

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

29 MAY 2005 14576

Date In: 30/08/2005 12:48	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19015862/4	SAS e-filing		
Veh No: SKS 722G	E-mail (Signal 3hrs, AIC 2hrs)		
D.O.A: 30/08/2005 12:48	I-Motor Claim Form	MT/1060200-001	30/08/2005
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:29
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SKS 706LY INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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 ( )

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairor.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Client Ref: XIA1906590	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/24h	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
Auditor's Comments:	8) NIUC Additional Services:	
	9) NI: Idao Mobile	
Date:	NI: Courtesy Car / Tpl Allowance \$3	
	NI: Repair Coordination \$10	
	NI: Post Repair Inspection \$25	
	NI: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	NI: NIUC Additional Services \$30	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

SMITHS

## 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	30/08/2019 12:48
Date Of Accident	29/08/2019 19:45
Exact Location Of Accident	ALONG JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB722G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUNICE GOH HUI TING
NRIC No	S8920654E
Email Address	WXSWSXW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90059950
Alternative Phone No	OTHERS-90059950
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CITY
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075134614-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIEW KOK KEONG
NRIC No	S9278897J
Date Of Birth	30/04/1992
Occupation	INDOOR
Date Of Driving Pass	04/03/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90059950
Fax Number	
Contact Number	OTHERS-90059950
EEmail Address	WXSWSXW@YAHOO.COM.SG

Address	4 CHOA CHU KANG GROVE #18-06
Postcode	688239
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 - U-TURN
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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SKS7061Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUN WAI HOONG
NRIC/Passport Number	S9326292A
Contact Number	93955865
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

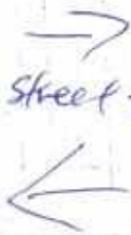
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 30/08/2019  
NRIC/FIN No.: Resh Vithan

SKETCH PLAN

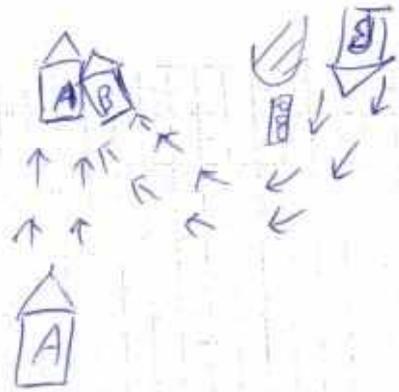
Ng Teng Fong Hospital



Jurong East Street 21



Jurong Gateway Road



(A) SGB722G  
(B) SKS7061Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jurong Gateway Road when vehicle (B) did a U-turn and hit on car right portion.

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.:

Claim Handling

Accident NT/1000200

Policy No.	5075134814-03	Vehicle No.	SG87220	GST Registration No.	
Certificate No.					
Policyholder Name	EUNICE GOH HUI TING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	882206548
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	6
Contact No.(Mobile)	80059950	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KPI	- No Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	30/08/2019 14:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	28/08/2019	Time of Accident (h:mm)	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG JURONG GATEWAY ROAD				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 228 #09-113	Address 2	CHIA CHU KANG CENTRAL	Address 3	SINGAPORE 880229
Address 4		Address Type	Singapore address	Post Code	880229
Unit No.	09-113	Related Policy Number	5075134814-03		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/04/1992
Unnamed driver Name	LIEW KOK HONG	Driver NRIC	S92708977	Driving Experience	3
Register Date of Driver License	04/03/2018	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	80059950	Contact No.(Office)		Address 1	SINGAPORE 880229
Address 1	4 CHIA CHU KANG GROVE	Address 2	#18-06 SOL ACRES	Address 3	
Address 4		Address Type	Foreign address	Post Code	880229
Unit No.	18-06	Driver Vehicle No.	SG87220	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
<b>Declaration</b>					
Intoxicated or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **NEW**

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No. Prolongation

Date Registered:

Report Taken By

Print All letters

OD-MK	Insured Name	EUNICE GOH HUI TING	Insured NRIC	882206548
81263781	Contact No. (Home)	67811971	Contact No. (Office)	65333883
	Q1 Vehicle Number	SG87220	Vehicle Number	84570629
SG87220 / 84570629 ON 28 Aug 2019				
Name of Preferred Workshop				
30/08/2019 14:29		Claim Close Date		Date Received
POSLI WAHAB				30/08/2019 00:00

Save Submit

Attachment

Accident No.

Last Doc. Received

Choose File No file chosen

Message Read

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent (CO)

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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 14:29	Photos	Normal	Photos 2019-8-30
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 14:29	Photos	Normal	Photos 2019-8-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 14:29	Photos	Normal	Photos 2019-8-30

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"/>		

PERSONAL PARTICULARS

Date of Accident: 29/08/2019 Time of Accident: 7:45<sup>pm</sup> (24Hrs)  
Vehicle No: 5GB722G Vehicle Make/Model: Honda City 1500cc  
Exact Location of Accident: Jurong Gateway Road.  
Owner's Name/NRIC: Mun Wai Hoong / 59326292A Eunice Goh Hui Ting / 58920654E  
Driver's Name/NRIC: Liew Kok Keong / 66703016N  
Driver's Contact: 90059950 Insurance Co & Policy No: N/A  
Driver's Email Address: wxswsxw@yahoo.com.sg  
Relationship between Owner & Driver:  Spouse /  Children /  Friend /  Parents /  Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1)  Own Insurance 2)  Other Vehicle (The one you want to claim against) 3)  Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use /  Work Purpose

Weather Condition & Road Conditions?

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet

Occupation

Indoor /  Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes /  No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Mun Wai Hoong / 59326292A Vehicle No: SKS7061Y

Insurance Company: \_\_\_\_\_ Driver's Contact: 93955865

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (if Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (if Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S9278897J**

**For LKK/NAC Use Only**



Name: **LIEW KOK KEONG**

Race: **CHINESE**

Date of birth: **30-04-1992**

Country/Place of birth: **MALAYSIA**

Sex: **M**

**S9278897J**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G6703016N**

**For LKK/NAC Use Only**



**LIEW KOK KEONG**

Birth date: **30 Apr 1992**

Issue Date: **04 Mar 2016**

Valid Till: **03/03/2021**

**002543906A**

**For LKK/NAC Use Only**



NRIC No: **S9278897J**



Nationality: **MALAYSIAN**

Date of issue: **04-09-2017**

**4 CHOA CHU KANG GROVE #18-08**  
**SINGAPORE 688239**

NRIC No: **S9278897J** Date: **28/07/2019**

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

Class	Description	EFFECTIVE DATE
Class 3C	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver	04 Mar 2016

**For LKK/NAC Use Only**

NP 428A

Licence No: **G6703016N**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8920654E



For LKK/NAC Use Only

EUNICE GOH HUI TING

吴丹婷

Race

CHINESE

Date of birth

20-06-1989

Sex

F

Country of birth

SINGAPORE



3568632



NRIC No. S8920654E

*For LKK/NAC Use Only*

Date of issue  
21-06-2004

4 CHOA CHU KANG GROVE #18-06  
SINGAPORE 888239

NRIC No. S8920654E

Date: 28/07/2018

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language

Change Password

Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/08/2019 13:06"/>
Vehicle No.(For Motor)	<input type="text" value="SGB722G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5075134614-03		EUNICE GOH HUI TING	S8920654E	GPC	Third Party, Fire & Theft	SGB722G	SGB722G	07/12/2018	06/12/2019

Continue