

Date In: 12/5/20 13:20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAINC200056761h4	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SLK 6901K	i-Motor Claim Form	MT/109259001	13/5/20 09:15
D.O.A: 11/5/20 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: Rock / cement INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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	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
9/12/20	CHANGE TO OLD
21/05/20	EMAIL ADDITIONAL FORM TO OWNER
23/05/20	RECEIVED ADDITIONAL FORM FROM OWNER + EMAIL TO NAIIC
28/05/20	WAITING REPLY FROM NAIIC

NA 2003494

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Driver/Owner:		In Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$30);	30.00	
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)	180.00	
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45		
Auditors' Comments:	4) FT: Follow-Through Survey \$120		
Date 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	12/05/2020 13:20
Date Of Accident	11/05/2020 14:00
Exact Location Of Accident	138 LOR AH SOO CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6901K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SENG TONG
NRIC No	SXXXX089G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98590451
Alternative Phone No	OFFICE-98590451

### Vehicle Particulars

Manufacturer	CITROEN
Model	RAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5115470128
Cover Note Number	

### Driver

Name of Driver	GOH SENG TONG
NRIC No	SXXXX089G
Date Of Birth	16/11/1972
Occupation	INDOOR
Date Of Driving Pass	18/10/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590451
Fax Number	
Contact Number	OFFICE-98590451
EEmail Address	NOEMAIL

Address BLK 138 LOR AH SOO #10-105  
 Postcode 530138  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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 1  
 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) 0

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)  
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT F/20200512/7001

### 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  
 Vehicle Make/Model/Colour ROCK/CEMENT  
 Details Of Properties  
 Vehicle Category GOVERNMENT  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

12/3/20 1145

Driver's Signature

(If driver is not the policyholder)

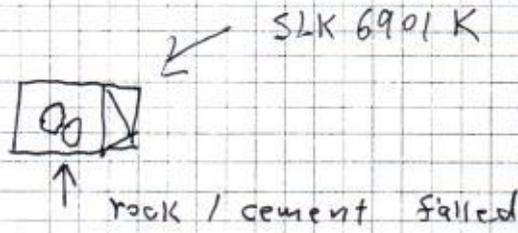
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT NP299 AS ATTACHED.  
F 120200512 17001

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 12/5/20 1145

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

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



**SINGAPORE  
POLICE FORCE**



F/20200512/7001

1 of 3

**POLICE REPORT (NP299)**

Report No. F/20200512/7001

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 12/05/2020 00:23	Vide Report No.	Station Diary No.
Name Of Informant DONNA YEO YEE PHENG	Address APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138	
ID Type / ID No. NRIC NO / S7316332C	Contact No. Home/Office:	Mobile: 98590451
Nationality SINGAPORE CITIZEN	Email Address dyeo.shb@gmail.com	
Occupation Project exec	Sex Female	Age 46
Institution/School Name	Date of Birth 13/05/1973	Race Chinese
Date/Time Of Incident 11/05/2020 09:00 - 11/05/2020 14:00	Location Of Incident APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138	

**Brief details.**

Police called us this afternoon ard 2pm to inform us that somethg had happened to my weekend car. SLK6901K. When we went down, we saw rock or debris of cement fragments ard our car and 1 huge piece of rock or block of cement on top of my car, which shattered my sun/moon glass roof! We also saw scratches and dents and chip on my car. We are devastated as we take good care of our car. I just parked our car at the foot of my block, and this happen. Definitely this is not our doing and we also saw that the roof of the HDB block has chipped off also and these are potentially its chipped parts. Is this HDB

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
12/05/2020 00:23

Classification Of Case:



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20200512/7001

failure in maintaining their building? We would like to make a police report on this incident and seek your investigation. Please issue a police report for this incident to me. Thanks

