

# NATIONAL Assessment Centre Services

Date In: <u>24/08/20</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC20008869/13</u>	SAS e-filing		
Veh No: <u>5J47854C</u>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <u>21/08/20</u> <u>1805</u>	i-Motor Claim Form	<u>MT/1100866-001</u>	
OD: TP <u>Reporting Only</u>	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: <u>SKP 7118J</u>	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:
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Date/Time	Actions

<u>NA2004378</u>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int. Bill	Add. Bt
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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)			
	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			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idno 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	24/08/2020 10:11
Date Of Accident	21/08/2020 18:05
Exact Location Of Accident	BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7854C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH AI GEK (WU AIYU)
NRIC No	SXXXX417I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90172656
Alternative Phone No	OTHERS-90172656

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	REPORTING ONLY
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	5115170623
Cover Note Number	

### Driver

Name of Driver	KWEK HIAN BENG(GUO XIANMING)
NRIC No	SXXXX157A
Date Of Birth	07/08/1973
Occupation	INDOOR
Date Of Driving Pass	03/12/2007
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97884257
Fax Number	
Contact Number	
Email Address	CHARLESKWEK@YAHOO.COM

Address	75B BEDOK RESERVOIR ROAD #06-21
Postcode	479259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

I WAS DRIVING OUT FROM MY RESIDENCE AT WATERFRONT GOLD. I WAS WAITING TO TURN RIGHT TO THE OPPOSITE SIDE OF THE ROAD. THERE WAS A CAR SKP7118J INFRT OF ME TURNING RIGHT AS ME. AFT THE CAR INFRT DROVE OFF TO TURN RIGHT, I WAITED AT THE SIDE ROAD LOOKING FOR CLEARANCE OF TRAFFIC AT THE NEAR AND FAR SIDE OF THE ROAD. ONCE I NOTICED THAT THE NEAR SIDE & FAR SIDE OF THE ROAD IS CLEAR I DROVE OFF TO MY RIGHT. WHEN I REACHED THE CENTRE OF THE ROAD THE CAR PREVIOUSLY INFRT OF ME SKP7118J WAS STILL TURNING RIGHT SLOWLY. I STEPPED ON THE BRAKE BUT I STILL KNOCK ON THE CAR INFRT THOUGH NOT VERY HARD. I WAS SURE THE CAR INFRT SKP7118J WAS NOT DRIVING OFF AND TAKING HIS TIME. PERHAPS NOT FOCUS ON DRIVING WHILE WAITING.

#### 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	SKP7118J
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG PENG KHIAN
NRIC/Passport Number	
Contact Number	98566583
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.
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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:

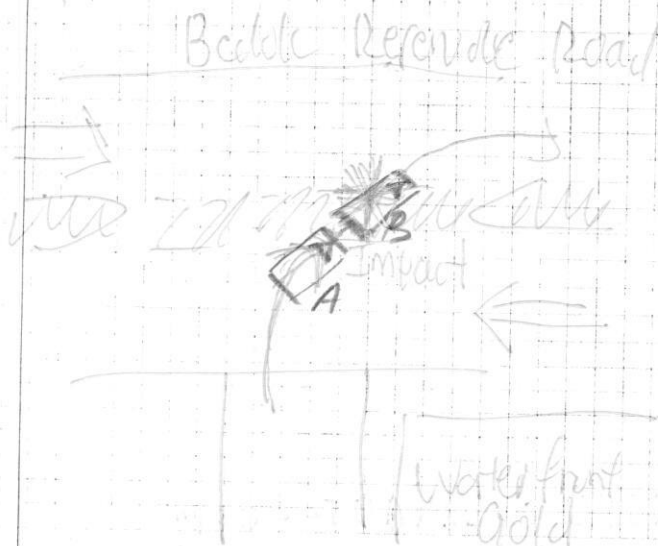
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

A - SJU7854C  
B - SKA7118J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I ~~was~~ driving out from my residence at Waterfront Gold. I was ~~turning~~ waiting to turn right to the opposite side of the road. There was a car SKA 7118J in front of me turning right as me. After the car in front ~~drove~~ drove off to turn right, I waited at the side road looking for clearance of traffic on the near and far side of the road. Once I noticed that the near side & far side of the road is clear, I drove off to my right. When I reach the centre of the road, the car SKA 7118J was still turning right slowly. I stepped on the brake but I still knock on the car in front, though not very hard. I was sure the car in front SKA 7118J was not driving off and taking his time, perhaps not focus on driving while waiting.

