

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MHA/V0018567

Date In: 10/1/05-18:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC200229874	SAS e-filing		
Veh No: Jmp9855K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/1/05-19:00	i-Motor Claim Form	M7/108522201	10/1/05 19:06
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: SLAY55A

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 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

## Invoice Preparation Checklist

Amf (\$)

Amf (\$)

for Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

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 (N-in INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Pat. 1:

Pat. 2 / 3:



## 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	10/02/2020 18:55
Date Of Accident	09/02/2020 19:00
Exact Location Of Accident	J70 JURONG WEST ST 81 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9835K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH PEI ZONG
NRIC No	SXXXX549D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82885033
Alternative Phone No	OFFICE-82885033

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113562427
Cover Note Number	

### Driver

Name of Driver	GOH PEI ZONG
NRIC No	SXXXX549D
Date Of Birth	01/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82885033
Fax Number	
Contact Number	OFFICE-82885033
Email Address	NOEMAIL

Address	BLK 841 JURONG WEST STREET 81 #03-127
Postcode	640841
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA4535A
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY HUI MIN
NRIC/Passport Number	SXXXX879J
Contact Number	81123576
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name GOH PEI ZONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMP9835K

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.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

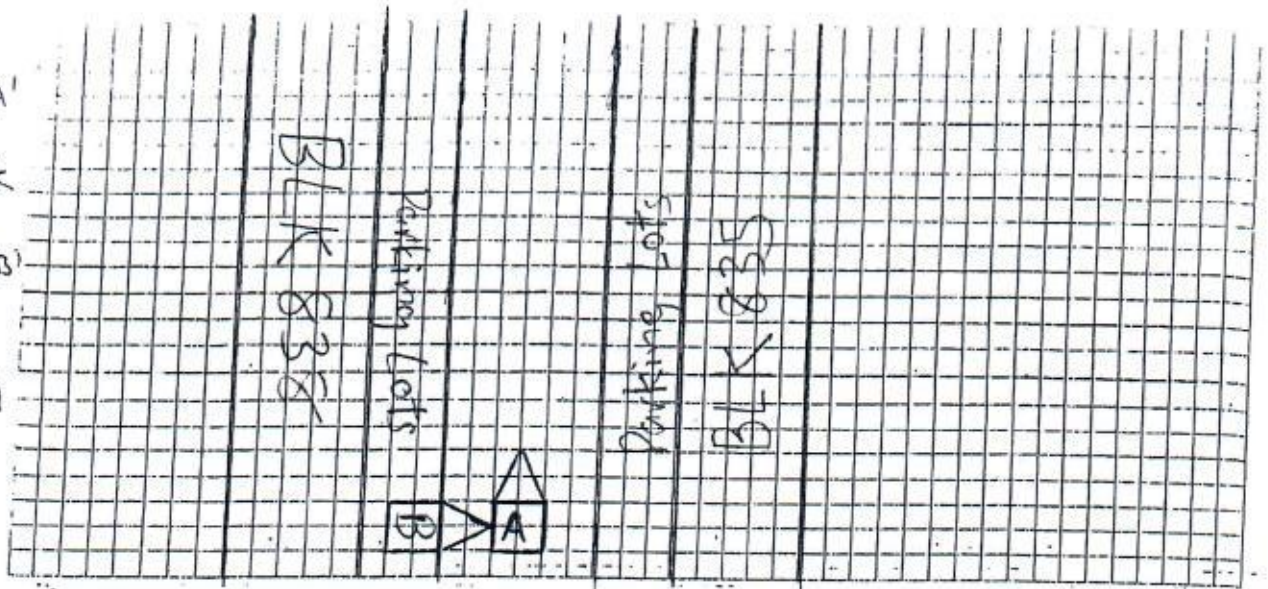
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



VEHICLE 'A'  
↓  
SMP9835K

VEHICLE 'B'  
↓  
~~SLA453~~  
SLA4535A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My CAR (Vehicle A) was travelling along carpark J70 (surface car park) toward exit between BLK 838 and 835. Vehicle B (SLA4535A) suddenly turn out from the parking lot on my left and hit onto my car and cause damage to my left front and left back door.

