

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 119115476

Date In: 1/1/19-10:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC 14055 04/14	SAS e-filing		
Veh No: 5661980	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/18/19-15:16	i-Motor Claim Form	1/1/19 10:06:37 v-001	1/1/19 11:01
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: 5703282A

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 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:-
- 9) Q1:
- *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	02/09/2019 10:09
Date Of Accident	31/08/2019 15:10
Exact Location Of Accident	9B BOON TIONG RD TWDS JLN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1948D
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64699441

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111925837
Cover Note Number	

Driver

Name of Driver	GOH BOON PIN
NRIC No	S8033946A
Date Of Birth	28/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91682525
Fax Number	
Contact Number	OFFICE-91682525
Email Address	NOEMAIL

Address	BLK 591A ANG MO KIO STREET 51 #27-41
Postcode	561591
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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: : - 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ3282A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG XIN YI
NRIC/Passport Number	S8737592G
Contact Number	96366179
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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

Jln Bukit Ho Swee

A: 5661984D
B: 5J23282A

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF 9B BOON TIONG RD TO CHECK ONCOMING VEHICLES ALONG THE MAIN ROAD BEFORE I CAN PROCEED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 8 / 19) (DD/MM/YYYY), TIME: (15 : 10) (HH:MM)

LOCATION: 90 Boon Tiong Rd fwhs Jln Bukit Ho Swee.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV195MD
b) INSURANCE COMPANY: LITAC
c) POLICY NUMBER: 511825837
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: GO GAZ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53125927 CONTACT: 64699441
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Boon Pin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58033946A CONTACT: 91682525
c) ADDRESS: Blok 991A Ang Mo Lao Street 51 977-41 (5659)

*d) DATE OF BIRTH: (28 / 10 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/6/2004

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

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: 5J23282A MODEL: _____

b) DRIVER'S NAME: Ng Xin Y

c) NRIC/FIN/PASSPORT: 5873759VBA CONTACT: 90300199

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

I NG XIN YI MAVIS S87375926:

CAR Plate SJQ 3282A willing
to pay for damage for knocking

car SLL1948D. \$350 PAID

To The Wee Hoe Auto Service for repair
\$50 Rental reimbursement for 1 day repair
As long the damage fully repair

both agreed not to ask insurance
companies to bear the cost of damage
car.

31/8/19

MY CAR SJQ 3282A requires
no compensation as it is not fault
driver car plate ~~SJA 3~~ SLL1948D
my.

NG XIN YI

S87375926

96366179



Goh Boon Pin

S8033946A

91682525



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"/>	5111925837	5111925837-000011	GD CARZ	531225973	GFM	drivo CLASSIC	SLL1948D	SLL1948D	19/08/2019	18/08/2020

Policy Information

Policy No.	5111925837	Policyholder Name	GD CARZ	Policyholder NRIC	53122597J
Certificate No.	5111925837-000011				
Address	210 TURF CLUB ROAD B16 TURF CITY SINGAPORE 287995				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/08/2019	Effective Date	19/08/2019 00:00	Expiry Date	18/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1000	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	19751.56		
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000	Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5111925837		

Insured Object: 5111925837-000011

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Exit

Accident MT/1060672

Policy No.	5111925837	Vehicle No.	SLL1948D	GST Registration No.	
Certificate No.	5111925837-000011				
Policyholder Name	GO CARZ	Cover Type	drive CLASSIC	Policyholder NRIC	531225971
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)	64699441	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

➤ **Accident Details**

Report Date	02/09/2019 20:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2019	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre	*	Orange Force		ICM No.	
Accident Location	9B BOON TIONG RD TWOS JLN BUKIT HO SWEE				

➤ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	1,000.00	TP Standard Excess	1,000.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess	0	Driver is Covered?	
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	

➤ **Benefits**

➤ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/09/2019 21:01:11 System changed GST Status verified from No to Yes		

➤ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	816 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5111925837		

➤ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/10/1980
Unnamed driver Name	GOH BOON PIN	Driver NRIC	S8033946A	Driving Experience	15
Register Date of Driver License	12/05/2004	Driver Age	38	Contact No. (Home)	0
Contact No. (Mobile)	91662525	Contact No. (Office)	0	Address 3	CHENG SAN COURT
Address 1	BLK 591A	Address 2	ANG MO KIO STREET 51	Post Code	561591
Address 4	SINGAPORE 561591	Address Type	Singapore address		
Unit No.	27-41				
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="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	GO CARZ	Insured NRIC	531225971
Contact No. (Mobile)	82331245	Contact No. (Home)		Contact No. (Office)	64699355
Email Address		OT Vehicle Number	SLL1948D	TP Vehicle Number	SJQ3282A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLL1948D / SJQ3282A ON 31 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	02/09/2019 21:01	Claim Close Date		Date Received	02/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1060672	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/09/2019 21:03
Path *		Category *	Confidential
		Urgency *	Normal
		Description *	

Browse... Clear Please Select NO Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
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 02 Sep 2019 21:03	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	SAS		SAS 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:02	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Sep 2019 21:01	Photos		Photos 2019-9-2		Edit

Video List

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