

NATIONAL Assessment Centre Services

(Unit 1, 20100)

NA418003297

Date In: 08/01/2018 13:42
 Ref No: NAB/MIC/8000474/4
 Veli No: 535 T0974
 D.O.A: 07/1/2018 10:20
 OD: TP / Reporting Only

Job description: SAS e-tiling
 Date & Time Completed: 09/01/2018 10:05
 Done by: [Signature]
 E-mail (within 3hrs, AIC 3hrs)
 1-Motor Claim Form
 1-Motor VVO (within 3hrs, TP 3hrs)
 1-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax/Hand to Owner/Whse

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yeli No: YN 40174, INC () / Non-INC ()
 Owner / Driver: Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: BSL 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: () UNB () Line 6788 6016
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection () Claim Form
 3) Upload Recovery Photo (Repair Cost > \$3000) (INC () / Non-INC ()) Reports

Injury: ()
 Date of Loss: ()
 Action: ()

Invoice Preparation Checklist	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$40	
4) FT: Follow-Through Survey	\$120	
5) RT: Follow-Through Survey (Recovery)	\$10	
For claims against INC Only (wef 10 Jan 2018)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services		
9) NI: Courtesy Car / Tpl Allowance	\$5	
10) NI: Repairs Coordination	\$10	
11) NI: Post Repair Inspection	\$15	
12) NI: DV / Collect Unsettled Coordination	\$5	
TP (NI) / TP (Non-INC) against INC	\$70	
13) NI: Idm Mobile	\$10	
Invoice dated	Not Charged	
Invoice dated	Not Charged	

NA/800266

Insured's Details:
 Driver/Owner:
 Contact No:
 Damaged Portion:

C. Checked by (Bug-In-Charge):

Will for Comments:

U. I:

L 2/3:

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 willful 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	08/01/2018 13:42
Date Of Accident	07/01/2018 10:20
Exact Location Of Accident	GHIM MOH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7097G
Insured/Policyholder	
Name Of Registered Owner	YULI SOEDARGO
NRIC No	S2697112H
Email Address	YULI.SOEDARGO@GMAIL.COM
Mobile Phone No	(FOREIGN) 628-11148666
Alternative Phone No	OTHERS-94816810

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	THIRD PARTY
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	5051303957-06
Cover Note Number	

Driver

Name of Driver	YULI SOEDARGO
NRIC No	S2697112H
Date Of Birth	26/10/1955
Occupation	INDOOR
Date Of Driving Pass	15/07/2000
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) 628-11148666
Fax Number	
Contact Number	OTHERS-94816810
Email Address	YULI.SOEDARGO@GMAIL.COM

Address	12A CAIRNHILL RISE #04-03
Postcode	229746
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 (COLLISION TYPE IS T/P REVERSE AND HIT INSURED)

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	YN4017G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QU LIMING
NRIC/Passport Number	G7863355L
Contact Number	81166639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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: 08 Jan 2018
11:15 AM

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



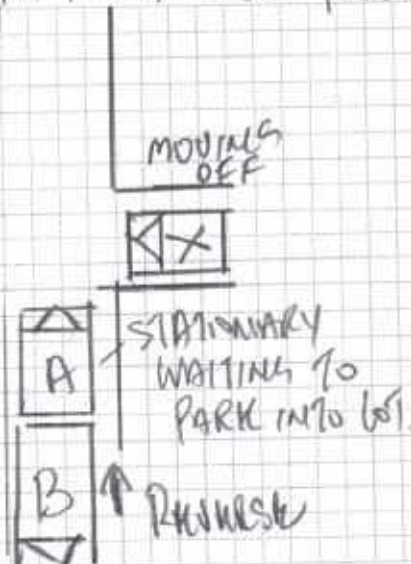
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

GHIM MOH CAR PARK



A) SJS 7097 G

B) YN 4017 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the GHIM MOH car park with my car in stationary condition waiting for the car parking lot at around 10:20am on 07 Jan 2018. Without me realizing, the lorry/truck with license plate No YN 4017 G came up reversing from behind and smashed into ~~my car~~ the back part of my car.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 08 Jan 2018

11:15 AM

GLA001 SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 08 Jan 2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
Rishi Winters

Claim Handling

Accident MT/0976928

Policy No.	5051303957-06	Vehicle No.	SJ57097G	GST Registration No.	
Policyholder Name	YULI SOEDARGO	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	94816810	Special Remark		Contact No.(Home)	
Email Address		TCA	☐ No ☐ Yes	eCode	
KFK	☐ No ☐ Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

Accident Details

Report Date	09/01/2018 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/01/2018	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QHIM HIGH CARPARK				

Benefits

Excess

Own damage Excess	000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	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	10 TANGLIN WALK	Address 2	TANGLIN HILL CONDOMINIUM	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5051303957-06		

OI Driver Info

Driver Name	YULI SOEDARGO	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S2697112H	Driving Experience	
Register Date of Driver License	01/08/1997	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	10 TANGLIN WALK	Address 2	TANGLIN HILL CONDOMINIUM	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SJ57097G	Driver Insurer Company	
Does he own a Singapore Registered car?	☐ Yes ☐ No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☐ No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YULI SOEDARGO	Insured NRIC	
Contact No.(Mobile)	+62811148666	Contact No.(Home)	65273568	Contact No.(Office)	
Email Address	yuli.soedargo@gmail.com	OI Vehicle Number	SJ57097G	TP Vehicle Number	
Claim Description	SJ57097G / YN4017G ON 7 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	09/01/2018 10:01	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☐ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0976928	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Uploaded Date	09/01/2018 10:05
Path *		Category *	Confidential Urgency
			Normal
Browse Clear Please Select			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 10:02	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 10:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 10:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 10:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 10:00	SAS	Normal	SAS

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 07.01.2018 (DD/MM/YYYY), TIME: 10.20 (HH:MM)

LOCATION: GHM MOH CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STS 7077G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5051303957-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA ODYSSEY
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: YULI SOEDARGO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2697112H CONTACT: 92416810 / 62811148666
 c) ADDRESS: 12A CAIRNHILL RISE #04-03 THE VERMONT ON
CAIRNHILL, SINGAPORE 229746

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 26/10/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: _____

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)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: YN4017G MODEL: _____
 b) DRIVER'S NAME: QU LIMING CONTACT: 81166639
 c) NRIC/FIN/PASSPORT: 87117877

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: YN4017G MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email = yuli.soedargo@gmail.com

fax = _____

VIDEO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2697112H



Family

YULI SOEDARGO

Race

CHINESE

Date of birth

26-10-1955

Sex

M

Country of birth

INDONESIA



9129178



NRIC No. S2697112H



Nationality

INDONESIAN

Date of issue

28-05-2011

12A CAIRNHILL RISE #04-03
SINGAPORE 229748
S2697112H

15/07/2015

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S2697112H**
Name:

YULI SOEDARGO

Birth Date: **26 Oct 1955**
Issue Date: **31 May 2003**



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

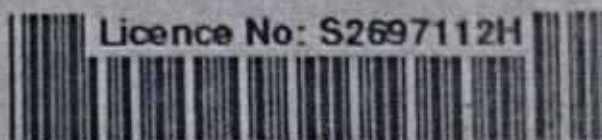
PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

15 Jul 2000

NP 428A



Licence No: S2697112H

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

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5051303957-06	YULI SOEDARJO	S2697112H	GPC	drive CLASSIC	SJS7097G	SJS7097G	01/09/2017	31/08/2018