NATIONAL Assessment Centre Services (wef 1 Jan 00) MMA/17/66049

Date In: 18/12/2017 14:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/17028933/Y.	SAS e-filing		
Veh No: SCY 3366C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 17/12/2017 17:55	I-Motor Claim Form	MI/0974132	18/12/2017 14:49
OD / TP / Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJU 57H 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: INC hotline: 6788 0616	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	Actions

NA/707783

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

1. 1:

1. 2 / 3:

Invoice Preparation Checklist		Amt($)	Amt($) Add Bill
1) AR: Accident Reporting ($30):			
2) DA: Damage Assessment ($100):	INC ($80)		
3) TP: Towing Fee	$40/$45		
4) FT: Follow-Through Survey	$30		
5) FT: Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 200_)			
6) TR: Re-Inspection	$35		
7) N1: Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DY / Collect Excess Coordination	$5		
TP (N11): TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	*Not Charged*		
Invoice Voided	*Non-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 witholding 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	18/12/2017 14:28
Date Of Accident	17/12/2017 11:55
Exact Location Of Accident	JUNCTION OF GRANGE ROAD/ONE TREE HILL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCY3368C
Insured/Policyholder	
Name Of Registered Owner	EVIE SUTANTO
NRIC No	S2658435C
Email Address	ISABELZLIM@GMAIL.CPM
Mobile Phone No	(LOCAL) +65-98485684
Alternative Phone No	OTHERS-84844318
Vehicle Particulars	
Manufacturer	LEXUS
Model	RX270
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5064874474-03
Cover Note Number	
Driver	
Name of Driver	LIM ZHUO YING,ISABEL
NRIC No	S9620723I
Date Of Birth	19/06/1996
Occupation	INDOOR
Date Of Driving Pass	21/07/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98485684
Fax Number	
Contact Number	OTHERS-84844318
EMail Address	ISABELZLIM@GMAIL.CPM

Address	134 HOLLAND GROVE VIEW
Postcode	276284
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	4

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

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	SJU57H
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Name of Driver	KUAN WHYE MUN
NRIC/Passport Number	S6849600D
Contact Number	92272300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

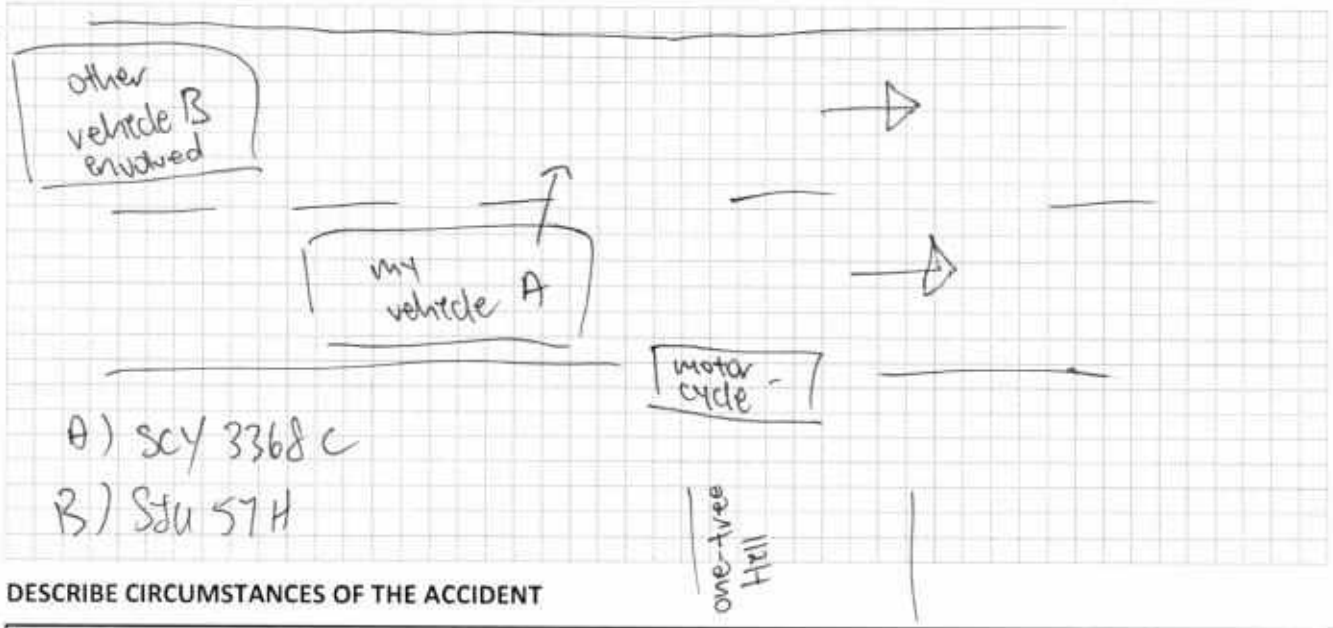
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time: 10 December '17 10.57 am.	18/12/2017 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along a two-lane road (Grange Road). There was a motorcycle in front of me waiting to turn right into One Tree Hill. I wanted to overtake the motorcycle on his left. I checked my mirror and saw that there was a safe gap between myself and the vehicle involved in the accident. That vehicle was on the left lane I started to filter into the left lane, but the other vehicle was driving faster than me, and caught up on my left hand side. The left hand side of my vehicle then hit the right hand side of her vehicle. Both vehicles then pulled to the side of the road. No one was injured, there were dents and scratches along the left hand side of my vehicle, and dents and scratches along the right hand side of her vehicle. The driver of that vehicle claimed that the outside right door handle could no longer work, and the right side mirror could not rotate electronically, as it is suppose to. Both parties took pictures of the vehicles and the scene, exchanged contacts and insurance details, and drove away.

