

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

MNA419146937

Date In: 06/11/2009 12:23	Job description	Date & Time Completed	Done by
Ref No: NBA/MC19019599/Y	SAS e-filing		
Veh No: SKV 1064M	E-mail (to John Sherr, AIC 2hrs)		
DOA: 05/11/2009 18:30	I-Motor Claim Form	06/11/2009 12:49	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMR 4958R	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:

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date:

10/08/2009

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (ver 10 Jan 2005)	
	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	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idea 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	06/11/2019 12:23
Date Of Accident	05/11/2019 18:30
Exact Location Of Accident	ALONG GUILLEMARD ROAD (OPP GRANDLINK SQUARE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1064M
Insured/Policyholder	
Name Of Registered Owner	GOH HUA DE (WU HUADE)
NRIC No	S8231753H
Email Address	BOB.GOH.HD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96667241
Alternative Phone No	OTHERS-96667241

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
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	5073418920-04
Cover Note Number	

Driver

Name of Driver	GOH HUA DE (WU HUADE)
NRIC No	S8231753H
Date Of Birth	17/10/1982
Occupation	INDOOR
Date Of Driving Pass	05/05/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96667241
Fax Number	
Contact Number	OTHERS-96667241
Email Address	BOB.GOH.HD@GMAIL.COM

Address	760 BEDOK RESERVOIR ROAD #12-12
Postcode	479245
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	SME4958E
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SONG LIM
NRIC/Passport Number	S7605563G
Contact Number	97859490
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

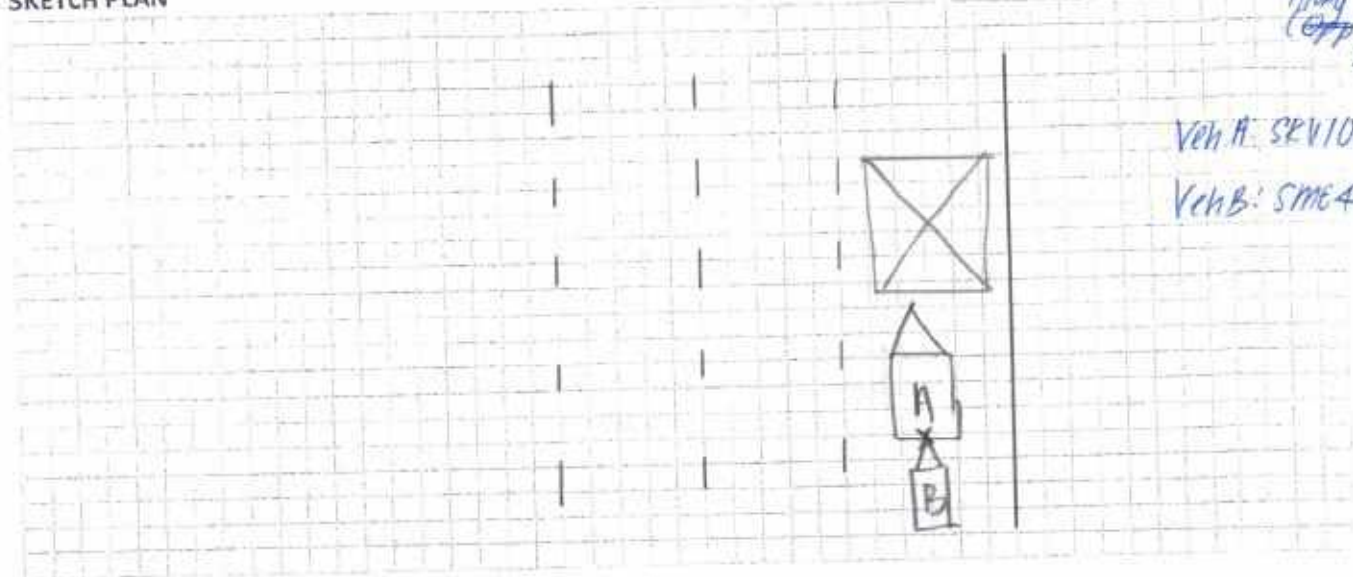
Reporting Centre Personnel's Signature
Name: Reza
NRIC/FIN No.: 96012019

SKETCH PLAN

Location: Guillemard Rd
 along Grandline
 Sq)

Veh A: SKV1064M

Veh B: SME4958E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/11/19 at 6:30pm, I was at the extreme right lane on Guillemard Rd (along/in front of) Grandline Sq. My Veh A (SKV1064M) was stationary ^{just} before the Yellow Box as the traffic light when Veh B hit my Veh rear and bumper. was on Red (SME4958E)

No injury. No police report.

