

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **M40119094133**

Date In: 8/2/19 - 15:27	Job description	Date & Time Completed	Done by
Ref No: 40/NC190120324	SAS e-filing		
Veh No: 5JC 2285E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/2/19 - 07:40	i-Motor Claim Form	M7/105401v-001	18/2/19 15:49
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: **Unknown** 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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for 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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Sat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Sat. 2 / 3:	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	18/07/2019 15:27
Date Of Accident	18/07/2019 07:40
Exact Location Of Accident	BLK 20A TEBAN GARDENS RD MULTITORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2265E
Insured/Policyholder	
Name Of Registered Owner	KER & CO
Co Reg No	53359496X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93824428
Alternative Phone No	OFFICE-93824428

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091529775-02
Cover Note Number	

Driver

Name of Driver	GOH KER MING, KERMIN
NRIC No	S8211614A
Date Of Birth	17/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93824428
Fax Number	
Contact Number	OFFICE-93824428
Email Address	NOEMAIL

Address	BLK 20 TEBAN GARDENS ROAD #04-109
Postcode	600020
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2032.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revisit its policy liability.
4. The issue and acceptance of this Form by Insurers' 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 lodging 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 based 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 (a) 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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/PIN No.:

Date of Accident : 18 July 2019 Accident Time: 740AM (24-HR-Format)
 Accident Place : Teban Gardens Road MSCP level 3 lot 461
 Vehicle Reg. No. (Car Plate No.) : SJC 2265E
 Vehicle Make/Model : Honda Vezel
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Ker & Jo 53359496X
 Owner or Company Contact No. : 93824428 : Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Goh Ker Ming, Kermin S8211614A
 DRIVER'S Date Of Birth : 17.04.1982 DRIVER'S License Pass Date 13 Jun 2003
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 20 Teban Gardens Road #04-109 s'(600020)
 DRIVER'S Contact No./ Alt No. : 1) 93824428 2) _____
 DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance
 Number of Passengers (Including Driver): 0

Was there any video Captured by car camera: YES \ NO - with TP
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>Unknown.</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190718/2032

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190718/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 10:16	Vide Report No.: D/20190718/0032	Station Diary No.: 42
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Informant's Particulars

Name of Informant: GOH KER MING, KERMIN		Address: APT BLK 20 TEBAN GARDENS ROAD #04-109 SINGAPORE 600020	
ID Type / ID No.: NRIC NO / S8211614A		Contact No.: Home/Office: Mobile: 93824428	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 17/04/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2019 07:40	Type of Location: Car Park
Location: Along Road 1 TEBAN GARDENS ROAD MSCP LEVEL 3 LOT NO 461			
Weather:		Road Surface:	Road Speed Limit:
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision:			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC2265E	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190718/2032

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20190718/2032

CONTINUATION OF REPORT

Brief Details.

On 17/07/2019 at about 2245hrs to 2300hrs, I park my vehicle at the MSCP of Level 3 Lot 461 at 20A Teban Garden Road. Before I left, my vehicle was still intact.

On 18/07/2019 at about 0740hrs, I went to the carpark to send my son to my in law's house. That's when I noticed that the front bumper of my vehicle was scratched.

On the same day, at about 0759hrs, I called for Police assistance. I have an in car camera in my vehicle, but it did not managed to capture the vehicle registration number. The officer namely SS Rajazulkiflee took my memory card from the in car camera.

An acknowledgement slip was given to me and was advised to lodge a Police Report.



**SINGAPORE
POLICE FORCE**



T/20190718/2032

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3
Report No. T/20190718/2032

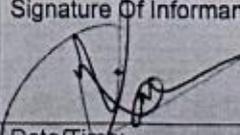
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
SC2 AKIF HARITH LEE ROSEIDI 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2019 10:16

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Control No: 65476902
 POLICE FORCE SN 37

Classification Of Case:

Authentication Stamp
NF168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8211614A
 Name: GOH KER MING, KERMIN

Birth Date: 17 Apr 1982
 Issue Date: 25 Apr 2011

001958318D

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S8211614A

Name: GOH KER MING, KERMIN
 吳 柯 明

Race: CHINESE
 Date of birth: 17-04-1982 Sex: M
 Country of birth: SINGAPORE

4818779

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE: 13 Jun 2003

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

NP 42BA

License No: S8211614A

For LKK/NAC Use Only

NPIC No: S8211614A

Date of issue: 19-10-2012

Address: APT BLK 20 TEHAN GARDENS ROAD
 #04-109
 SINGAPORE 600020

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"/>	5091529775-02		KER & JO	53359496X	GPC	drivo CLASSIC	SJC2265E	SJC2265E	07/06/2019	06/06/2020

Policy Information

Policy No.	5091529775-02	Policyholder Name	KER & JO	Policyholder NRIC	53359496X
Certificate No.					
Address	BLK 20 #04-109 TEBAN GARDENS ROAD TEBAN VISTA SINGAPORE 600020				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/05/2019	Effective Date	07/06/2019 00:00	Expiry Date	06/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 20 #04-109	Address 2	TEBAN GARDENS ROAD	Address 3	TEBAN VISTA
Address 4	SINGAPORE 600020	Address Type	Singapore address	Post Code	600020
Unit No.	04-109	Related Policy Number	5091529775-02		

Insured Object: SJC2265E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1054012

Policy No.	S091529775-02	Vehicle No.	SJC2265E	GST Registration No.	
Certificate No.					
Policyholder Name	KER & JO			Policyholder NRIC	53359496X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93824428	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<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	18/07/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	18/07/2019	Title of Accident hh:mm	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 20A TEBAN GARDENS RD MULTITORY CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 20 #04-109	Address 2	TEBAN GARDENS ROAD	Address 3	TEBAN VISTA
Address 4	SINGAPORE 600020	Address Type	Singapore address	Post Code	600020
Unit No.	04-109	Related Policy Number	S091529775-02		

01 Driver Info

Driver Name	GOH KER MING, KERMIN	Driver Type	Main Driver	Driver DOB	17/04/1982
Unnamed driver Name		Driver NRIC	S8211614A	Driving Experience	16
Register Date of Driver License	13/06/2009	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	93824428	Contact No.(Office)	0	Address 3	TEBAN VISTA
Address 1	BLK 20	Address 2	TEBAN GARDENS ROAD	Post Code	600020
Address 4	SINGAPORE 600020	Address Type	Singapore address		
Unit No.	04-109				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KER & JO	Insured NRIC	53359496X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	SJC2265E	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJC2265E / UNKNOWN ON 18 Jul 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	Received
Date Registered	18/07/2019 15:49	Claim Close Date		Date Received	18/07/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1054012	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/07/2019 15:50

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	

