

# NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 03/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002849/13	SAS e-filing		
Veh No FBR32974	E-mail (within 3hrs, A/C 2hrs)		
ICIA 17/02/21 1426	I-Motor Claim Form 03/02/21 MS/1133084-001		
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		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: 4	Fax: 1
TP Particulars:	Veh No: SKC12284	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/Time	Actions

NA2101893	Invoice # (part 1) 03/03/21	Amount (\$)	Balance (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11) 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	03/03/2021 11:50 (SGT)
Date of Accident	17/02/2021 14:20 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3297Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH ZHENG FANG CASSELYN
NRIC No	SXXXX096E
Email Address	CASSELYNGOH@GMAIL.COM
Mobile Phone No	(Phone) +65-92988324
Alternative Phone No	+65-92988324

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	CZD300A / XMAX300
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	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117247565
Cover Note Number	-

#### DRIVER

Name of Driver	GOH ZHENG FANG CASSELYN
NRIC No	SXXXX096E
Date Of Birth	04/05/1989
Occupation	Indoor

Date Of Driving Pass	07/02/2014
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-92988324
Alt. Phone Number	+65-92988324
Email Address	CASSELYNGOH@GMAIL.COM
Address	BLK 28 JALAN KLINIK
Address complement	#09-71
Postcode	160028
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHOON WENLING
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E/20210218/7013

#### 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	SKE1228Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAYMOND
Contact Number	(Phone) +65-96315951
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	GOH ZHENG FANG CASSELYN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBR3297Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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

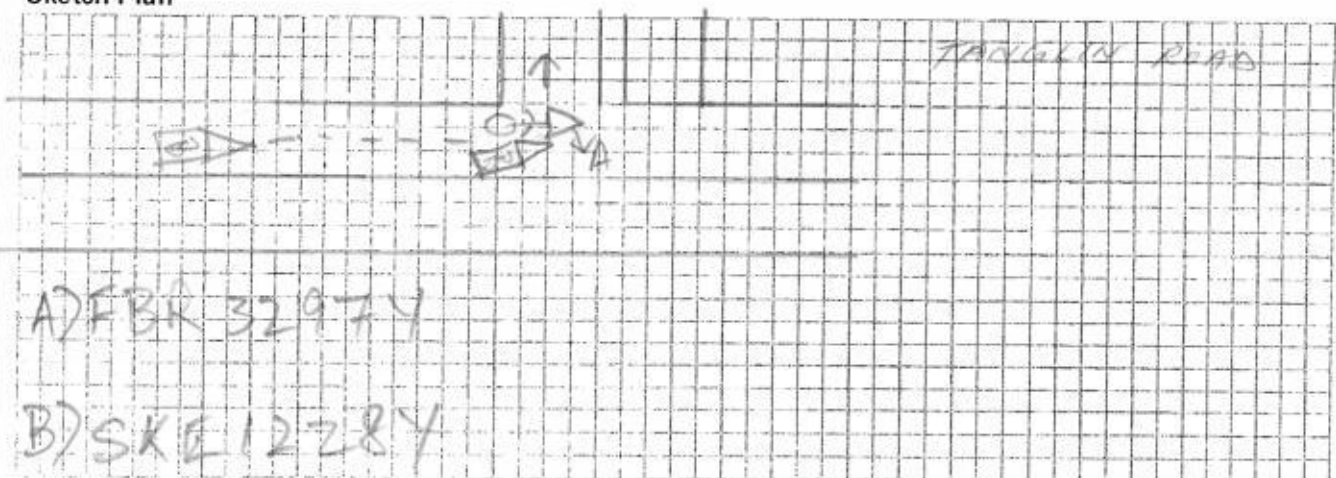
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 18/2/21  
Policyholder's Signature / Date & Time

 18/2/21  
Driver's Signature (if driver is not the policyholder) / Date & Time


 02/03/21  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



Refer to police report. E/20210218/7013

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





**SINGAPORE  
POLICE FORCE**



E/20210218/7013

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20210218/7013

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 18/02/2021 13:22	Vide Report No.	Station Diary No.		
Name Of Informant GOH ZHENG FANG, CASSELYN	Address 28 JALAN KLINIK #09-71 SINGAPORE 160028			
ID Type / ID No. NRIC NO / S8915096E	Contact No. Home/Office:	Mobile: 92988324		
Nationality SINGAPORE CITIZEN	Email Address casselyngoh@gmail.com			
Occupation Self employed	Sex Female	Age 31	Date of Birth 04/05/1989	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/02/2021 14:20	Location Of Incident TANGLIN ROAD			

**Brief details.**

On the above mentioned date and time, I was riding my bike FBR3297y along Tanglin road, keeping to the left of the lane.

