

NATIONAL Assessment Centre Services. Part 1 Jan'09

SM 0921240004

Date In: 4/21/21 10:09	Job description	Date & Time Completed	Done by
Ref No: NAI INC 21001659164	SAS e-ling		
Veh No: 58 1967 J	E-mail (within 2hrs, AIC 2hrs)		
DOA: 3/2/21 17:12	I-Motor Claim Form	MT/1120037-001	4/21/21 17:47
(U) (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: #	Fax: (
TP Particulars:	Veh No: 68K 135 7H	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 repolar.

() 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: _____

Damage Description:	

NAI 405	Invoice #	Invoice Date	Invoice Time	Invoice By
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$43		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claim against INC Only (w/ 10 Jan 2009)			
	6) TR: Re-inspection	\$73		
	7) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	ON:			
	*NS: Courtesy Car / Tpt Allowance	\$3		
	*NG: Repair Co-ordination	\$10		
	*NF: Post Repair Inspection	\$23		
	*NI: DV / Collect Excess Coordination	\$3		
	TE (N11): TP (Non INC) against INC	\$20		
	9) N12: Idao Mobile	\$0		
	Invoice dated		Fee Charged	
			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 willful 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 04/02/2021 10:09 (SGT)
Date of Accident 03/02/2021 13:12 (SGT)
Exact Location of Accident Telok Blangah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ1967J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JC AIRCONDITIONING SERVICES
Company Reg No 4XXXX300C
Email Address LESTERGOH_59@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98804257
Alternative Phone No +65-98804257

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5076805612-05
Cover Note Number -

DRIVER

Name of Driver GOH KWANG YOW
NRIC No SXXXX829J
Date Of Birth 31/01/1959

Date Of Driving Pass	18/07/1978
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98804257
Alt. Phone Number	-
Email Address	LESTERGOH_59@YAHOO.COM.SG
Address	BLK 420 PASIR RIS DR 6 #03-263
Address complement	-
Postcode	510420
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBK1357H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL HAMIL
Contact Number	(Phone) +65-90195899
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GOH KWANG YOW
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GZ1967J
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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

I stop at the Junc of Telok Blangah Rd
& Alexandra Rd due to red light. All of a
sudden, I felt an impact from behind. After
the incident, I realized Veh B from behind
collided onto my rear portion

We declare the foregoing particulars are true in every respect.



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

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="03/02/2021 09:20"/>
Vehicle No.(For Motor)	<input type="text" value="GZ1967J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076805612-05		JC AIRCONDITIONING SERVICES	44777300C	GCV	Third Party, Fire & Theft	GZ1967J	GZ1967J	26/10/2020	25/10/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 2 / 21) (DD/MM/YYYY), TIME: (13 : 12) (HH:MM)

LOCATION: Telok Blangah Rd Junc with Alexandra

Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 1967J
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace manual
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: JC Airconditioning Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98804257
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Kwang Yow (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98804257
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: GBK 1357H MODEL: _____
b) DRIVER'S NAME: Abdul Hamid
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90195899

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = lestergoh_s9@yahoo.com.sg

fax =

video = no