

# NATIONAL Assessment Centre Services

(Int'l / 24/7)

MAA47156833

Date In: 27/4/2017 18:18  
Ref No: NBA/INU1022513/4  
Veh No: SDH 83097  
D.O.A: 26/4/2017 11:30  
OD / TP (Reporting Only)

Job Description	Date & Time Completed	Done by
SAS e-filing		
E-mail (white sheet, A/C sheet)		
f-Motor Claim Form	27/4/2017 18:30	
f-Motor W/O (white sheet, TP form)		
f-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )  
TP Particulars: Yeh No: SJY 3230Z 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: Customers 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: ( )  
1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
2) QC Check / Post Repair Inspection ( )  
3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time	Action

Customer's Particulars	Invoice Preparation Checklist	Amount (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$20)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Assigned Portion:	3) TP: Towing Fee \$40/145		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Recovery) \$120		
	6) TR: Re-inspection \$120		
	7) NI: New DA + SMART Survey \$160		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tol Allowance \$3		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$12		
	12) NI: DV / Collect Unpaid Coordination \$3		
	13) NI: NI: TP (Non-INC) against INC \$12		
	14) NI: NI: NI: \$10		
	Invoice Total		
	Insurance Deduct		

Checked by (Ungr-In-Charge):  
Comments:  
3/3

## 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 ability.
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 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 Report	27/11/2017 18:18
Date Of Accident	26/11/2017 11:30
Exact Location Of Accident	BLK 288F JURONG EAST STREET 21, CARPARK LEVEL 1B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH8309T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HERWANDI BIN MOHD JOHARI
NRIC No	S1503040B
Email Address	WANDI833@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96223319
Alternative Phone No	OTHERS-96223319

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5008933556-12
Cover Note Number	

### Driver

Name of Driver	HERWANDI BIN MOHD JOHARI
NRIC No	S1503040B
Date Of Birth	10/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96223319
Fax Number	
Contact Number	OTHERS-96223319
Email Address	WANDI833@GMAIL.COM

Address	BLK 288C JURONG EAST STREET 21 #02-400
Postcode	603288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT

#### 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	SJV3230Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 27/11/17  
1700

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

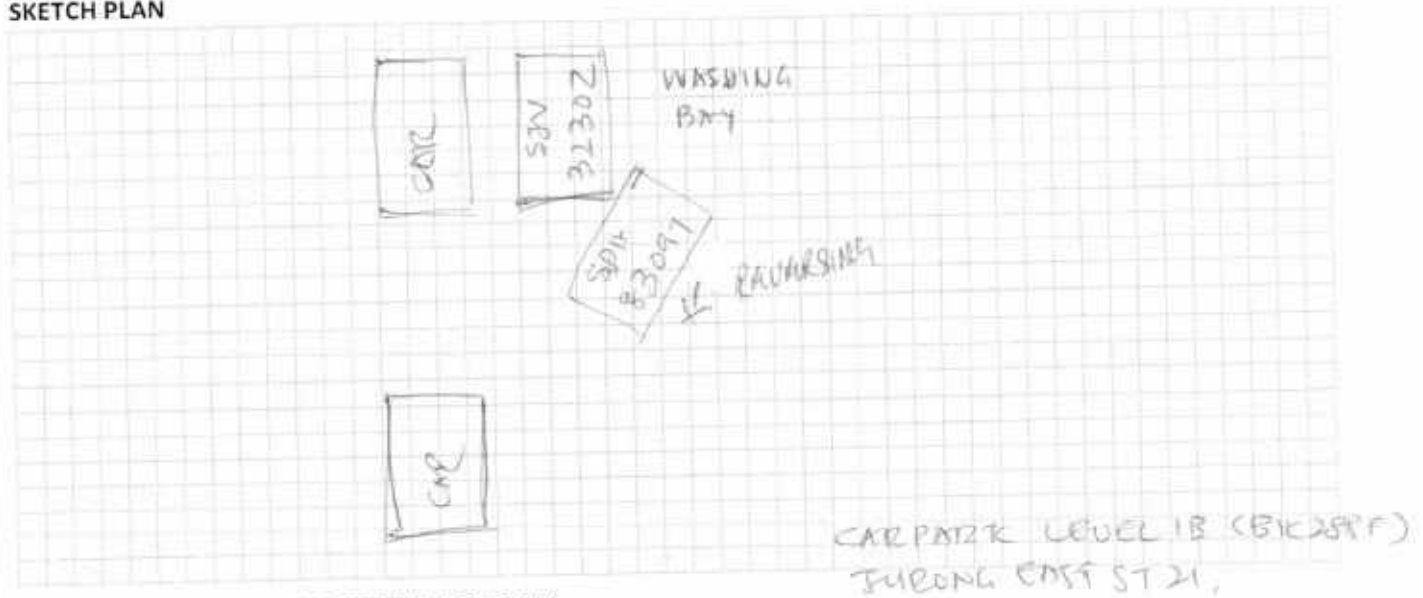
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/11/2017  
Kelli NATHAN

