

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

Date In: 25/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC31002607/13	SAS e-filing		
Veh No SKR523H	E-mail (within 3hrs, AIC 2hrs)		
DDA 25/02/21 0658	I-Motor Claim Form 25/02/21	MT/1122312 - 001	
OD: TP Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Profused Wsep / INC Assign Wsep / QW: (Tel: *	Fax: (
TP Particulars:	Veh No: SMW 2026M	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 repairer.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (#	

Remarks: (INC 31002607/13)	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	Action

NA210716	Invoice Information	Amount	Adm (3)
Claimant Particulars:	1) AIL: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Architects Comments:	For claimant analysis INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: 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 Submission	25/02/2021 11:46 (SGT)
Date of Accident	25/02/2021 06:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD TWDS BEDOK NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR523H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH TONG FATT
NRIC No	SXXXX852Z
Email Address	GTF_GOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90238238
Alternative Phone No	+65-90238238

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118311984
Cover Note Number	-

DRIVER

Name of Driver	GOH TONG FATT
NRIC No	SXXXX852Z
Date Of Birth	23/05/1976
Occupation	Outdoor

Date Of Driving Pass	19/01/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90238238
Alt. Phone Number	+65-90238238
Email Address	GTF_GOH@HOTMAIL.COM
Address	BLK 323B SENGKANG EAST WAY
Address complement	#14-571
Postcode	542323
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FAMILY
Gender	Male

PASSENGER 2

Name	FAMILY
Gender	Female

PASSENGER 3

Name	FAMILY
Gender	Female

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

PLS REFER TO THE ATTACHED 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	SMW2026M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEE QIN YONG
Contact Number	(Phone) +65-96968853
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 :

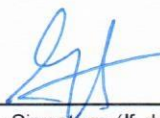
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

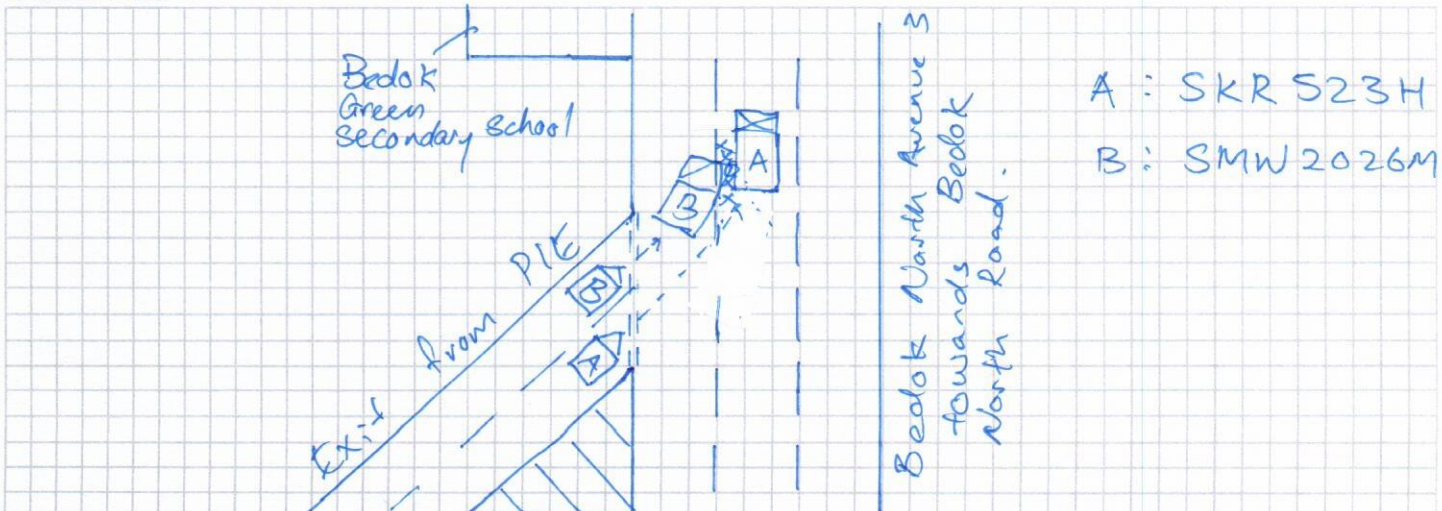
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 25/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan



On 25/02/2021 at about 06:55 hrs, i was exiting PIE at the slip road towards Bedok North Avenue 3 on the right lane. The traffic was heavy at that time. Once the traffic was cleared on Bedok North Avenue 3, i proceed to turn out to Bedok North Avenue 3 to the second lane when suddenly Veh B. (SMW 2026M) front right portion encroached into my lane and hit onto the left hand side portion of my vehicle (SKRS23H) while turning to Bedok North Avenue 3.

