

NATIONAL Assessment Centre Services.

part 1 Jan 2003

SIN 09211 10000

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 19/1/2021 16:54 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC21000914/14 | SAS e-filing | | |
| Veh No SFN93 | E-mail (within 2hrs, A/C 2hrs) | | |
| IP: 18/1/2021 8:50 | I-Motor Claim Form | 18/1/21 17:37 | |
| | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksn | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: 4 | Fax:) |
| TP Particulars: | Veh No: SMA 73368 | 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 repolter. |
| () | 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: _____ |
|---------------|

| |
|-----------------------|
| Date of Injury: _____ |
| Location: _____ |
| Weather: _____ |
| Time of Day: _____ |
| Other: _____ |

| | | |
|---|----------------------------|--------|
| NA2100989 | Invoice/Registration Check | Amount |
| 1) AR: Accident Reporting (\$30); | | 30 |
| 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) PT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2003) | | |
| 6) TR: Re-Inspection \$75 | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| ON: | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TE (N11): TP (vs INC) against INC \$20 | | |
| 9) N12: Idao Mobile \$0 | | |
| 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 Submission 19/01/2021 16:54 (SGT)
Date of Accident 18/01/2021 08:50 (SGT)
Exact Location of Accident Eunus Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW9J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH TACK LIK
NRIC No SXXXX998Z
Email Address LESTERGOH1999@GMAIL.COM
Mobile Phone No (Phone) +65-97940084
Alternative Phone No +65-97940084

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113776332-01
Cover Note Number -

DRIVER

Name of Driver GOH SHANG YANG, LESTER
NRIC No SXXXX785E
Date Of Birth 04/03/1999
Occupation Outdoor

| | |
|--|-------------------------|
| Date Of Driving Pass | 03/04/2018 |
| Driving experience | 2 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97940084 |
| Alt. Phone Number | - |
| Email Address | LESTERGOH1999@GMAIL.COM |
| Address | 37 JALAN DAUD |
| Address complement | - |
| Postcode | 419577 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|--------------|
| Type of Accident | No Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| 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? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SMA7336B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

| | |
|---|---|
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 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.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Unable to provide sketch

Describe Circumstances of the Accident

I was driving along Eunog Link and Vehicle SMA 7336B claim I had collided into his car on the other hand I am assured that I brake in time. He claimed that my front bumper damage was due to this accident however my car was damage long before this accident, ~~and~~ I have sufficient evidence that can prove my car was thus damage long before.

Furthermore his vehicle does not have a single scratch and the driver claim there is dent.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

H7
Witnessed by Reporting Centre Personnel

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="18/01/2021 16:36"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SFW9J"/> | 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"/> | 5113776332-01 | | GOH TACK LIK | S0035998Z | GPC | drivo CLASSIC | SFW9J | SFW9J | 12/12/2020 | 11/12/2021 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2021 (DD/MM/YYYY), TIME: 18:50 (HH:MM)

LOCATION: FUNOS link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFW91
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Civic
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 850 am
 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: Alex Goh tak lik (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5112358 CONTACT: 97940084
 c) ADDRESS: 37 Jalan Jau

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 04/03/1999 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03 April 2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Child

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: SMA7336b 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: _____

IC front & back Email = les Lester goh 1999@gmail.com

fax =

VIDEO = NO