Subjects Involved			
Victim			
Person Name	DONNA YEO YEE PHENG		
ID Type	NRIC NO	ID No	S7316332C
Gender	Female	Age	46
Race	Chinese	Language	English
Occupation	Project exec	Address Type	
Address	APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138		Mobile No 98590451
Is Informant A Victim?	Yes		
Person Name	Goh Seng Tong		
ID Type	NRIC NO	ID No	S7244089G
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Project exec	Address	138 Lor ah soo #10-105 SINGAPORE 530138
Home/Office No	66991160	Mobile No	98590451
Relation To Informant	Self		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

12/05/2020 00:23

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20200512/7001

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20200512/7001

Person Name	DONNA YEO YEE PHENG (Informant)
-------------	---------------------------------

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2020 00:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident   
 Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5115470128		GOH SENG TONG	S7244089G	GPC	drive CLASSIC	SLK6901K	SLK6901K	24/01/2020	23/01/2021

Continue

# ACCIDENT STATEMENT

ACCIDENT DATE: (11/5/2009) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: 138 Lor AH SOD CAR PARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUK 6901 K  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5115470/28  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) DRIVE CLASSIC  
e) MAKE & MODEL: CITROEN / GRAND PICASSO  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 1400  
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: KOH SENG TONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S72440896 CONTACT: 98580451  
c) ADDRESS: 138 Lor AH SOD #10-125 S53038

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

## 3. DRIVER

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

\*d) DATE OF BIRTH: (16/11/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/10/94

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: SAT ONLINE - NP259

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Roll / Cement MODEL: \_\_\_\_\_  
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: \_\_\_\_\_

1) EMAIL: dyeo.shb@gmail.com

2) VIDEO: No.

(0)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

5/13/2020

**Claim Handling**

Accident MT/1092590

Policy No.	5115470128	Vehicle No.	SLK6901K	GST Registrati
Certificate No.				Policyholder NI
Policyholder Name	GOH SENG TONG	Cover Type	drive CLASSIC	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Ho
Contact No.(Mobile)	98590451	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire
NCD Protection	Yes			

**Accident Details**

Report Date	13/05/2020 09:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/05/2020	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	138 LOR AH SOO CARPARK			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Cover
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

**Benefits**

Coverage		Sum Insured	99999999.99
Transport Allowance			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 138 #10-105	Address 2	LORONG AH SOO	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115470128	

**O1 Driver Info**

Driver Name	Goh Seng Tong (Wu Chengzhong)	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7244089G	Driving Experi
Register Date of Driver License	18/10/1994	Driver Age	47	Contact No.(Hi
Contact No.(Mobile)	98590451	Contact No.(Office)		Address 3
Address 1	BLK 138 #10-105	Address 2	LORONG AH SOO	Post Code
Address 4		Address Type	Singapore address	
Unit No.		Driver Vehicle No.		Driver Insurer
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GO
Contact No.(Mobile)	98590451	Contact No.(Home)	NIL
Email Address	VANGUARD007@GMAIL.COM	O1 Vehicle Number	SLK
Claim Description	SLK6901K / ROCK/CEMENT ON 11 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	13/05/2020 09:12	Claim Close Date
Report Taken By		SHAN HUT	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1092590 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 13/05/2020 09:15

Path \*

Category \*

Confider

- Choose File No file chosen
- Message Read

Clear	Please Select ▼	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_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:15	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:14	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:13	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 May 2020 09:13	Photos		Normal	Ph



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:13

Photos

Normal

Ph

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

Normal

Ph

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

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Ph

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

Normal

Ph

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

Normal

Ph

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
13 May 2020 09:12

Photos

Normal

Ph

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

# SLK 6901K

- 1.) Panoramic Glass roof X 1 shattered
- 2.) Rear bumper X 1 cut
- 3.) RH front door X 1 ~~rep~~ repair
- 4.) RH <sup>rear</sup>~~low~~ door X 1 repair

