

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119160231

Date In: 4/12/19 17:37	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021463/64	SAS e-filing		
Veh No: SGP 8034H	E-mail (within 3hrs, AIC 2hrs)		
DEA: 3/12/19 11:50	I-Motor Claim Form	M7/1074385-001	4/12/19 17:52
OD: <input checked="" type="radio"/> 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 Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGP 9708B	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 Ref No:	Date & Time Completed	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	Actions

MA1909095

Claimant's Particulars:	Invoice/Repairation Charges:	Ant (\$)	Rel (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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 (5-yr INC) against INC \$20		
	9) N12: Idao 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	04/12/2019 17:37
Date Of Accident	03/12/2019 11:50
Exact Location Of Accident	CTE TWDS CITY NEXT TO BENDEMEER SEC SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8034H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CANDY GOH
NRIC No	S8317278I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92212168
Alternative Phone No	OFFICE-92212168

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5102452107-01
Cover Note Number	

### Driver

Name of Driver	MALCOLM KWA YIEW HAN(KE YAOHAN)
NRIC No	S8604509E
Date Of Birth	06/02/1986
Occupation	INDOOR
Date Of Driving Pass	03/11/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92212168
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 293C COMPASSVALE CRES #05-41
Postcode	543293
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	
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

REFER TO STATEMENT.

#### 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	SDP9708B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EARNEST NG WEE KEAT
NRIC/Passport Number	S9638709A
Contact Number	85335660
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	




## SKETCH PLAN

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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 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.
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.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

✓ Bendemeer sec. school ✓  
✓ / / / / /

(A) SGP 803411

(B) SDP 9708 B



CTE TOWARD CITY



**Describe Circumstances of the Accident**

On 3/12/2019 at about 11:50 hrs, I was travelling along CTIS toward city (next to Bendemeer secondary school) on the first lane from my right, suddenly in front vehicle of me emergency brake and stop. so I follow suit, then I felt an strong impact from my rear portion vehicle B had hit onto my vehicle A rear portion. After the accident we agreed to make a third party claim under vehicle B insurance policy.

**Declaration**

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



Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 3 / 12 / 2019 (DD/MM/YYYY), TIME: 11 : 50 (HH:MM)

LOCATION: CTE Toward city (Next To Bendemeer Sec. school)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 8034H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5102452107-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen Golf  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Candy Goh (MALE / FEMALE) 92212168  
 b) NRIC/FIN/PASSPORT: S8317278-I CONTACT:  
 c) ADDRESS: Blk 807C #15-56 Chai Chee rd  
S' 463807

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Malcolm Kwa Yiew Han (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8604509E CONTACT: 92212168  
 c) ADDRESS: 293 C Compassvale crescent #05-41  
S 543293

\*d) DATE OF BIRTH: 6 / 2 / 1986 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 3 / 11 / 2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: SDP 9708 B MODEL: Honda  
 b) DRIVER'S NAME: Earnest Ng Wee Keat  
 c) NRIC/FIN/PASSPORT: S9638409A CONTACT: 85335660

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =



## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5102452107-01
The Policyholder	: CANDY GOH BLK 807C #15-56 CHAI CHEE ROAD PING YI GREENS SINGAPORE 463807

Period of Insurance	: 25 Jul 2019 To 24 Jul 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$598.63

#### Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 1400cc
Primary Driver	: CANDY GOH	Registration Year	: 2012
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: VOLKSWAGEN/GOLF MATCH	NCD Entitlement	: 50%
Registration Number	: SGP8034H	NCD Protection	: Yes
Chassis Number	: WVWZZZ1K2CW349798		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: Yes

Memo A : N/A

Endorsement Operative : M4, M8

Agency	: META AGENCY PTE. LTD. (00000573430)
Date of Issue	: 09 Jul 2019 11:11 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

## Claim Handling

Accident MT/1074385

Policy No.	5102452107-01	Vehicle No.	SGP8034H	GST Registration No.	
Certificate No.					
Policyholder Name	CANDY GOH			Policyholder NRIC	S83172781
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92212168	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	04/12/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/12/2019	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY NEXT TO BENDEMEER SEC SCHOOL				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	500.00				

## 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	BLK 807C #15-56	Address 2	CHAI CHEE ROAD	Address 3	PING YI GREENS
Address 4	SINGAPORE 463807	Address Type	Singapore address	Post Code	463807
Unit No.	15-56	Related Policy Number	5102452107-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/02/1986
Unnamed driver Name	MALCOLM KWA YIEW HAN(KE YI)	Driver NRIC	S8604509E	Driving Experience	9
Register Date of Driver License	03/11/2010	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	92212168	Contact No.(Office)		Address 3	COMPASSVALE BOARDWAL
Address 1	BLK 293C #05-41	Address 2	COMPASSVALE CRESCENT	Post Code	543293
Address 4	SINGAPORE 543293	Address Type	Singapore address		
Unit No.	05-41				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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	CANDY GOH	Insured NRIC	S8317
Contact No.(Mobile)	92286683	Contact No. (Home)	64422009	Contact No. (Office)	
Email Address	mcandygoh@gmail.com	OI Vehicle Number	SGP8034H	TP Vehicle Number	SDP97
Claim Description	SGP8034H / SDP97088 ON 3 Dec 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	04/12/2019 17:52
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1074385	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2019 17:52
Path *		Category *	
Choose File	No file chosen	Confidential	Normal
Choose File	No file chosen	Urgency *	Normal
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

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	SAS		Normal	SAS 2019-12-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	Photos		Normal	Photos 2019-12-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	Photos		Normal	Photos 2019-12-4	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	Photos		Normal	Photos 2019-12-4	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Dec 2019 17:52	Photos		Normal	Photos 2019-12-4	

## Video List

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

Scan and uploading