

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

15/04/19/51262

Date In: 15/4/2019 15:51	Job description	Date & Time Completed	Done by
Ref No: NAB/INC/9010338/Y	SAS e-Milling		
Veh No: SMA 20501	E-mail (by date sheet, AIC 2hrs)		
DOA: 15/4/2019 12:45	I-Motor Claim Form	million579-001	15/4/2019
OD: TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		16/4/19
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SMH 5263D	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 ()	

() 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: ()

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

Injury: _____

Date of Incident: _____	
Location: _____	
Weather: _____	
Time of Day: _____	
Witnesses: _____	
Police Report: _____	
Insurance Claim: _____	
Repair Shop: _____	
Other: _____	

XIA1908588

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	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: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpf Allowance	\$5
	*N6: Repairs Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non INC) against INC	\$20
	*N12: Idea Mobile	\$0
QC Checked by (Engr-In-Charge):	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	15/11/2019 15:51
Date Of Accident	15/11/2019 12:45
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 4 DEPARTURE HALL (JEWEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2050H
Insured/Policyholder	
Name Of Registered Owner	GOH AH LEE
NRIC No	S1133345A
Email Address	JCING2003@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96368218
Alternative Phone No	OTHERS-96368218

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101064729-01
Cover Note Number	

Driver

Name of Driver	GOH AH LEE
NRIC No	S1133345A
Date Of Birth	16/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368218
Fax Number	
Contact Number	OTHERS-96368218
EMail Address	JCING2003@YAHOO.COM.SG

Address	1A LUDLOW PLACE
Postcode	556714
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	SMH5263D
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG HAN CHUAN
NRIC/Passport Number	S7730529G
Contact Number	82018338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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:

15/11/19

3.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/11/19

3.50pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/11/2019

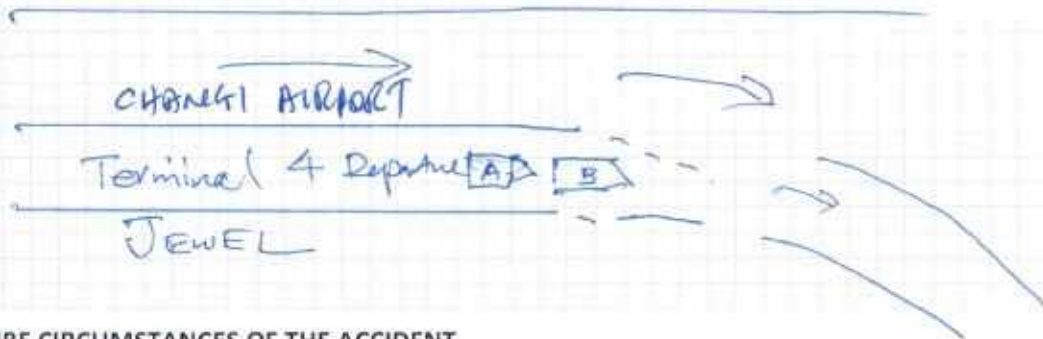
Keshav Kumar

SKETCH PLAN

A : SMA 2050H

B : SMH 5263D

TERMINAL 4



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A SMA 2050H hit the back of vehicle B SMH 5263D while waiting to filter out to main road.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (15/11/19) (DD/MM/YYYY), TIME: (12.45) (HH:MM)

LOCATION: Changi Airport Terminal 4 departure lane
JEWEL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 2050H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA SHUTTLE HYBRID 1.5 AUTO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB DRIVING
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: GOH AH LEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1133345A CONTACT: 96368218
c) ADDRESS: 1A LUDLOW PLACE S 556714

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (16/08/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/3/77

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) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SMH 5263D MODEL: TOYOTA NOAH
b) DRIVER'S NAME: ANG HAN CHUAN
c) NRIC/FIN/PASSPORT: S7730529G CONTACT: 82018338

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

Email = jcing2003@yahoo.com.sg
VIDEO

Claim Handling

Accident MT/1071579

Policy No.	5101064729-01	Vehicle No.	SMA2050H	GST Registrat
Certificate No.				
Policyholder Name	GOH AH LEE			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96368218	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KIX	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

➤ Accident Details

Report Date	15/11/2019 16:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/11/2019	Time of Accident hh:mm	12:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CHANGI AIRPORT TERMINAL 4 DEPARTURE HALL (JEWEL)			

➤ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
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	1A LUDLOW PLACE	Address 2	SINGAPORE 556714	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101064729-01	

➤ O1 Driver Info

Driver Name	GOH AH LEE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1133345A	Driver DOB
Register Date of Driver License	26/02/2003	Driver Age	64	Driving Experi
Contact No.(Mobile)	96368218	Contact No.(Office)		Contact No.(Hi
Address 1	1A LUDLOW PLACE	Address 2	SINGAPORE 556714	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SMA2050H	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	GO
Contact No.(Mobile)	96368218	Contact No. (Home)	621
Email Address	jcing2003@yahoo.com.sg	O1 Vehicle Number	SM
Claim Description	SMA2050H / SMH5263D ON 15 Nov 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes <input type="checkbox"/> Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/11/2019 16:49	Received	Claim Close Date
Report Taken By	ROSLI WAHAB		

✓ Print AK letter

Attachment

Accident No.	MT/1071579	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/11/2019 16:49

Path *

Choose File	No file chosen	<input type="button" value="Clear"/>	Category *	Confider
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 16:49	Photos		Normal	Pho
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 16:49	Photos		Normal	Pho
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 16:49	Photos		Normal	Pho
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 16:49	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Nov 2019 16:49	SAS		Normal	Sa

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[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="checkbox"/>	5101064729-01		GOH AH LEE	S1133345A	GPC	drive CLASSIC	SMA2050H	SMA2050H	30/05/2019	29/05/2020