## 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: 22 Aug 2020

Reporting Centre Personnel's Signature  
Name: *Slym* 24/08/20  
NRIC/FIN No.:



**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 : MNA120071931 Vehicle Registration No: SJU7854C  
Name (as shown in NRIC) : KWEK HIAN BENG (GUO XIANMING) NRIC/FIN/Passport No : S7328157A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 75B BEDOK RESERVOIR ROAD #06-21 Singapore ( 479259)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97884257  
Email Address : \_\_\_\_\_  
Date of Accident : 21/08/2020 Time of Accident : 18:05  
Place of Accident : BEDOK RESERVOIR RD  
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:

AMEND TYPE OF ACCIDENT.

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

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

 24/08/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 08 / 2020) (DD/MM/YYYY), TIME: (18 : 05) (HH:MM)

LOCATION: Redak Reservoir Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU7854C  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5115170622  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN LATZO  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
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: GOK AL GOK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 974034171 CONTACT: 90172656  
c) ADDRESS:

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

#### DRIVER

- a) NAME: KWEE HAN REMI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 97328177A CONTACT: 97804257  
c) ADDRESS:

\*d) DATE OF BIRTH: (7 / 8 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: POLE

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: SKP7118T MODEL: Merc

b) DRIVER'S NAME: NG PENG HIAN

c) NRIC/FIN/PASSPORT: CONTACT: 9856 6583

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

Email = charles kwok@yahoo.com

Fax =

VIDEO =



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

22/08/2020 15:03

Vehicle No.(For Motor)

SJU7854C

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115170623		GOH AI GEK (WU AIYU)	S74034171	GPC	drivo CLASSIC	SJU7854C	SJU7854C	29/12/2019	28/12/2020

## Claim Handling

## Accident MT/1100866

Policy No.	5115170623	Vehicle No.	SJU7854C	GST Registration No.	
Certificate No.					
Policyholder Name	GOH AI GEK (WU AIYU)			Policyholder NRIC	S74034171
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90172656	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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	24/08/2020 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - F
Date of Accident	21/08/2020	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK RESERVOIR RD				

## 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

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	756 BEDOK RESERVOIR ROAD	Address 2	#06-21 WATERFRONT GOLD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	479259
Unit No.	06-21	Related Policy Number	5115170623		

## OI Driver Info

Driver Name	KWEK HIAN BENG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7328157A	Driver DOB	07/08/1977
Register Date of Driver License	05/09/2007	Driver Age	47	Driving Experience	12
Contact No.(Mobile)	97884257	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	756 BEDOK RESERVOIR ROAD	Address 2	WATERFRONT GOLD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	479259
Unit No.	#06-21				
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

## Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	GOH AI GEK (WU AIYU)	Info
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)
Email Address		Vehicle Number	SJU7854C	Vehicle Number
Claim Description	SJU7854C / SKP7118J ON 21 Aug 2020			Na
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown		
Date Registered	24/08/2020 11:12	Claim Close Date		Date Registered
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

## Attachment


Accident No.	MT/1100866	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/08/2020 00:00

Path \*

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select		NO	Normal
Choose File	No file chosen	Clear	Please Select		NO	Normal
Choose File	No file chosen	Clear	Please Select		NO	Normal

No file chosen No file chosen No file chosen

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 11:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 11:11	SAS		Normal	SAS 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Aug 2020 10:59	Photos		Normal	Photos 2020-8-24

## Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	