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

Witnessed by Reporting Centre
Personnel

VEHICLE NO:	SKR 523H		MAKE & MODEL:	Toyota Previa		AUTO / MANUAL
DATE OF ACCIDENT:	25 / 02 / 2021		CC:	2.4		
TIME OF ACCIDENT:	06:55 HRS					
LOCATION OF ACCIDENT:	PTE slip road towards Bedok North Avenue 3					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE					
NAME OF OWNER:	Goh Tong Fatt					
TEL NO:	H/P: 90238238		OFFICE:	HOME:		
NRIC:	S7614852Z					
ADDRESS:	Blk 323B Sengkang East Way #14-571 S(542323)					
EMAIL:	Gtf_goh@hotmail.com					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	YES / <u>NO</u> ?					
INSURANCE COMPANY:	NTUC Income					
TYPE OF COVERAGE:	<u>Comprehensive</u> / <u>Third Party</u> / Third Party Fire & Theft					
POLICY NO:	5118311984					
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:					
NRIC:	ANY PASSENGER: <u>Yes (1M, 2F)</u>					
DATE OF BIRTH:	23 / 05 / 1976		LICENCE PASSED DATE: 31 / 08 / 2015			
OCCUPATION:	<u>OUTDOOR</u> / INDOOR					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		<u>INSURER:</u>			
RELATIONSHIP:	<u>Owner</u>					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	<u>NO</u> / IF YES, WHO?					
NAME & CONTACT:	-					
NAME & CONTACT:	-					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	SMW 2026M		ANY PASSENGERS: <u>Yes (1F)</u>			
NAME OF DRIVER:	See Qin Yong		CONTACT NO: 96968853			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	-		WITNESS CONTACT: -			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	<u>Left hand side Portion</u>					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>						
WORKSHOP PARTICULAR:	<u>Twin car Automotique</u>					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	<u>Lenard</u>					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118311984

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKR523H |
| Chassis Number | : JTEGD54M90A046400 |
| 2. Name of Policyholder | : GOH TONG FATT |
| 3. Effective Date of Insurance | : 29 Jul 2020 |
| 4. Expiry Date of Insurance | : 28 Jul 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

***his Policy does not cover**

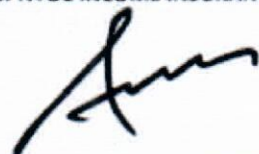
- 1. Use for racing, pace-making, reliability trial or speed-testing.
- Use for the carriage of goods (other than samples) in connection with any trade or business.
- Use for any purpose in connection with the Motor Trade.
- Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH TONG FATT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 29 Jul 2020 14:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1122312

Policy No.	5118311984	Vehicle No.	SKR523H	GST Registration No.	
Certificate No.					
Policyholder Name	GOH TONG FATT			Policyholder NRIC	S7614852Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90238238	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	Yes

Accident Details

Report Date	25/02/2021 11:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/02/2021	Time of Accident hh:mm	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE SLIP RD TWDS BEDOK NORTH AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 323B #14-571	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 5423
Address 4		Address Type	Singapore address	Post Code	542323
Unit No.		Related Policy Number	5118311984		

OI Driver Info

Driver Name	GOH TONG FATT	Driver Type	Main Driver	Driver DOB	23/05/1976
Unnamed driver Name		Driver NRIC	S7614852Z	Driving Experience	16
Register Date of Driver License	01/01/2005	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	90238238	Contact No.(Office)	0	Address 3	SINGAPORE 5423
Address 1	BLK 323B	Address 2	SENGKANG EAST WAY	Post Code	542323
Address 4		Address Type	Singapore address		
Unit No.	#14-571				
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 TONG FATT	Insured NRIC	
Contact No.(Mobile)	90238238	Contact No.(Home)		Contact No.(Office)	
Email Address	gtf_goh@hotmail.com	Vehicle Number	SKR523H	TP Vehicle Number	
Claim Description	SKR523H / SMW2026M ON 25 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	25/02/2021 12:00	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1122312	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

25/02/2021 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Confidential

Urgency *

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	SAS		Normal	SAS 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 12:00	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2021 11:59	Photos		Normal	Photos 2021-2-25

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>	