

NATIONAL Assessment Centre Services

Date In: 26/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014993/13	SAS e-filing		
Veh No: 54233290	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/08/19 1100	i-Motor Claim Form	MT/1059512 - 001	
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: 54258784 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

NA1906439	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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:-		
	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 \$0		
	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	26/08/2019 16:31
Date Of Accident	24/08/2019 11:00
Exact Location Of Accident	CTE TWDS BUKIT TIMAH NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ3329D
Insured/Policyholder	
Name Of Registered Owner	JOLIE DION
Co Reg No	53369909J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98530118
Vehicle Particulars	
Manufacturer	BMW
Model	520I
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	5101321023
Cover Note Number	
Driver	
Name of Driver	DELVIN GOH TOH TWANG
NRIC No	S7534263B
Date Of Birth	19/11/1975
Occupation	INDOOR
Date Of Driving Pass	28/10/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83868281
Fax Number	
Contact Number	
Email Address	WOAISHEN66@GMAIL.COM

Address	BLK 357 HOUGANG AVE 7 #06-807
Postcode	530357
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190826/2078

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	SJL5878U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIA HUI
NRIC/Passport Number	S9102542F
Contact Number	91394167
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DELVIN GOH TOH TWANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLZ3329D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

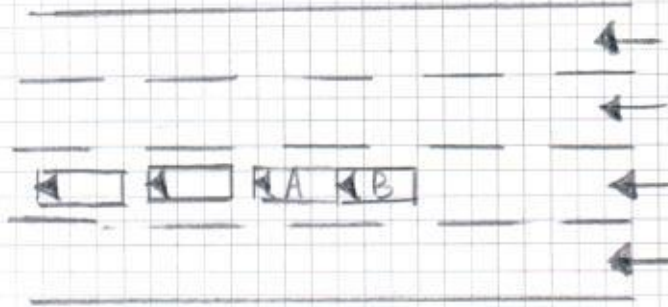
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTE (ANG MO KIO FLYOVER) TOWARDS
BUKIT TIMAH

A - SLZ 3329D

B - SLZ 5878U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190826/2078

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.:



SINGAPORE POLICE FORCE



T/20190826/2078

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

1 of 4

Report No. T/20190826/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2019 14:07	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: DELVIN GOH TOH TWANG			Address: APT BLK 357 HOUGANG AVENUE 7 #06-807 SINGAPORE 530357		
ID Type / ID No.: NRIC NO / S7534263B			Contact No.: Home/Office: Mobile: 83868281		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 19/11/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2019 11:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY Towards Bukit Timah (Near Braddell Exit)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5878U	Car				Slightly Damaged	1
SLZ3329D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190826/2078

Police Station Of Origin:

Hougang NPP

357 Hougang Avenue 7 #01-805

SINGAPORE 530357

Tel No: 1800-2869999

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Report No. T/20190826/2078

CONTINUATION OF REPORT

Driver			
Name	LEE JIA HUI		ID No. S9102542F
Related Vehicle	SJL5878U (Car)		Contact No. 91394167
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DELVIN GOH TOH TWANG		ID No. S7534263B
Related Vehicle	SLZ3329D (Car)		Contact No. 83868281
Hospital/Clinic	MEDIPOINT MEDICAL CENTRE (PONGGOL BRANCH)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2019		Date Discharge 26/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/08/2019 at about 1100hrs, I was driving my vehicle - One Black BMW 520I (Registration Plate Number: SLZ3329D) along the second lane of Central Expressway (CTE) towards Bukit Timah. Traffic flow was heavy on the said day. As I drove on CTE (near Braddell Exit), my vehicle came to a stop as traffic was heavy. While waiting for traffic to move, one white Toyota (Registration Plate number: SJL5878U) suddenly collided into the rear of my vehicle.

The damage on my vehicle is that the rear bumper was cracked and the reverse/parking sensor was faulty. The damage to the other vehicle is that the front bonnet was dented in. At the point of time I was feeling slight pain in my neck region but did not need medical assistance. The other driver and her passenger was no injured. No ambulance or police attended. There is no CCTV in my vehicle. I am not sure if the other vehicle or the vicinity of the accident location has any CCTV which could have captured footage of the accident.

Upon collision, I got out of my vehicle, spoke and exchange particulars with the other driver - Lee Jia Hui (NRIC: S9102542F, H/P: 91394167). We did not have an agreement at the point of time. I informed that I will get my car checked at the workshop first before contacting her. Subsequently, we got into our respective vehicles and went off.

The pain on my neck and back was getting worse and as such, I went to Medipoint Medical Centre (Punggol Branch) to get myself checked. I was given 3 days MC for my injuries.



**SINGAPORE
POLICE FORCE**



T/20190826/2078

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20190826/2078

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190826/2078

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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Report No. T/20190826/2078

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:

F /

Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN
MOHD ZULKEFLEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2019 14:07

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

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"/>	5101321023		JOLIE DION	53369909J	GPC	drive CLASSIC	SLZ3329D	SLZ3329D	11/06/2018	22/11/2019

Claim Handling

Accident MT/1059512

Policy No.	5101321023	Vehicle No.	SLZ3329D	GST Registrat
Certificate No.				
Policyholder Name	JOLIE DION			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98530118	Contact No.(Office)	0	Contact No.(I
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 Reasoi
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	26/08/2019 19:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/08/2019	Time of Accident hh:mm	11:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS BUKIT TIMAH NEAR BRADDELL EXIT			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	7 SOON LEE STREET	Address 2	#02-25 ISPACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-25	Related Policy Number	5103793090	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	DELVIN GOH TOH TWANG	Driver NRIC	S7534263B	Driver DOB
Register Date of Driver License	28/10/1997	Driver Age	43	Driving Exper
Contact No.(Mobile)	83868281	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 357	Address 2	HOUANG AVENUE 7	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-807			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	98530118	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SLZ3329D / SJL5878U ON 24 Aug 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	26/08/2019 19:47	GIA report	Received
Report Taken By	ROSLINDA	Workshop Repairer	

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1059512	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 00:00
Path *		Category *	
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
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:47		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:47		SAS		Normal	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:47		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:46		Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading