

# NATIONAL Assessment Centre Services.

Part 1 - Job Form

NA/AV/1354/8

Date In: 12/10/2019 13:09	Job description	Date & Time Completed	Done by
Ref No: NA/AV/1354/8	SAS e-filing		
Veh No: S2R 68915	E-mail (Vehicle Mtr, AIC Mtr)		
DOA: 12/10/2019 06:55	I-Motor Claim Form	12/10/2019 13:44	
OD - TP <u>Reporting Only</u>	I-Motor W/O (Within: OD Mtr, TP Mtr)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SME 99167	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 repair.
( ) 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/Time	Activity

NA/90774	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (swaf 10 Jan 2005)	
Ref. 1:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (N11) INC against INC \$20	
	9) N12: Idea 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	12/10/2019 13:09
Date Of Accident	12/10/2019 06:55
Exact Location Of Accident	POTONG PASIR AVE 1 BLK 147 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6891S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH TOH LIAH EDDIE
NRIC No	S1662095E
Email Address	EDYGOLD17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93854977
Alternative Phone No	HOME-93854977

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	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	HOME-93854977
Email Address	EDYGOLD17@GMAIL.COM

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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9916T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO KIANG HUA
NRIC/Passport Number	S2550973J
Contact Number	96392321
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### 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. 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:

12/10/19 12:45 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

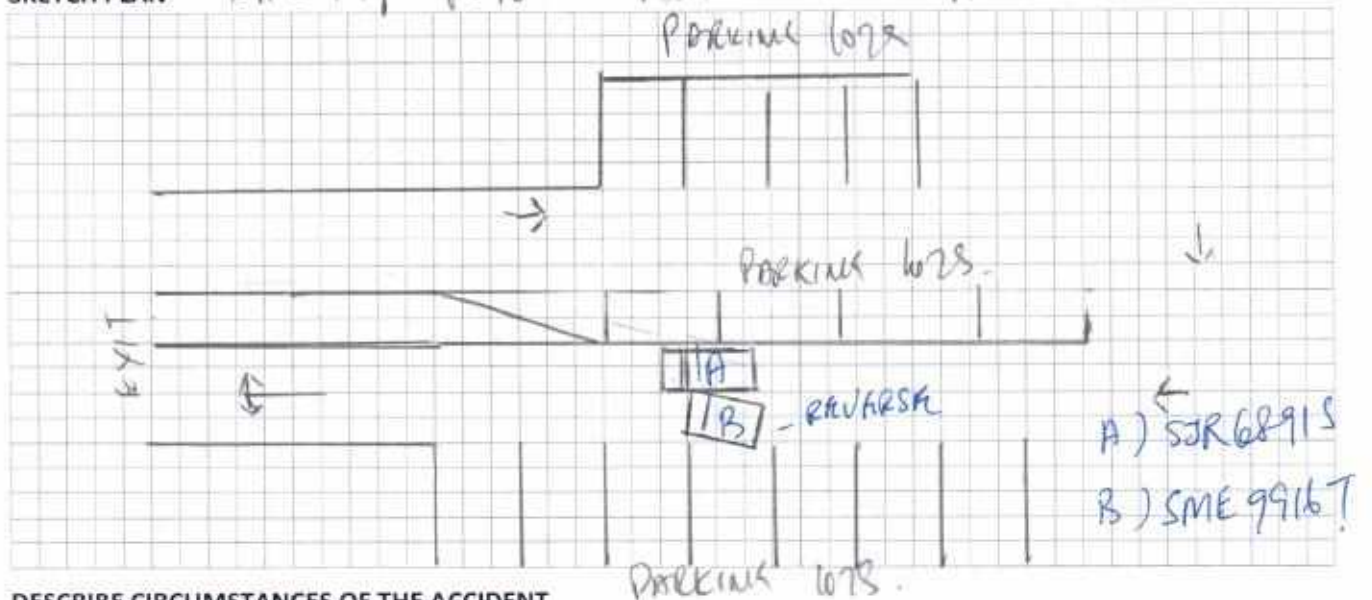
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