I have videos of the incident taken by my car cameras (both front and back).

DECLARATION

I/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: 18 December '17 10:56 am.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

18/12/2017

Claim Handling

Accident MT/0974132

Policy No.	5064874474-03	Vehicle No.	SCY3368C	GST Registration No.	
Policyholder Name	EVIE SUTANTO			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98485684	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/12/2017 14:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/12/2017	Time of Accident hh:mm	11:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF GRANGE ROAD/ONE TREE HILL				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	134 HOLLAND GROVE VIEW	Address 2	SINGAPORE 276284	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5064874474-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM ZHUO YING,ISABEL	Driver NRIC	S9620723J	Driver DOB	
Register Date of Driver License	21/07/2015	Driver Age	21	Driving Experience	
Contact No.(Mobile)	84844318	Contact No.(Office)		Contact No.(Home)	
Address 1	134 # HOLLAND GROVE VIEW	Address 2	SINGAPORE 276284	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SCY3368C	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EVIE SUTANTO	Insured NRIC	
Contact No.(Mobile)	98485684	Contact No.(Home)	64680236	Contact No.(Office)	
Email Address	eviesutanto@hotmail.com	OI Vehicle Number	SCY3368C	TP Vehicle Number	
Claim Description	SCY3368C / SJU57H ON 17 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	18/12/2017 14:40	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
☐ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0974132	Claim No.	001			
Last Doc. Received	◉ Yes ○ No	Upload Date	18/12/2017 14:40			
	Path *			Category *	Confidential	Urgency
	Browse... Clear			Please Select		Normal

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:49	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:49	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:41	Photos	Normal	Photos
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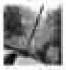	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:41	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Dec 2017 14:40	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 12 / 2017) (DD/MM/YYYY), TIME: (11 : 56) (HH:MM)

LOCATION: Grange Road . One Tree Hill Junction

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SCY3368C
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 506487447 4 -03
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Lexus RX270
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: personal
   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: Evie Sutanto (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S2658435C CONTACT: 9848 5684
   c) ADDRESS: 134 Holland Grove View
      Singapore (276284)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Isabel Lew Zhuo Ying (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9620723I CONTACT: 8484 4318
   c) ADDRESS: 134 Holland Grove View
      Singapore (276284)
   *d) DATE OF BIRTH: (19 / 06 / 1996) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS . 21 July 2015

No of passenger (Including driver) (4)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter
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: SJU57H MODEL: Mercedes
   b) DRIVER'S NAME: Kuan Whye Mun
   c) NRIC/FIN/PASSPORT: S6849600D CONTACT: 9227 2300

No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (Including driver) (__)

email = isabelzlew@gmail.com
paulylew1962@gmail.com
fax =
V1060

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9620723I

Name

LIM ZHUO YING, ISABEL

林 卓 颖

Race

CHINESE

Date of birth

19-06-1996

Sex

F

Country of birth

SINGAPORE

4737146

NRIC No. S9620723I

Date of issue

23-06-2011

Address

134 HOLLAND GROVE VIEW
SINGAPORE 276284

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Jul 2015

NP 428A

Licence No:S9620723I

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 17/12/2017 10:52

Vehicle No.(For Motor) SCY3368C

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5064874474-03	EVIE SUTANTO	S2658435C	GPC	drivo CLASSIC	SCY3368C	SCY3368C	08/07/2017	07/07/2018

Continue