HUANG HUIXIAN)

Birth Date: 14 Sep 1973

Issue Date: 12 Nov 2003

For LKK/NAC Use Only



000997050B

3402314



NRIC No. S7332244H



For LKK/NAC Use Only

Date of issue  
23-09-2003

187 TANJONG RHU ROAD #01-08  
SINGAPORE 436925

NRIC No: S7332244H

Date: 03/05/2010

No: 6470585

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

PASS DATE

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

20 Nov 1998

For LKK/NAC Use Only



Licence No: S7332244H

NP 428A

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"/>	5091087558-02		GOH YOCK TUAN (WU YUZHANG)	S7311613I	GPC	drivo CLASSIC	SGU7929G	SGU7929G	25/05/2019	24/05/2020

## Claim Handling

## Accident MT/1053355

Policy No.	5091087558-02	Vehicle No.	SGU7929G	GST Registration No.
Certificate No.				
Policyholder Name	GOH YOCK TUAN (WU YUZHANG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90127073	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	15/07/2019 12:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/07/2019	Time of Accident hh:mm	12:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	STILL RD SLIP RD TWDS EAST COAST RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	

## ▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	187 TANJONG RHU ROAD	Address 2	#01-08 SANCTUARY GREEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-08	Related Policy Number	5091087558-02	

## ▼ OI Driver Info

Driver Name	Audrey Ng Hui Sian	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7332244H	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	45	Driving Experience
Contact No.(Mobile)	96232177	Contact No.(Office)	0	Contact No.(Home)
Address 1	187 TANJONG RHU ROAD	Address 2	SANCTUARY GREEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-08			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GOH YC
Contact No.(Mobile)	90127073	Contact No. (Home)	672907
Email Address	wuyuzhuang@chc.org.sg	OI Vehicle Number	SGU7929G
Claim Description	SGU7929G / SLP402Y ON 13 Jul 2019		

Preferred Workshop	Yes	Insured Liability	Preferred Workshop, Name unknown	GIA report	Received
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Date Registered

Option

15/07/2019 12:41

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1053355	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 00:00
Choose File	No file chosen	Clear	Category * Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 12:40	Photos	Normal	Photos

Video List

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