

NATIONAL Assessment Centre Services.

[Ref: Jan 2003]

MY 419/57637

Date In: 29/11/2009 19:45	Job description	Date & Time Completed	Done by
Ref No: N/A/ACC9021116/Y	SAS e-filing		
Veh No: SM 4075	E-mail (4 jobs 2hrs, AIC 2hrs)		
DOA: 28/11/2009 16:05	1-Motor Claim Form	29/11/2009 15:07	
OD TP Reporting Only	1-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKJ 167P	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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Assessment

NA909080

Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$35
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$35
	TP (Nil) / TP (Non INC) against INAG	\$30
	2) N12: Idas Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged

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	29/11/2019 14:45
Date Of Accident	28/11/2019 16:05
Exact Location Of Accident	CAIRNHILL ROAD TURNING LEFT TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4047S
Insured/Policyholder	
Name Of Registered Owner	GOH POH LENG
NRIC No	S1627456I
Email Address	ALANGO64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96625399
Alternative Phone No	OTHERS-96625399

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110722841
Cover Note Number	

Driver

Name of Driver	GOH POH LENG
NRIC No	S1627456I
Date Of Birth	13/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96625399
Fax Number	
Contact Number	OTHERS-96625399
Email Address	ALANGO64@GMAIL.COM

Address	BLK 717 WOODLANDS DRIVE 70 #07-102
Postcode	730717
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	RAINING
Road Surface	WET

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?	YES
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	SKJ169P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH POH LENG
------	--------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMM4047S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 willful 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.

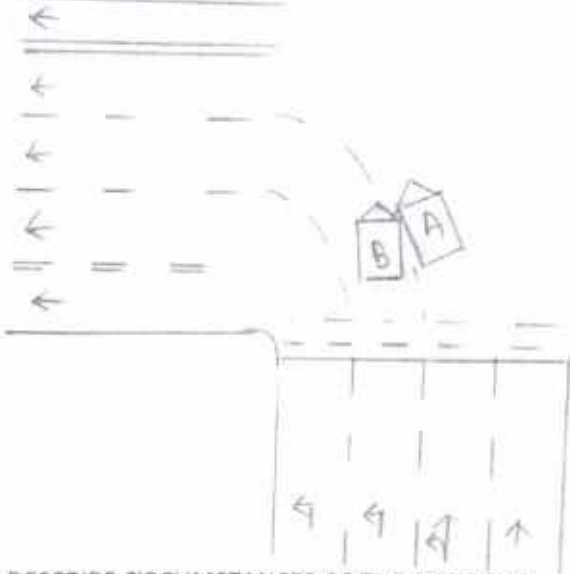
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
KRIC/EN No:

29/11/2019
Resd [Signature]

SKETCH PLAN



A = SMM 4047S

B = SKJ 169P

Cairnhill Road turning left
towards Orchard Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 28.11.19 at about 16:05 hours along Cairnhill Road turning left towards Orchard Road. I was travelling within lane 2 and turning left towards Orchard Road from Cairnhill Road.

Suddenly I heard a loud bang and felt an impact. When I alighted I realised vehicle (B) had collided onto left hand side portion of my vehicle (A). Driver of vehicle (B) admitted she wanted to go straight thus causing collision.

Vehicle (A): SMM 4047S

Vehicle (B): SKJ 169P

A handwritten signature in dark ink, appearing to be 'G. John' or similar, written in a cursive style.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/11/2019		Time: 16:05		(hh:mm) 24 hr format	
Location Cairnhill Road turning left towards Orchard Road.					
Vehicle Number SMM4047S					
Insured Name Goh Poh Leng					
NRIC/FIN S16274561		Contact Number 96625399			
Make Toyota		Model Alphard			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company NTUC					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 5110722841					
Name of Driver () Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 13/10/1964					
Driving Pass Date 06/12/1984					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address a16nqoh64@hotmail.com				() NO EMAIL	
Address of Driver BLK 717 Woodlands Drive 70					
#07-102 Singapore 730717					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others					
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Goh Poh Leng Body Pain					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SKJ169P					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only

Claim Handling

Accident MT/1073597

Policy No.	5110722841	Vehicle No.	SMM40475	GST Registrat
Certificate No.				
Policyholder Name	GOH POH LENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96625399	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	29/11/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2019	Time of Accident hh:mm	16:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CAIRNHILL ROAD TURNING LEFT TOWARDS ORCHARD ROAD			

▼ 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	BLK 717 #07-102	Address 2	WOODLANDS DRIVE 70	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-102	Related Policy Number	5110722841	

▼ OI Driver Info

Driver Name	GOH POH LENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S16274561	Driver DOB
Register Date of Driver License	06/12/1984	Driver Age	35	Driving Experi
Contact No.(Mobile)	96625399	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 717 #07-102	Address 2	WOODLANDS DRIVE 70	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-102			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SMM40475	Driver Insurer

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GD
Contact No.(Mobile)	96625399	Contact No. (Home)	666
Email Address		Q1 Vehicle Number	SM
Claim Description	SMM40475 / SKJ169P DN 28 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	29/11/2019 15:05	GIA report	Received
Report Taken By	ROSLI WAHAB		

Print AK letter

Save

Submit

Attachment

Accident No. MT/1073597 Claim No. 001
 Last Doc. Received * Yes: No Upload Date 29/11/2019 15:07

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

Confider

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select








NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:07	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:07	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:07	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:07	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:06	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 15:05	SAS		Normal	Si

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: 5110722841	Cover: drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SMM40475
Chassis Number	: AGH300232502
2. Name of Policyholder	: GOH POH LENG
3. Effective Date of Insurance	: 27 Jun 2019
4. Expiry Date of Insurance	: 26 Jun 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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 POH LENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) 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 : JCWC AUTOMOBILE PTE. LTD. (00000573827)
Date of Issue : 26 Jun 2019 15:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive