

NATIONAL Assessment Centre Services. [ver 1 Jan 2009]

Date In: 03/03/21	Job description	Date & Time Completed	Done by
Ref No NA/CTI2100,2827/13	SAS e-filing		
Veh No SM086265	E-mail (within 2hrs, AIC 2hrs)		
DCIA 02/02/21 0645	I-Motor Claim Form		
OT: TP: 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/Wks32		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 5JW3399R 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: ( )

Services (INC requires 0700 6666)	Site	Volume	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Damage/Assessment:

Claimant Particulars	Vehicle Registration	Chassis No	Year	Make	Model	Colour	Insur	Insur
NA2101960								
Driver/Owner:	1) AR: Accident Reporting (\$30)							
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)							
Damaged Portion:	3) TP: Towing Fee \$40/\$45							
QC Checked by (Bugr-In-Charge):	4) FT: Follow-Through Survey \$120							
	5) FT: Follow-Through Survey (Resurvey) \$30							
	6) TR: Re-inspection \$75							
	7) NI: Idan DA + SMRT Survey \$160							
	8) NTUC Additional Services:							
	OT:							
	*NS: Courtesy Car / Tpt Allowance \$5							
	*NG: Repair Co-ordination \$10							
	*NJ: Post Repair Inspection \$25							
	*NB: DV / Collect Excess Coordination \$5							
	TP: (NI): TP (Non INC) against INC \$20							
	9) NI: Idan 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	03/03/2021 09:31 (SGT)
Date of Accident	02/03/2021 06:45 (SGT)
Exact Location of Accident	Punggol Field, Singapore
Additional Location Information	TWDS PUNGGOL EAST INFRT OF CONDO (PRIVE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8626S
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KURT ISAAC GOH BOON KWEE
NRIC No	SXXXX734D
Email Address	KURT_629@YAHOO.COM
Mobile Phone No	(Phone) +65-90221164
Alternative Phone No	+65-90221164

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00109542000
Cover Note Number	-

#### DRIVER

Name of Driver	KURT ISAAC GOH BOON KWEE
NRIC No	SXXXX734D
Date Of Birth	29/06/1978
Occupation	Indoor

Date Of Driving Pass	25/11/2006
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90221164
Alt. Phone Number	+65-90221164
Email Address	KURT_629@YAHOO.COM
Address	BLK 272D PUNGGOL WALK
Address complement	#14-595
Postcode	824272
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW3399R
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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... KURT ISAAC GOH BOON KWEE  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SMD8626S  
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:

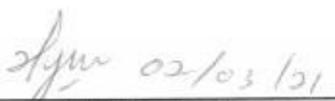
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

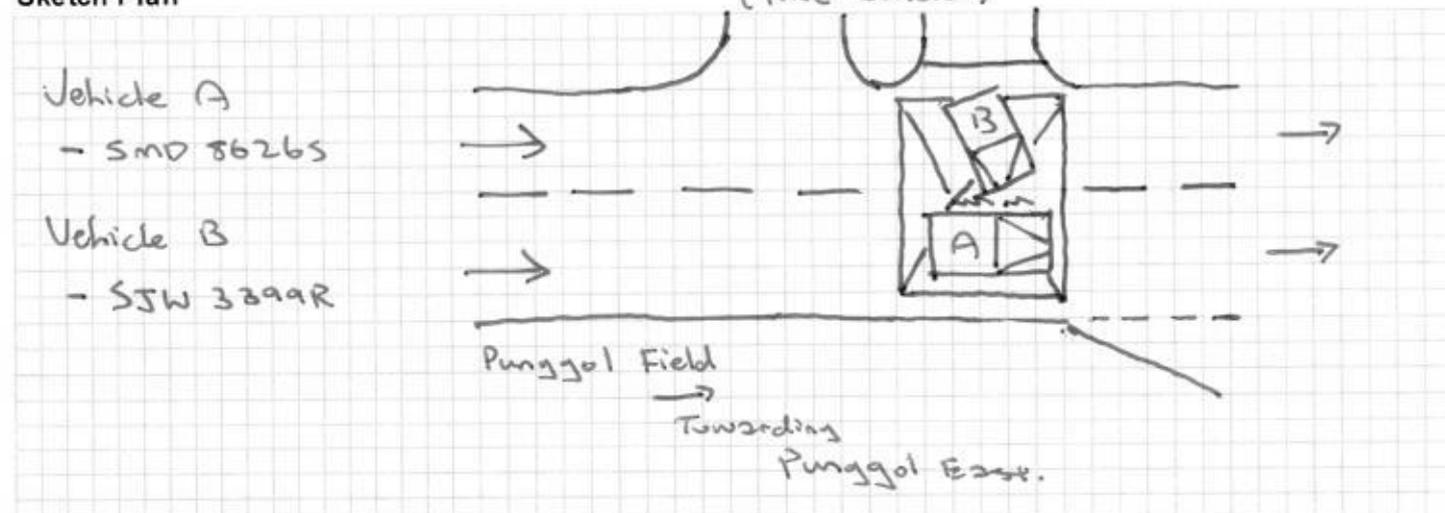
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 02/03/21  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

I was driving along Punggol Field towards Punggol East direction,  
I was on the right lane of 2 lane carriage way.