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.:

Date of Accident : 09/02/2020 Accident Time: 1900 (24-HR-Format)  
Accident Place : JURONG WEST ST 81 J70 (Surface Car Park)  
Vehicle Reg. No. (Car Plate No.) : SMP9835K  
Vehicle Make/Model : HONDA VEZEL  
Insurance Company : NTUC Policy No. 5113562427  
Owner or Company Name /IC No. : GOH PEI ZONG 591155490  
Owner or Company Contact No. : 82885033 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : GOH PEI ZONG 591155490  
DRIVER'S Date Of Birth : 01/05/1991 DRIVER'S License Pass Date 09/02/2010  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 841 #03-127 JURONG WEST ST 81 S'PORE 640841  
DRIVER'S Contact No. / Alt No. : (1) 82885033 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : gohpeizong@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 2 → Driver male  
Passenger female  
Was there any video Captured by car camera YES NO  
Exact purpose for which vehicle was being used at the time of accident Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLA4535A  
Vehicle Make/Model: HONDA VEZEL  
Name Driver: TAY HUI MIN  
IC No. Driver: 59046879J  
Driver's Contact & Add: 81123576

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Admin@mycar.sg



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/02/2020 19:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SMP9835K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113562427		GOH PEI ZONG	S9115549D	GPC	drive CLASSIC	SMP9835K	SMP9835K	25/10/2019	24/10/2020
<input type="button" value="Continue"/>										



## Policy Information

Policy No.	5113562427	Policyholder Name	GOH PEI ZONG	Policyholder NRIC	S9115549D
Certificate No.					
Address	BLK 841 #03-127 JURONG WEST STREET 81 SINGAPORE 640841				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/10/2019	Effective Date	25/10/2019 00:00	Expiry Date	24/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 841 #03-127	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640841
Address 4		Address Type	Singapore address	Post Code	640841
Unit No.	03-127	Related Policy Number	5113562427		

## Insured Object: SMP9835K

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 25 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS NUMBER: RU11325193 ENGINE NUMBER: L15B5575231 VEHICLE REGISTRATION NUMBER: SMP9835K ORIGINAL REGISTRATION DATE: 25 Oct 2019

Continue

Cancel

## Claim Handling

Accident MT/1083772

Policy No.	5113562427	Vehicle No.	SMP9835K	GST Registration No.	
Certificate No.					
Policyholder Name	GOH PEI ZONG			Policyholder NRIC	S9115549D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82885033	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	10/02/2020 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	09/02/2020	Time of Accident (H:mm)	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	370 JURONG WEST ST 81 CARPARK				

**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 Covered?	Covered
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 841 #03-127	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640841
Address 4		Address Type	Singapore address	Post Code	640841
Unit No.	03-127	Related Policy Number	5113562427		

**Driver Info**

Driver Name	GOH PEI ZONG	Driver Type	Main Driver	Driver DOB	01/05/1991
Unnamed driver Name		Driver NRIC	S9115549D	Driving Experience	10
Register Date of Driver License	09/02/2010	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	82885033	Contact No.(Office)	0	Address 3	SINGAPORE 640841
Address 1	BLK 841	Address 2	JURONG WEST STREET 81	Post Code	640841
Address 4		Address Type	Singapore address		
Unit No.	03-127				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GOH PEI ZONG	Insured NRIC	S9115549D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64446544
Email Address		DI Vehicle Number	SMP9835K	TP Vehicle Number	SLA4535A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP9835K / SLA4535A ON 9 Feb 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/02/2020 00:00
Date Registered	10/02/2020 19:06	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1083772	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 19:08

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:08	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	SAS	Normal	SAS 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 19:07	Photos	Normal	Photos 2020-2-10	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	