Suddenly, SKE1228Y, which was slightly behind me on my right, suddenly made an abrupt left turn as it was passing the junction of Chatsworth Ave and collided into my bike's right portion.

My pillion, Choong Wenling, and I fell off the bike to our right and landed onto the ground.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2021 13:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



E/20210218/7013

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. E/20210218/7013

Ambulance arrived and conveyed me to Singapore General Hospital for treatment.

I was given 4 days MC for injuries sustained due to the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2021 13:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 02 / 2021) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: CHATEL CHATWORTH AVE TANGLIN RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 3297Y  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 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: GOH ZHENG FANG CASSELYN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8915096E CONTACT: 9295 8224  
 c) ADDRESS: BLK 28 JALAN KLINK #09-71 S(160028)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: GOH ZHENG FANG CASSELYN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8915096E CONTACT:  
 c) ADDRESS: BLK 28 JALAN KLINK #09-71 S(160028)

\* d) DATE OF BIRTH: (04 / 05 / 1989) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 31 AUG 2012

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) convey rider.

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SEE 12284 MODEL:  
 b) DRIVER'S NAME: RAYMOND  
 c) NRIC/FIN/PASSPORT: CONTACT: 96215951

## 9. THIRD PARTY VEHICLE

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

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

CHOONG WENLING

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

18/02/21  
 waiting for  
 vch  
 police  
 report.

Email = CASSELYN.GOH@GMAIL.COM

fax =

VIDEO =

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

17/02/2021 13:50

Vehicle No.(For Motor)

FBR3297Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117247565		GOH ZHENG FANG CASSELYN	S8915096E	GMC	Third Party, Fire & Theft	FBR3297Y	FBR3297Y	20/04/2020	19/04/2021

## Claim Handling

## Accident MT/1123084

Policy No.	S117247565	Vehicle No.	FBR3297Y	GST Registration No.	
Certificate No.					
Policyholder Name	GOH ZHENG FANG CASSELYN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8915096E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92988324	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	03/03/2021 16:56	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/02/2021	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANGLIN ROAD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00
Driver is Covered?			Not Covered

## ▼ 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 28 #09-71	Address 2	JALAN KLINIK	Address 3	BUKIT HOI
Address 4	SINGAPORE 160028	Address Type	Singapore address	Post Code	160028
Unit No.	09-71	Related Policy Number	S117247565		

## ▼ OI Driver Info

Driver Name	GOH ZHENG FANG, CASSELYN	Driver Type	Main Driver	Driver DOB	04/05/1981
Unnamed driver Name		Driver NRIC	S8915096E	Driving Experience	8
Register Date of Driver License	31/08/2012	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	92988324	Contact No.(Office)	0	Address 3	BUKIT HOI
Address 1	BLK 28	Address 2	JALAN KLINIK	Post Code	160028
Address 4	SINGAPORE 160028	Address Type	Singapore address		
Unit No.	#09-71				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GOH ZHENG FANG CASSELYN
Contact No.(Mobile)	92988324	Contact No.(Home)	
Email Address		Vehicle Number	FBR3297Y
Claim Description	FBR3297Y / SK1228Y ON 17 Feb 2021		
Preferred Workshop Finalisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insured Liability	Not at Fault
Date Registered	03/03/2021 17:00	Preferred Workshop, Name unknown	GIA report
Report Taken By	ROSINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1123084	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2021 00:00
Path *		Category *	NO
Choose File	No file chosen	Confidential	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Board

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal



















Clear

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	SAS		Normal	SAS 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 17:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 16:59	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 16:59	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 16:59	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 16:59	Photos		Normal	Photos 2021-3-3
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 16:58	Photos		Normal	Photos 2021-3-3

## Video List

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