

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 119131280.

Date In	4/10/19 09:52	Job description	Date & Time Completed	Done by
Ref No	MA11MC19017487164	SAS e-filing		
Veh No	SJR 6P91S	E-mail (within 8hrs, AIC 2hrs)		
UICFA	3110119 14:45	I-Motor Claim Form	MT/106543001	4/10/19 16:01
OD - TP / Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assgnt Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SKN 3953-B. 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/Non-INC (7/10/66/10)	Disc/Undisc/Unpl	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	Action

Client's Particulars	Invoice Item / Description	Amount	Rate	Bill
W/A 1907425 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors Comments:	1) AR: Accident Reporting (\$30)	30.00		
	2) DA: Damage Assessment (\$100): INC (\$80)			
	3) TP: 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 2003)			
	6) TR: Re-Inspection \$75			
	7) N1: Idao 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: Idao 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	04/10/2019 09:52
Date Of Accident	03/10/2019 14:45
Exact Location Of Accident	JUNC OF NORTH BRIDGE RD & JLN SULTAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6891S
Insured/Policyholder	
Name Of Registered Owner	GOH TOH LIAH EDDIE
NRIC No	S1662095E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93854977
Alternative Phone No	OTHERS-82651717

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111676366
Cover Note Number	

Driver

Name of Driver	GOH TOH LIAH EDDIE
NRIC No	S1662095E
Date Of Birth	14/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93854977
Fax Number	
Contact Number	OTHERS-82651717
EMail Address	NOEMAIL

Address	BLK 178 BISHAN ST 13 #04-197
Postcode	570178
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING ALONG NORTH BRIDGE RD ON THE EXTREME LEFT LANE, THE LANE I WAS DRIVING IS A GOING STRAIGHT AND TURNING LEFT LANE, WHILE APPROACHING JUNCTION WITH JLN SULTAN, SUDDENLY VEH B AT THE SECOND LANE FROM THE LEFT TURNING LEFT INTO JLN SULTAN AND HIT ONTO MY VEH RIGHT FRONT PORTION. I WISH TO STATE, SECOND LANE IS ONLY FOR GO STRAIGHT LANE. VEH B SHOULD NOT TURNING FROM THE SECOND LANE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN3953B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BEN CHUA PENG AIK/CHUA PENG HOW
NRIC/Passport Number	S0151738D
Contact Number	96736883

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**.
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:

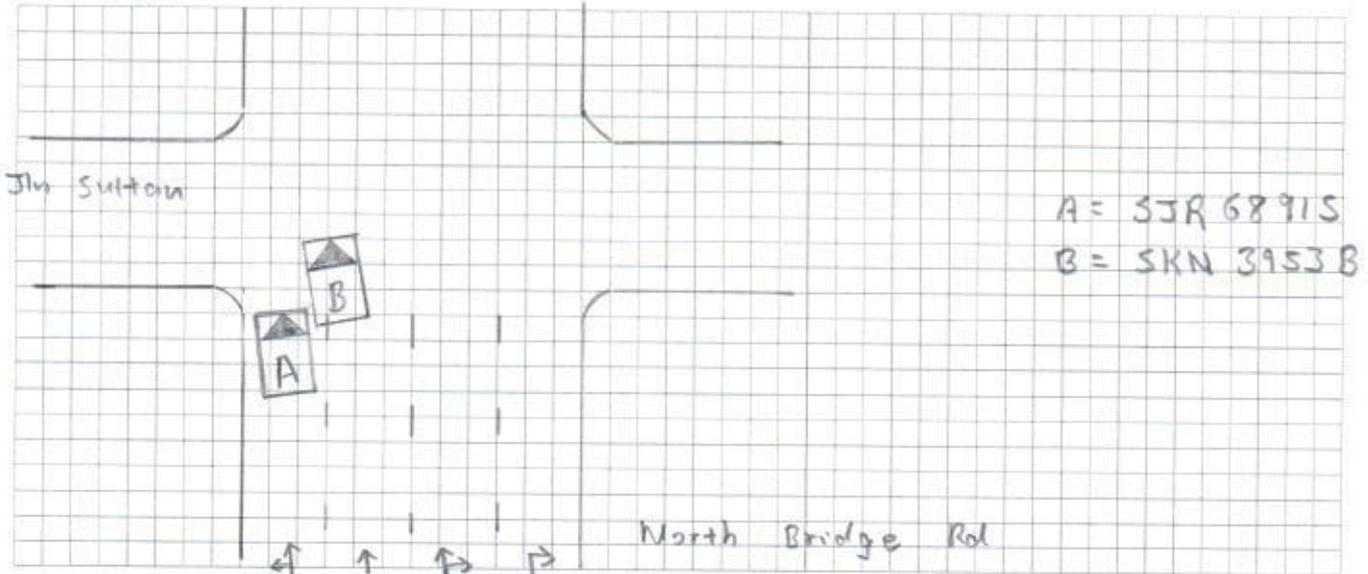


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

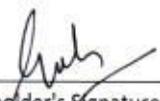


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

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)

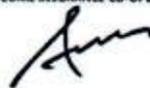
Certificate Number: 5111676366	Cover: drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SJ68915
Chassis Number	: JHMFD462095200896
2. Name of Policyholder	: GOH TOH LIAN EDDIE
3. Effective Date of Insurance	: 12 Aug 2019
4. Expiry Date of Insurance	: 11 Aug 2020
5. Persons or Classes of 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 or Hirer's business.	
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or speed testing.	
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(c) 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)	: \$52,000
EXCESS (SECTION 2)	: \$51,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH TOH LIAN EDDIE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWEE SENG CREDIT 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)
Date of issue : 07 Aug 2019 11:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Enquiries on claims, vehicle breakdown and towing services in Singapore.
Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia.
Call our 24-hour hotline at +603 7965 3865.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Unnamed driver excess

If the vehicle is driven by an unnamed driver, the following excess will apply:

Claim Handling

Accident MT/1065430

Policy No.	5111676366	Vehicle No.	SJR68915	GST Registration No.	
Certificate No.					
Policyholder Name	GOH TOH LIAH EDDIE			Policyholder NRIC	S1662095E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82651717	Contact No.(Office)	93854977	Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	Yes

Accident Details

Report Date	04/10/2019 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	03/10/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF NORTH BRIDGE RD & JLN SULTAN				

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 OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/10/2019 15:54:59 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 178 #04-197	Address 2	BISHAN STREET 13	Address 3	SINGAPORE 570178
Address 4		Address Type	Singapore address	Post Code	570178
Unit No.	04-197	Related Policy Number	5111676366		

OI Driver Info

Driver Name	GOH TOH LIAH EDDIE	Driver Type	Main Driver	Driver DOB	14/12/1964
Unnamed driver Name		Driver NRIC	S1662095E	Driving Experience	11
Register Date of Driver License	13/08/2008	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	82651717	Contact No.(Office)	93854977	Address 3	SINGAPORE 570178
Address 1	BLK 178 #04-197	Address 2	BISHAN STREET 13	Post Code	570178
Address 4		Address Type	Singapore address		
Unit No.	04-197			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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	GOH TOH LIAH EDDIE	Insured NRIC	S1662095E
Contact No.(Mobile)	93900334	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SJR68915	TP Vehicle Number	SKN39
Claim Description	SJR68915 / SKN39538 ON 3 Oct 2019				
Preferred Workshop	<input type="checkbox"/> Insured Liability <input checked="" type="checkbox"/> Not at Fault	Prefered Workshop, Name unknown	GIA report	Received	
Date Registered	04/10/2019 15:56	Claim Close Date		Date Received	04/10/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1065430	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/10/2019 16:01
Path *		Category *	Confidential
		Urgency *	Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 16:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 16:01	SAS		Normal	SAS 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 16:01	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 16:01	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:58	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2019 15:56	Photos		Normal	Photos 2019-10-4

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				