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	089G
Vehicle Details	
Vehicle No.:	SLK6901K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 May 2020
Vehicle Make:	CITROEN
Vehicle Model:	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	10JBHD3065013
Chassis No.:	VF73ABHZTGJ808282
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$25,544.00
Original Registration Date:	24 Jan 2017
First Registration Date:	24 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$12,762.00
OPC Cash Rebate Details	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount:	-
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jan 2027
PARF Rebate Amount:	\$9,571.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,889.00
COE Rebate Amount:	\$22,610.00
<b>Total Rebate Amount:</b>	<b>\$32,181.00</b>

The information contained herein is correct as at 21 May 2020

OK

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA120045843 Vehicle Registration No: SLK6901K  
Name(as shown in NRIC) : GOH SENG TONG NRIC/FIN/Passport No : SXXXX089G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98590451  
Email Address : ssa.jg123@gmail.com  
Date of Accident : 19/04/2020 Time of Accident : 10:10  
Place of Accident : 138 LOR AH SOO CARPARK  
Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE FROM THIRD PARTY TO OWN DAMAGE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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

**ASSIGNMENT (IDAC)**

**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle:
  - a) Motorcar ( )
  - b) M/cycle ( )
  - c) Bicycle ( )
- 2) Vehicle hit ??
  - a) Pedestrian ( )
  - b) Animal ( )
- 3) Vehicle hit Road Side Objects:
  - a) Govm. Property ( )  
(Eg: signboard, barrier, tree etc)
  - b) Road Work Object ( )
  - c) Private Property ( )
- 4) Vehicle drop into drain ( )
- 5) Damage due to Act of God:
  - a) Fallen Object ( )
  - b) Flood ( )
  - c) Other, \_\_\_\_\_
- 6) Parked & Found Damaged:
  - a) Vandalism ( )
  - b) Hit by Moving Object ( )
- 7) Theft Case
  - a) Stolen ( )
  - b) Damage found ( )  
when recovered.
- 8) Fire
  - a) Whilst driving ( )
  - b) Parked ( )
- 9) Accident date more than 24hrs ( )

**By Assessor- 1) Vehicle Information**

Veh No: SLK 6901K Yr Regn: 2017, Jan  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or  
 Make & Model: Citroen Grand C4 c.c 1598  
 Colour: Blue Transmission Type: Auto / Manual  
 Eng/No: 10JBHD3065013 Sp. Reading: 37278  
 C/No: VF73ABHETGJ808282  
 Gen. Cond: Good / Fair / Poor / Burnt or  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/60 R16  
 R: 16  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken  

<u>Front</u>	<u>Rear</u>
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm

 Parallel Import: Yes / No Towed-In: Yes / No  
 Repair Type: LS / I.B.I Towing Required: Yes / No  
 No of Repair Days: 2 Vehicle in Idac: Yes / No  
 D.O.I. 21/05/2020 Time: 1100hrs.

**By Assessor- 2) Comments**

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
  - a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )
  - e. Animal ( ) f. Govm Object ( ) g. Road Work Object ( )
  - h. Private Property ( ) i. Drain ( ) j. Road Kerb/Grass Verge ( )
- 3) Vehicle does not seem damaged as a result of:
  - a. Fallen Object ( ) b. Flood ( ) c. Vandalism ( ) d. Fire ( )
  - e. Moving Object ( ) f. Stolen ( ) g. Stolen & Recovered ( )

Remarks for internal information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ( )
- 2) SRS Light on ( )
- 3) ABS Light on ( )

Time Started: Time completed:

- 1) CSO \_\_\_\_\_
- 2) ASS \_\_\_\_\_
- 3) Entire Operation Completed Time: \_\_\_\_\_



