

# NATIONAL Assessment Centre Services

Date In: 30/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19022858/13	SAS e-filing		
Veh No SJK3121M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 29/12/19 1100	i-Motor Claim Form	MT/1077807-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SMK8496M 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%; F: 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 hotline: 6788 6616)	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

NA2000298	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	30/12/2019 15:14
Date Of Accident	29/12/2019 11:00
Exact Location Of Accident	TPE SLIP RD INTO PASIR RIS DR 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK3121M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOO SAM PENG
NRIC No	SXXXX876C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97983503
Alternative Phone No	OTHERS-97983503
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	C180K
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104424414-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOO SAM PENG
NRIC No	SXXXX876C
Date Of Birth	27/09/1946
Occupation	INDOOR
Date Of Driving Pass	16/08/1965
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97983503
Fax Number	
Contact Number	OTHERS-97983503
EEmail Address	NOEMAIL

Address	BLK 468 PASIR RIS DR 6 #10-404
Postcode	510468
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?	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

PLS REFER TO THE ATTACHED 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	SMK8496M
Vehicle Make/Model/Colour	TOYOTA
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	GOO SAM PENG
------	--------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJK3121M
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 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.

30/12/19

Policyholder's Signature  
Date & Time:

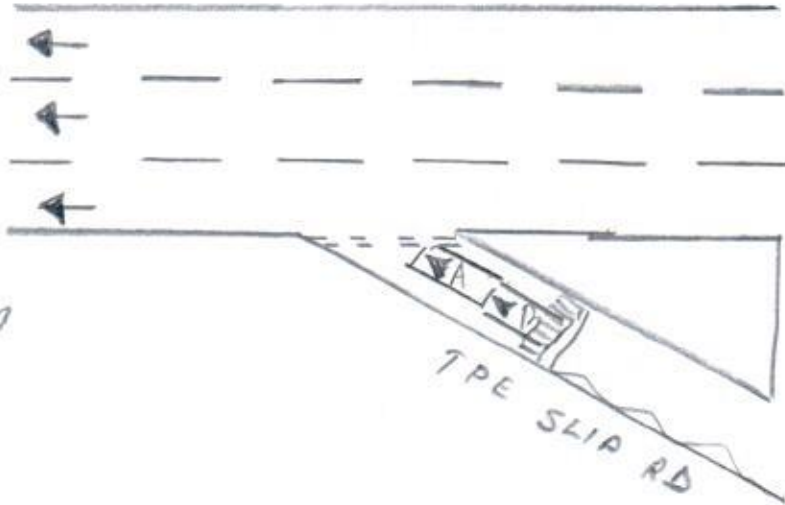
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

30/12/19

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

SKETCH PLAN

PASIR RIS DR 8



A - SJR3121M

B - SMK8496M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the attached statement.*

DECLARATION

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

Policyholder's Signature  
Date & Time:

*30/12/19*

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

*afym 30/12/19*

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

I WAS TRAVELLING FROM TPE EXIT SLIP RD INTO PASIR RIS DR 8.I STOP MY VEH AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH.SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.



## ACCIDENT STATEMENT

ACCIDENT DATE: (29/12/19) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: TPE SLIP RD INTO PASIR RIS DR 8

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK3121M  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5104424414-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: mercedes  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: Goo Sam Peng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52137876C CONTACT: 97983503  
c) ADDRESS: BUK 468 #10-404  
PASIR RIS DR 6 510468

\* 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: (27/09/1946) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 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: SMK8496M MODEL: Toyota  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

30/12/19

waiting for  
all

Email =

fax =

video =



## 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. M90372806G

Policy Number	: 5104424414-01
The Policyholder	: GOO SAM PENG BLK 468 #10-404 PASIR RIS DRIVE 6 SINGAPORE 510468

Period of Insurance	: 15 Oct 2019 To 14 Oct 2020
Sum Insured	: N/A
Premium (inclusive GST)	: S\$606.72

#### Interest Insured

Cover Type	: Third Party	
Primary Driver	: GOO SAM PENG	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: MERCEDES BENZ/C180K	Capacity : 1800cc
Registration Number	: SJK3121M	Registration Year : 2008
Chassis Number	: WDD2040462A213625	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 50%
Excess (Section 2)	: N/A	NCD Protection : Yes(Free)
Additional Excess	: N/A	
Unnamed Driver Excess	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative : M1, M4, M4 No-claim discount protection

Agency	: JG MOTOR AGENCY (00000613374)
Date of Issue	: 01 Oct 2019 10:47 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

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

29/12/2019 11:00

Vehicle No.(For Motor)

SJK3121M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104424414-01		GOO SAM PENG	S2137876C	GPC	Third Party	SJK3121M	SJK3121M	15/10/2019	14/10/2020

Continue

Claim Handling

Accident MT/1077807

Policy No.	5104424414-01	Vehicle No.	SJK3121M	GST Registration
Certificate No.				
Policyholder Name	GOO SAM PENG			Policyholder Type
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97983503	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	30/12/2019 18:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/12/2019	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE SLIP RD INTO PASIR RIS DR 8			

Total Excess Applicable

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

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 468 #10-404	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104424414-01	

OI Driver Info

Driver Name	GOO SAM PENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	52137876C	Driver DOB
Register Date of Driver License	01/01/1990	Driver Age	73	Driving Experience
Contact No.(Mobile)	97983503	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 468	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	410-404			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insured

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	No Yes
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97983503	Contact No.(Home)	
Email Address		OT Vehicle Number	
Claim Description	SJK3121M / SMK8496M ON 29 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	30/12/2019 18:05
Print AK letter		Workshop Repairer	



Save Submit

Attachment

Accident No.  
Last Doc. Received

MT/1077607  
\* Yes No

Claim No.  
Upload Date

001  
30/12/2019 00:00

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

Category \*

Confid

Please Select

NO

Please Select

NO

Please Select

NO

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NO

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NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	SAS		Normal	!
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	Photos		Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	Photos		Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 18:04	Photos		Normal	PI

Video List

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