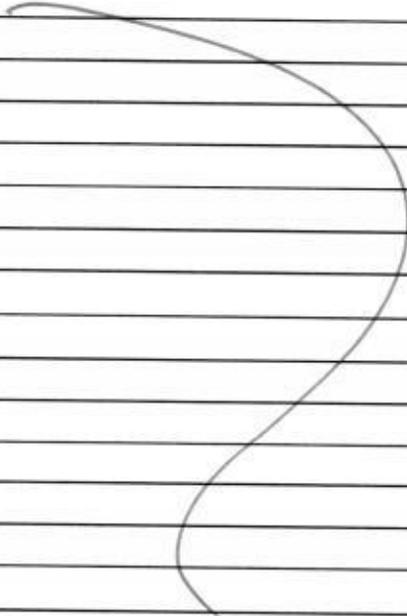
While driving straight ahead, while at the front of a condo (Prive)  
as the traffic was clear I was proceeding ahead, suddenly a  
vehicle exited from the Condo and swerved into my lane and  
hit onto the left side of my vehicle. As due to the sudden  
exiting of the vehicle and I was on the right lane, I couldn't  
react and no room to prevent of the happening of the accident.

Alighted from my vehicle and realized it was a vehicle with  
licence plate number (SJW 3399R) that collided to the left  
side of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SMD 8626S

Vehicle B - SJW 3399R



**Declaration**

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

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SMD86265	MAKE & MODEL:	Hyundai Elantra	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	02 / 03 / 2021	CC:	1591	
TIME OF ACCIDENT:	06 45 HRS			
LOCATION OF ACCIDENT:	Punggol field toward Punggol East infant of Condo (Private)			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Kurt Isaac Goh Boon Kwee			
TEL NO:	H/P: 90221164	OFFICE:	HOME:	
NRIC:	S7818734D			
ADDRESS:	Blk 2720 Punggol Walk #14-595 S(824272)			
EMAIL:	KVRT_629 @ Yahoo.com			
CLAIM TYPE:	<input checked="" type="radio"/> OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES / <input checked="" type="radio"/> NO			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DMPCSNW00109542000			
NAME OF DRIVER:	AS <input checked="" type="radio"/> ABOVE / IF NO:			
NRIC:			ANY PASSENGER: NIL	
DATE OF BIRTH:	29 / 06 / 1978	LICENCE PASSED DATE: 25 / 11 / 06		
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P:	OFFICE:	HOME:	
ADDRESS:				
EMAIL :				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Owner			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:			
ANY INJURIES:	NO / IF <input checked="" type="radio"/> YES WHO?			
NAME & CONTACT:	Kurt Isaac Goh Boon Kwee 90221164			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SJW3399R	ANY PASSENGERS:		
NAME OF DRIVER:			CONTACT NO:	
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	LEFT SIDE OF VEHICLE			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / <input type="radio"/> NO	
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Ian.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



## ORIGINAL

## THE SCHEDULE

Agency : AN0444A Class of Policy : Motor Private Car Policy No. : DMPCSNW00109542000  
 Account : AN0444A Issued on : 19/08/2020 in SINGAPORE  
 Client : R055034I Acceptance Date : 19/08/2020

Period of Insurance : 10/09/2020 to 09/09/2021 , both dates inclusive

Insured's Name : KURT ISAAC GOH BOON KWEE  
 Address : 272D PUNGGOL WALK  
 #14-595 PUNGGOL RESIDENCES  
 Singapore 824272

Business/Occupation : PURCHASE, INDOOR

Premium	:	Basic Annual Premium	:	S\$1,525.50
		Less 20% Autosafe Scheme	:	S\$ 305.10
		No Claim Discount -30%	:	S\$ 366.12
		Relief Discount	:	S\$ 85.43
		<b>Total Annual Premium</b>	:	<b>S\$768.85</b>
		Less Disc.	:	S\$0.00-
		Premium Due	:	S\$768.85
		Premium GST	:	S\$53.82
		<b>Total Due</b>	:	<b>S\$822.67</b>

Risk No.1 Motor Private Car  
 Make/Model : Hyundai Elantra 1.6 (A) No. of seats : 5  
 Registration : SMD8626S Body Type : Saloon  
 Engine No. : G4FGJU235281 Capacity cc's : 1591  
 Chassis No. : KMHD841CMJU727059 Certificate Ref. : MX1F  
 Year of Manuf/Regn : 2018/2018  
 Type of Cover : Comprehensive

Sum Insured:Market value at the time of loss

Named Drivers Ex Sect. I : S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 : S\$3,000.00

Ex Sect. I - Age >= 26 : S\$500.00

\* Age as at date of accident.

EX ON WINDSCREEN : S\$100.00

Named Drivers THE INSURED : KURT ISAAC GOH BOON KWEE

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

## AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Continued on page 2