

NATIONAL Assessment Centre Services. (part 1 of 2) **MA 200549**

Date In: 07/10/2020 10:04	Job description	Date & Time Completed	Done by
Ref No: NBA/200549/07/10/20	SAS e-filing		
Veh No: SKN 78917	E-mail (A/C class, A/C class)		
D.O.A: 23/09/2020 10:45	I-Motor Claims Form	MA/1105799-001	07/10/2020
OD TP / Reporting Only	I-Motor W/O (with/without OD class, TP class)		10:36
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Performed Wreck / INC Repair / Wreck / QW: (**PERFORMANCE MOTOR**) Tel: **631** Fax: ()

TP Identification: () Veh No: () 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

MA 200549		
Driver/Owner:	1) Allt Accident Reporting (\$30)	
Contact No:	2) DA/ Damage Assessment (\$100) INC (10)	
Damaged Portion:	3) TP / Towing Fee	\$400
QC Checked by (Engr-In-Charge):	4) VT / Follow-Through Survey	\$150
	5) PT / Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over \$12,000)	
	6) TP / Re-inspection	\$75
	7) NI / 1040 DA + SMRT Survey	\$100
	8) NTUC Additional Services	
	OD:	
	• NI / Courtesy Car / Tpl Allowance	\$5
	• NI / Legal Coordination	\$10
	• NI / Post Repair Inspection	\$25
	• NI / Follow-Through Coordination	\$5
	• NI / DV / Collect the cost Coordination	\$10
	TP (NI) / TP (Non-INC) against DRG	\$10
	• NI / 1040 DA	\$5
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	07/10/2020 10:04
Date Of Accident	23/09/2020 10:45
Exact Location Of Accident	BLK 108 SPOTTISWOODE PARK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7981T
Insured/Policyholder	
Name Of Registered Owner	JEREMY GOH HAN CHEW
NRIC No	SXXXX136G
Email Address	JEM23_GOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90883109
Alternative Phone No	OTHERS-90883109

Vehicle Particulars

Manufacturer	BMW
Model	318I
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?	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	5098333026-02
Cover Note Number	

Driver

Name of Driver	JEREMY GOH HAN CHEW
NRIC No	SXXXX136G
Date Of Birth	23/09/1979
Occupation	INDOOR
Date Of Driving Pass	18/12/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90883109
Fax Number	
Contact Number	OTHERS-90883109
Email Address	JEM23_GOH@YAHOO.COM.SG

Address	BLK 104 SPOTTISWOODE PARK ROAD #08-114
Postcode	080104
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	COLLIDED INTO PROPERTY
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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

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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**.
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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: 7/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:



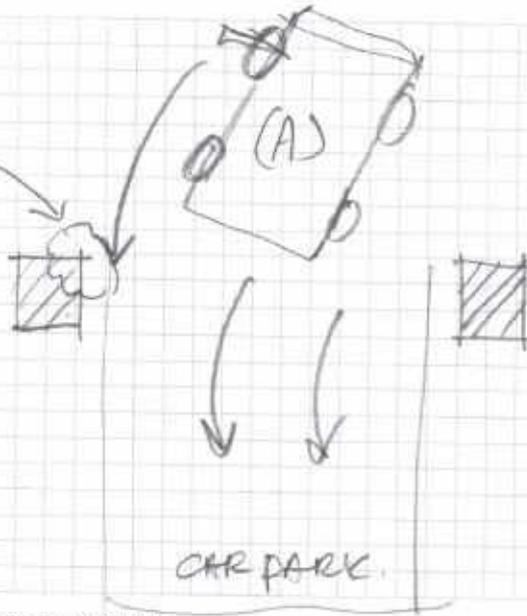
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SIDE MIRROR
KNOCKED ONTO
COLUMN WHILE
REVERSING
TO PARK



BIK 108 SPOTTISWOOD
PARK ROAD

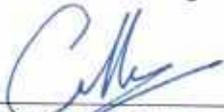
(A) SKN 79817

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ON 23TH SEPT 2020, ~~I~~ WHILE PARKING MY CAR. I
ACCIDENTLY KNOCKED MY SIDE MIRROR (LEFT SIDE) ON
TO THE MULTI-STOPEY CARPARK COLUMN.

DECLARATION

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


Policyholder's Signature
Date & Time: 7/10/20.

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 09 / 20) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: BK 108 SPOTTISWOODE PARK ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 7981T
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 6098231026-02
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 318i
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: JEREMY GOH HAN CHEW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7997366 CONTACT: 90883109
c) ADDRESS: BK 108 SPOTTISWOODE PARK ROAD #08-114
104 SCOBLOA

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: M. R. Goh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN SELF

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: _____ 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: _____

Wife
* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = jem23_goh@yahoo.com.sg

VIDEO

PERFORMANCE MOTORS @ ALEXANDRA

1800-2255-269

63/90100

Lee Chuan Yang

Claim Handling

Accident MT/1105799

Policy No.	5098333026-02	Vehicle No.	SKN7981T	GST Registrat
Certificate No.				
Policyholder Name	JEREMY GOH HAN CHEW			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	90831098	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reasin
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	07/10/2020 10:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/09/2020	Time of Accident hh:mm	10:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 108 SPOTTISWOODE PARK ROAD			

▼ Total Excess Applicable

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

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 104 #08-114	Address 2	SPOTTISWOODE PARK ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-114	Related Policy Number	5098333026-02	

▼ OI Driver Info

Driver Name	Jeremy Goh Han Chew	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7997136G	Driver DOB
Register Date of Driver License	01/01/2016	Driver Age	41	Driving Experi
Contact No.(Mobile)	90831098	Contact No.(Office)		Contact No.(H
Address 1	BLK 104 #08-114	Address 2	SPOTTISWOODE PARK ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-114			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKN7981T	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	DD-MD	Insured Name	JEF
Contact No.(Mobile)	9083109	Contact No. (Home)	NI
Email Address	jem23_goh@yahoo.com.sg	OI Vehicle Number	SK
Claim Description	SKN7981T / - DN 23 Sept 2020		
Preferred Workshop	63190100	Insured Liability	Fully at Fault
Submit No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/10/2020 10:35
<input type="checkbox"/> Print AK letter			ROSLI WAHAB

Save Submit

Attachment

Accident No. MT/1105799 Claim No. 001
 Last Doc. Received Yes No Upload Date 07/10/2020 10:36

- No file chosen
-

Path *

-
-
-
-
-
-
-

Category *

Category *	Confider
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Oct 2020 10:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Oct 2020 10:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Oct 2020 10:36	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Oct 2020 10:35	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 07 Oct 2020 10:35	SAS		Normal	S

Video List

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

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5098333026-02		JEREMY GOH HAN CHEW	S7997136G	GPC	drivo PREMIUM	SKN7981T	SKN7981T	26/02/2020	25/02/2021