BIK 147 POTONG PASIR AVK 1 OPEN CARPARK



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/10/2019 AT ABOUT 06:57 HRS I WAS AT BIK 147 POTONG PASIR AVK 1 OPEN CARPARK. AFTER DROPPING OFF MY PASSENGER, I TURN RIGHT TO EXIT FROM THE CARPARK. I SAW A CAR SME 99167 STOP AT THE SIDE, SO I KAMP RIGHT & MOVE ON. JUST AFTER I PASS HE SUDDENLY REVERSE & HIT THE LEFT PORTION OF MY CAR SJR 68915. I CAME DOWN & LOOK AT MY DAMAGE & WA EXCHANGE PARTICULAR & HE WANTED TO PRIVATE SETTLEMENT & I MAKE A REPORT AT POL PASIR UBI JUST AFTER HE CHANGE HIS MIND.

## DECLARATION

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

  
Policyholder's Signature

Date & Time:  
12/10/19 12:45 pm

GAARM Sketch Plan Form\_V3

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

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



## Claim Handling

Accident MT/1066598

POLICY No.	5111676366	Vehicle No.	SJR68915	GST Registration No.	
Certificate No.					
Policyholder Name	GOH TOH LIAH EDDIE	Cover Type	drive CLASSIC	Policyholder NRIC	S1662095E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	93854977	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No *
KFE	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## Accident Details

Report Date	12/10/2019 13:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	12/10/2019	Time of Accident (hr:min)	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	POTONG PASIR AVE 1 BLK 147 OPEN CARPARK				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
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			

## 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)	93854977	Contact No.(Office)		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				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJR68915	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

## Modification History

Claim 001 New

Claim Type *	OD-IX	Insured Name	GOH TOH LIAH EDDIE	Insured NRIC	S1662095E
Contact No.(Mobile)	93854977	Contact No.(Home)		Contact No.(Office)	N/A
Email Address		Vehicle Number	SJR68915	TP Vehicle Number	SME99
Claim Description	SJR68915 / SME9916T ON 12 Oct 2019				
Preferred Workshop		Insured Liability	Not at fault	GIA report	Received
Backdate No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	12/10/2019 13:43	Claim Close Date		Date Received	12/10/2019
Report Taken By	WOSLI WAHAB				
<input checked="" type="checkbox"/> Print All letter					

Save Submit

## Attachment

Accident No.	MT/1066598	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2019 13:44
Path *		Category *	Confidential
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:44	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	Photos		Normal	Photos 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Oct 2019 13:43	SAS		Normal	SAS 2019-10-12

Video List

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/2019) (DD/MM/YYYY), TIME: (06:57) (HH:MM)

LOCATION: POTONG PASIR BLK 147 OPEN CAR PARK

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 6891 S  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5111676366  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA, CIVIC  
f) TYPE: (SALEEN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: EDDIE GOA TIAH LIAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1662095E CONTACT: 93854977  
c) ADDRESS: BLK 178 BRIHAN ST. 13  
# 04-197 S(57-178)

\* 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: (14/12/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13-08-2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SME 9916 T MODEL: MERCEDES  
b) DRIVER'S NAME: KHOO KIANG HUA  
c) NRIC/FIN/PASSPORT: S2550973 J CONTACT: 96392321

### 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)  
(1)

\* No of passenger  
(including driver)  
( )

email = Edygold17@gmail.com  
VIDEO



## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/10/2019 13:01"/>
Vehicle No. (For Motor)	<input type="text" value="SJR6891S"/>	Certificate Number	<input type="text"/>
<input type="button" value="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"/>	S111676366		GOH TOH LIAH EDDIE	S1662095E	GPC	drive CLASSIC	SJR6891S	SJR6891S	12/08/2019	11/08/2020