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URN: 565500299 / GST Reg. No.: M40037735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120045843 Vehicle Registration No: SLK6901K
Name (as shown in NRIC) : GOH SENG TONG NRIC/FIN/Passport No : SXXXX089G
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 138 LOR AH SOO #10-105 Singapore 530138
Contact (Tel) : 98590451 Mobile No. : 98590451
Email Address : ssa.jg123@gmail.com
Date of Accident : 19/04/2020 Time of Accident : 10:10
Place of Accident : 138 LOR AH SOO CARPARK
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE FROM THIRD PARTY TO OWN DAMAGE
[Multiple blank lines for additional amendments]

X [Signature]
Policyholder / Driver's Signature
Date: 22/5/20

[Signature] 22/05/2020
Reporting Centre Personnel's Signature
Name: Redi...
NRIC/FIN No.:
Date:

**Claim Handling**

▼ **Accident MT/1092590**

Policy No.	5115470128	Vehicle No.	SLK6901K	GST Registration No.	
Certificate No.					
Policyholder Name	GOH SENG TONG			Policyholder NRIC	S7244089G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98590451	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	13/05/2020 09:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	11/05/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	138 LOR AH SOO CARPARK				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ **Benefits**

Coverage	Sum Insured		
Transport Allowance	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 138 #10-105	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530138
Address 4		Address Type	Singapore address	Post Code	530138
Unit No.		Related Policy Number	5115470128		

▼ **OI Driver Info**

Driver Name	Goh Seng Tong (Wu Chengzhong)	Driver Type	Main Driver	Driver DOB	16/11/1972
Unnamed driver Name		Driver NRIC	S7244089G	Driving Experience	25
Register Date of Driver License	18/10/1994	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	98590451	Contact No.(Office)		Address 3	SINGAPORE 530138
Address 1	BLK 138 #10-105	Address 2	LORONG AH SOO	Post Code	530138
Address 4		Address Type	Singapore address		
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No
Modification History			

▼ **Investigation**

**Claim 001 OD-MD**

▼ **Claim Case Officer Zuraimee Bin Mantau**

Claim Type	OD-MD	Insured Name	GOH SENG TONG	Insured NRIC	S7244089
Contact No.(Mobile)	98590451	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	VANGUARD007@GMAIL.COM	O1 Vehicle Number	SLK6901K	TP Vehicle Number	ROCK/CEP
Claim Description	SLK6901K / ROCK/CEMENT ON 11 May 2020			Name of Preferred Workshop	
Preferred Workshop Contact No. (Home)		Insured Liability report	Not at Risk	Date Received	26/05/2020
Preferred Repair Option	Preferred Workshop Name unknown	Claim Close Date		Total Loss but Repaired	
Date Registered	13/05/2020 09:16	Workshop Repairer		OD Excess Collected by Workshop	
Report Taken By	SHAN HUI				

Print AK letter

Modification History

26/05/2020 10:30 s990621 Modify Claim Type(OD-MX-->OD-MD)

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	CITROEN	Vehicle Model	GRAND PICASSO	Engine Capacity	
Date of Registration	24/01/2017	Classis No.	VF73ABHZTGJ808282		
Towing Required *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Vehicle in IDAC *	<input type="radio"/> Yes <input checked="" type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

REMARK:NO OF REPAIR DAYS:2 DAYS.1X PANORAMIC GLASS ROOF - REPLACE.

Remark

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Co
root					
Not Applicable	1	16000102	BUMPER (REAR)	1	Replace
ABS	2	23300202	DOOR (FRONT RIGHT)	1	Repair
ABSORBER	3	23300204	DOOR (REAR RIGHT)	1	Repair
ACCELERATOR					
ACTUATOR					
ADVERTISEMENT STICKER					
AIR BAG					
AIR BLOWER					
AIR BOX					
AIR CHAMBER BOX					
AIR CLEANER					
AIR COMPRESSOR					
AIR CON					
AIR CON (VAN)					
AIR COOLER					
AIR DISTRIBUTOR					
AIR FILTER					
AIR FLOW					
AIR GRILLE					
AIR HORN					

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