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Area for describing the circumstances of the accident, featuring horizontal lines and a large diagonal watermark reading 'ATTACHMENT 17'.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 27/11/17  
1700

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

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No. 27/11/2017

**Herwandi, Md-Johari SEPL-DMA/16296**

---

Modified:

Mon 11/27/2017 2:11 PM

Vehicle accident SDH8309T and SJV3230Z

On Sunday 26/11/2017 at around 11.30 am, whilst I was doing a reverse parking at Blk 288F Jurong East St21 MSCP at level 1B, My car (SDH8309T) accidentally grazed my car front left bumper to the left front bumper of a parked car (SJV3230Z) that was parked in the lots.

Upon inspection I observed there was minor scratched mark on the its left front coner bumper of SJV3230Z.

*Herwandi*

HERWANDI MD JOHARI  
SDH8309T

*Car 27/11/2017*  
*Resh AAAAB*



## Claim Handling

Accident MT/0971357

Policy No.	5008933556-12	Vehicle No.	SDH8309T	GST Registration No.	
Policyholder Name	HERWANDI BIN MOHD JOHARI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96223319	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFC	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	27/11/2017 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - S&S
Date of Accident	26/11/2017	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 288F JURONG EAST STREET 21 CARPARK LEVEL 1B				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore GD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 288C #02-400	Address 2	JURONG EAST ST 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5008933556-12		
<b>OI Driver Info</b>					
Driver Name	HERWANDI BIN MOHD JOHARI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S15030408	Driving Experience	
Register Date of Driver License	07/02/1985	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 288C #02-400	Address 2	JURONG EAST ST 21	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SDH8309T	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	HERWANDI BIN MOHD JOHARI	Insured NRIC	
Contact No.(Mobile)	96223319	Contact No.(Home)	64256319	Contact No.(Office)	
Email Address	herd@singnet.com	Q1 Vehicle Number	SDH8309T	TP Vehicle Number	
Claim Description	SDH8309T / SJV3230Z ON 26 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/11/2017 18:24	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0971357	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 18:30
Path *		Category *	Confidential Urgency
			Normal

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	DE
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:38	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 18:24	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 11 / 17) (DD/MM/YYYY), TIME: (11.30 am) (HH:MM)  
 LOCATION: SIK 208F JUBANG EAST 9521

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDA 8309T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CAMRY  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: SELF  
 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: HERNANI MORA JOHNY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S15030408 CONTACT: 96223319  
 c) ADDRESS: SIK 288C JUBANG EAST 9521 402-400 5603288

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

2/ No of passenger  
 (including driver)  
 (1)

- DRIVER  
 a) NAME: AJ ABONH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (10 / AUG / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 28 MAY 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

2/ No of passenger  
 (including driver)  
 (0)

- a) VEHICLE NUMBER: SJV 32302 MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

2/ No of passenger  
 (including driver)  
 ( )

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

Email = wandi.873@gmail.com

Fax =

V1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1503040B



Name  
**HERWANDI BIN MOHAMED JOHARI**

Race  
**MALAY**  
Date of Birth  
**10-08-1961**  
Country of Birth  
**SINGAPORE**  
Sex  
**M**



1920023

NRIC No. **S1503040B**



Blood Group: Date of issue  
**D+ 10-04-1994**

APT BLK 288C JURONG EAST STREET 21 #02-400  
SINGAPORE 603288

NRIC No: S1503040B Date: 24-02-2003 No: 4529733

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1503040B**



Name  
**HERWANDI BIN MOHAMED JOHARI**

Birth Date: **10 Aug 1961**  
Issue Date: **28 May 2015**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 07 Feb 1965  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 Feb 1969

NP 428A



eBaoTech

General Claim

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>						
Vehicle No. (For Motor)	<input type="text" value="SDH8309T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	SDH8033556-12	HERWANDI BIN MOHD JOHAR	S15030408	GPC	Third Party, Fire & Theft	SDH8309T	SDH8309T	06/09/2017	05/09/2018
<input type="button" value="Continue"/>									