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.:

06/11/2019

Rep. Li. Loo

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: Guillemard Road (Opp Grand/Life Q) Date & Time Of Accident: 05/11/17, 630pmPurpose when vehicle was used at the time of accident: _____
(e.g Going home)**Details of Own Vehicle**Vehicle Registration number: SKV1064M Make / Model: HONDA VEZEL

Vehicle Category: _____

Claim Own Insurance: YES ☒ NOIf No. Reporting only ☒ Third Party Claim

Name of Preferred Workshop: _____ Contact: _____

Insured / Policy HolderName of Registered Owner: GOH HUA DE (WU HUAE) NRIC No.: S82317534Address: BLK 760 BEDOK RESERVOIR ROAD #12-12 SINGAPORE 479245Mobile No: 9666 7241 Other Contact: Home / Office no: _____Email: bob.goh.hd@gmail.com**Driver**Name of Driver: GOH HUA DE (WU HUAE) NRIC / Fin No.: S82317534Driving Licence Pass Date: 12 JUL 2012 05 MAY 2003 D.O.B: 17-10-1982Address: BLK 760 BEDOK RESERVOIR ROAD #12-12 SINGAPORE 479245Occupation: INDOOR / OUTDOOR Mobile No: _____Gender: MALE / FEMALE Other Contact: Home / Office no: _____

Email: _____

Driver an employee: YES / NO If no, what is the relationship with the policyholder: _____

If Driver is a policyholder, please ignore this question

Insurance CompanyFleet Policy: YES ☒ NO Policy number: 5073418920-04 Type Of Coverage: drvo classic**General Information of Accident**Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS: _____Road Surface: DRY / WETAny video captured by car camera? YES ☒ NO

*Any witness?: YES / NO

Any police report made: YES ☒ NO*Injured party: YES ☒ NO (if yes, pls provide name & Tel)

No. of Passenger (including Driver): _____

Details of Passenger 1

Name: _____

Gender: _____

Details of Passenger 2

Name: _____

Gender: _____

Details of Passenger 3

Name: _____

Gender: _____

Details of Passenger 4

Name: _____

Gender: _____

Details of Other Vehicle Property 1Vehicle Registration No: SME4958EVehicle Make/Model/Color: HONDA HRVName Of Driver: NG SONG LIM

No. of Passenger (including Driver): _____

NRIC: S76055636Contact Number: 9785 9490

Nature of Damage: _____

Vehicle Category: _____

Details of Other Vehicle Property 2

Vehicle Registration No: _____

Vehicle Make/Model/Color: _____

Name Of Driver: _____

No. of Passenger (including Driver): _____

NRIC: _____

Contact Number: _____

Nature of Damage: _____

Vehicle Category: _____

Claim Handling

Accident MT/1070192

Policy No.	5073418920-04	Vehicle No.	SKV1064M	GST Registrati
Certificate No.				
Policyholder Name	GOH HUA DE (WU HUADE)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96667241	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	06/11/2019 12:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/11/2019	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG GUILLEHARD ROAD (OPP GRANDLINK SQUARE)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	760 BEDOK RESERVOIR ROAD	Address 2	#12-12 WATERFRONT WAVES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-775	Related Policy Number	5073418920-04	

▼ OI Driver Info

Driver Name	GOH HUA DE (WU HUADE)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8231753H	Driver DOB
Register Date of Driver License	05/05/2003	Driver Age	37	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1	760 BEDOK RESERVOIR ROAD	Address 2	#12-12 WATERFRONT WAVES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-775			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKV1064M	Driver Insurer

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GO
Contact No.(Mobile)	96667241	Contact No. (Home)	Nil
Email Address	bob.goh.hd@gmail.com	OI Vehicle Number	SKV1064M
Claim Description	SKV1064M / SME4958E ON 5 Nov 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	06/11/2019 12:47	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	ROSLI WAHAB	GIA report	Received
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	


Save Submit

Attachment



Accident No.	MT/1070192	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/11/2019 12:49
Path *		Category *	Confider
Choose File	No file chosen	Clear	Please Select ▼ NO
Choose File	No file chosen	Clear	Please Select ▼ NO
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Choose File	No file chosen	Clear	Please Select ▼ NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:49	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:49	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 12:48	Photos	Normal	Ph
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Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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: 5073418920-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKV1064M**
Chassis Number : RU11100666
2. Name of Policyholder : GOH HUA DE (WU HUADE)
3. Effective Date of Insurance : 28 Aug 2019
4. Expiry Date of Insurance : 27 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 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)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: GOH HUA DE (WU HUADE)
NAMED DRIVER (1)	: LING WAI YEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 17 Jul 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive