

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MAA/19/21247

Date In: 12/09/2019 16:24	Job description	Date & Time Completed	Done by
Ref No: MAA/19/21247	SAS e-illing		
Veh No: S27 86228	E-mail (Vehicle Size, AIC Size)		
O.O.A: 12/09/2019 12:55	I-Motor Claim Form	MAA/19/21247-001	12/09/2019 16:35
OD: TP Reporting Only	I-Motor W/O (Within: OD Size, TP Size)		
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:

S27 86228

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: ()

Comments: Reason for Claim: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Damage to: ()

Damage to: ()

Damage to: ()

Damage to: ()

Damage to: ()

Damage to: ()

Damage to: ()

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Damage to: ()

Damage to: ()

Damage to: ()

Damage to: ()

MAA/19/026

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

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QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Ideal DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance	\$3
*N6: Repairs Coordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TP (Nil): TP (Nil) INC against INC	\$20
9) NI: Ideal Mobile	\$30
Invoice dated	Fee Charged
Invoice dated	Fee Charged

MAA/19/026

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	12/09/2019 16:24
Date Of Accident	12/09/2019 12:55
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ8622G
Insured/Policyholder	
Name Of Registered Owner	GOH CHEE GUAN
NRIC No	S1359933E
Email Address	GCCGOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96625185
Alternative Phone No	OTHERS-96625185

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103996171
Cover Note Number	

Driver

Name of Driver	GOH CHEE GUAN
NRIC No	S1359933E
Date Of Birth	17/02/1959
Occupation	INDOOR
Date Of Driving Pass	13/11/1980
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625185
Fax Number	
Contact Number	OTHERS-96625185
Email Address	GCCGOH@YAHOO.COM.SG

Address	20 BUKIT BATOK STREET 52 #22-01
Postcode	659244
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	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)	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	SLX6784M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO KIM HUAT
NRIC/Passport Number	
Contact Number	90027801
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 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:

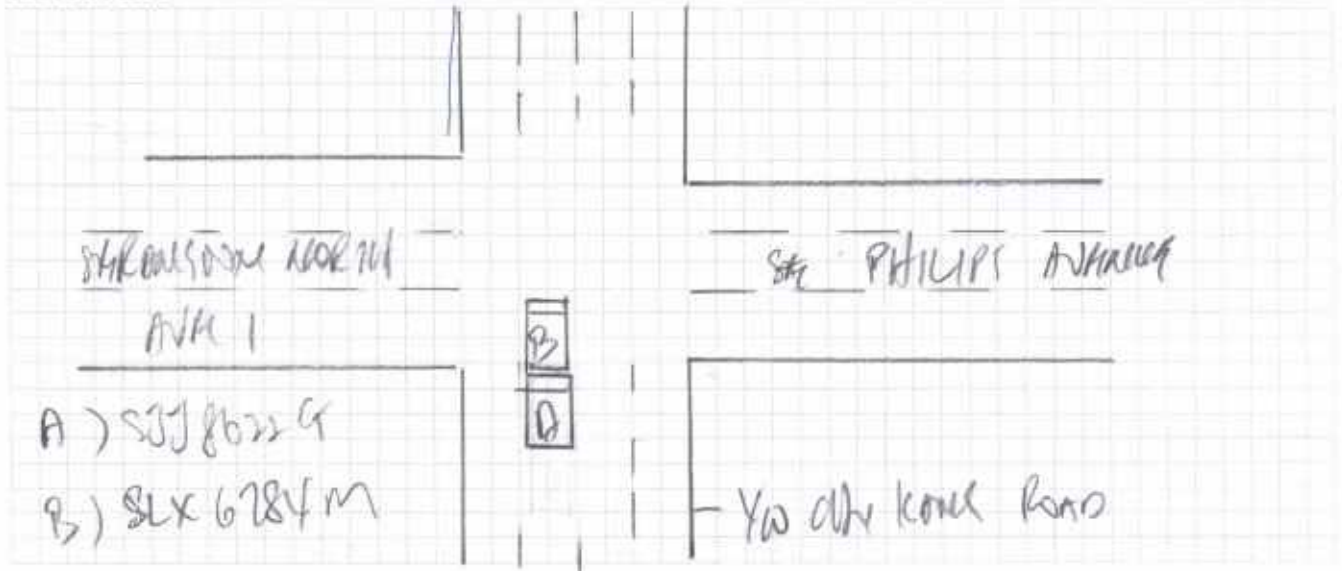
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 12/9/19
Policyholder's Signature
Date & Time:

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

 12/6/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/09/2019 AT ABOUT 12:55 HRS I WAS AT THE
 JUNCTION OF YD CH KONG & SHARADHANA MOENI ST. AT
 THE TRAFFIC JUNCTION. WHEN THE LIGHT CHANGED TO GREEN
 THE CAR SLX 6784M STARTED TO MOVE SO I FOLLOWED BUT
 I WENT TOO FAST & THE CAR SLX 6784M SUDDENLY STOP.
 & MY CAR SJJ 8622G HIT THE REAR OF THE STOP CAR
 THAT ALL

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 12/9/19 14:15
 Policyholder's Signature
 Date & Time:

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

 12/09/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Claim Handling

Accident MT/1062179

Policy No.	3102906171	Vehicle No.	S138622G	GST Registration No.	
Certificate No.					
Policyholder Name	GOH CHEE GUAN			Policyholder NRIC	S1359933E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96625185	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private-Hook	No

Accident Details

Report Date	11/09/2019 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/09/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YIO CHU KANG ROAD				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	150.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	20 BUKIT BATOK STREET 32	Address 2	#22-01 GULIN VIEW	Address 3	SINGAPORE 655244
Address 4		Address Type	Singapore address	Post Code	655244
Unit No.		Related Policy Number	3102906171		

Q1 Driver Info

Driver Name	GOH CHEE GUAN	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	S1359933E	Driver DOB	17/03/1959
Register Date of Driver Licence	13/12/1980	Driver Age	60	Driving Experience	38
Contact No.(Mobile)	96625185	Contact No.(Office)		Contact No.(Home)	
Address 1	20 BUKIT BATOK STREET 32	Address 2	#22-01 GULIN VIEW	Address 3	SINGAPORE 655244
Address 4		Address Type	Singapore address	Post Code	655244
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	S138622G	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No

Modification History

Claim 001 **Free**

Claim Type *	DD-001	Insured Name	GOH CHEE GUAN	Insured NRIC	S1359933E
Contact No.(Mobile)	96625185	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	SCCGOH@YAHOO.COM.SG	Vehicle Number	S138622G	Vehicle Number	S138622G
Claim Description	S138622G / S138622G ON 12 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Full at Fault	QTA report	Received
Report No.		Repaired		Repair Option	
Date Registered	12/09/2019 16:35	Claim Close Date		Date Received	12/09/2019 00:00
Report Taken By	WOSLI WAKAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1062179	Claim No.	001
Last Doc. Received	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Upload Date	12/09/2019 16:35
Path *			
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_8006P(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12	
	NAC_BUKIT_MERAH_8006P(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12	
	NAC_BUKIT_MERAH_8006P(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:33	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:33	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	Photos	Normal	Photos 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Sep 2019 16:35	SAS	Normal	SAS 2019-9-12

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12/09/19) (DD/MM/YYYY), TIME: (12:55) (HH:MM)

LOCATION: Yio Chu Kang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S338622 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5103996171
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE WORK
 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: Soh Chee Guan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S3599331E CONTACT: 9665185
 c) ADDRESS: 20 Bt Merah St 52-22-01 (near Vio)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (17/02/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13/11/1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTRICK

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: SLX 6784 M MODEL: Hyundai
 b) DRIVER'S NAME: Yeo Kim Huet
 c) NRIC/FIN/PASSPORT: CONTACT: 90027801

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = gcccgh@yahoo.com.sg
 VIDEO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103996171

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJJ8622G**
Chassis Number : **MR053ZEE106113156**
2. Name of Policyholder : **GOH CHEE GUAN**
3. Effective Date of Insurance : **25 Sep 2018**
4. Expiry Date of Insurance : **24 Sep 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH CHEE GUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 24 Sep 2018 15:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive