

NATIONAL Assessment Centre Services. (Unit 1, 10000) **NA18980**

Date: **02/04/2018 18:12**

File No: **NA189800060874**

Veh No: **SKK 2791E**

P.O.A: **31/03/2018 18:30**

OD: **TP** Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (with status, NCR status)

Motor Claim Form

Motor VVO (with status, NCR status)

Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Vhsd

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars

Yell No: **SKK 9741K**

INC () / Non-INC ()

Owner / Driver: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: () % (Note: B/L 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

() Work-In-Glass: Customer's information strictly Confidential & strictly NO order of repair.

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

Drive-In () / Towed-In ()

Invoice: YES () / NO ()

Towing Co: ()

Removals

IN: 6788 6016

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time

Action

NA1802073

Human Particulars

Driver/Owner

Contact No

Addressed Portion

C Checked by (Engr-In-Charge):

Comments

Invoice Preparation Checklist

1) AR: Accident Reporting (100)

2) DA: Damage Assessment (100)

3) TP: Towing Fee (100)

4) PT: Follow-Through Survey (100)

5) RT: Follow-Through Survey (Recovery) (100)

6) TR: At-Home Inspection (100)

7) RI: RI: VDA + SMAT Survey (100)

8) NTUC Additional Services

9) Q11

10) NI: Courtesy Car / Tpl Allowance (100)

11) NI: Repair Coordination (100)

12) NI: Post Repair Inspection (100)

13) NI: DV / Collision Query Coordination (100)

14) NI: NI: VDA + SMAT Survey (100)

15) NI: NTUC Additional Services (100)

Invoice dated

Invoice checked

Not checked

Not checked

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 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	02/04/2018 18:12
Date Of Accident	31/03/2018 18:30
Exact Location Of Accident	34 SOUTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2791E
Insured/Policyholder	
Name Of Registered Owner	EDMUND LOUIS NATHAN
NRIC No	S8023311F
Email Address	LOUIS@SGEBIZ.COM
Mobile Phone No	(LOCAL) +65-82984901
Alternative Phone No	OTHERS-82984901

Vehicle Particulars

Manufacturer	BMW
Model	535i-3.0 GT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5086484643-01
Cover Note Number	

Driver

Name of Driver	EDMUND LOUIS NATHAN
NRIC No	S8023311F
Date Of Birth	02/08/1980
Occupation	INDOOR
Date Of Driving Pass	28/11/1998
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82984901
Fax Number	
Contact Number	OTHERS-82984901
Email Address	LOUIS@SGEBIZ.COM

Address	382 PASIR PANJANG ROAD
Postcode	118717
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR9741K
Vehicle Make/Model/Colour	VOLVO S60 TS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JONATHAN TANUDAJA
NRIC/Passport Number	S8429536A
Contact Number	91502563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 02/04/2018
1650H

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SHOP HOUSES

CAR
STATIONARILY PARKED

STATIONARILY PARKED

SKR 9741K (CAR REVERSED & HIT)

S182791E

OPEN CARPARK

SOUTH BICORN VISTA ROAD

SKR 2791E WAS STATIONARY AND PARKED. SKR 9741K,
A VOLVO S60 T5 (BLACK) REVERSED AND HIT MY CAR
SKR 2791E. THE DRIVER MR JONATHAN TANUDJAJA OF
NRIC S8429536A ACCEPTED THAT IT WAS HIS MISTAKE
AND AGREED THAT I BRING MY CAR TO MY WORKSHOP.
I HAVE WHATSAPP TRANSCRIPT THAT HE AGREED TO
HAVE BOKED MY CAR -

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

Reporting Centre Personnel's Signature
Name: Reza Wani
NRIC/FIN No.: 960101-00000

Claim Handling

Task Transfer Exit

Accident MT/0988588

LOS SCL SUB

Policy No.	5086484643-01	Vehicle No.	SKE2791E	GST Registration No.	
Policyholder Name	EDMUND LOUIS NATHAN			Policyholder NRIC	S8023311F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82964990	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFC	< No Yes	TGA	< No Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	50	Private Hire	No

Accident Details

Report Date	02/04/2018 18:35	Accident Report Within 34 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	31/03/2018	Time of Accident (hr:min)	18:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	34 SOUTH BUONA VISTA ROAD				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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	362 PASIR PANJANG ROAD	Address 2	JULUCA	Address 3	SINGAPORE 118717
Address 4		Address Type	Singapore address	Post Code	118717
Unit No.		Related Policy Number	5086484643-01		

OI Driver Info

Driver Name	EDMUND LOUIS NATHAN	Driver Type	Main Driver	Driver DOB	02/08/1980
Unnamed driver Name		Driver NRIC	S8023311F	Driving Experience	19
Register Date of Driver License	28/11/1998	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 118717
Address 1	362 PASIR PANJANG ROAD	Address 2	JULUCA	Address 3	SINGAPORE 118717
Address 4		Address Type	Singapore address	Post Code	118717
Unit No.					
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	SKE2791E	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Readings	0 mg	Any injury?	Yes < No
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Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SCL SUB

Claim Type	OD-MX	Insured Name	EDMUND LOUIS NATHAN	Insured NRIC	S8023311F
Contact No.(Mobile)	82964990	Contact No.(Home)	66440516	Contact No.(Office)	82008023
Email Address	ajup@getbiz.com	DI Vehicle Number	SKE2791E	TP Vehicle Number	SAN0741K
Claim Description	SKE2791E / SAN0741K ON 31 Mar 2018	Insured Liability	Not at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	02/04/2018 00:00
Date Registered	02/04/2018 18:41	Workshop Repairer		Total Loss but Repaired	
Report Taken By	ROSLE WAHAB				

Print A4 letter

Modification History

Special Claim Creation Approval

Approval	Reason
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Remarks

Attachment

Accident No.	MT/0988588	Claim No.	001
Last Doc. Received	Yes < No	Upload Date	02/04/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Attachment List

Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Send Message Upload

4/2/2018

Claim Handling (Claim MT/0988588 / Claim 001-OD-MX)

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:41	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	Photos		Normal	Photos 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	SAS		Normal	SAS 2018-4-2		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Apr 2018 18:40	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-2		Edit

Video List

Uploaded By/Date	Folder/Date	File Name	?	Source	Action
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 31/03/2018 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: 34 SOUTH BUONA VISTA ROAD - S (118/62)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 2791 E
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5086484643-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Bmw 535i GT
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED
 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: EDMUND LOUIS NATHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 82984901 CONTACT: 82984901
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(0)

- DRIVER
 a) NAME: A P ABRAHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SKR 9741 K MODEL: VOLVO S60 T5
 b) DRIVER'S NAME: JONATHAN TANUOTAJA
 c) NRIC/FIN/PASSPORT: 88429536 A CONTACT: 91502563

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

email: louis@sgebiz.com

fax: _____

V: 010

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8023311F



Name

EDMUND LOUIS NATHAN

Race

INDIAN

Date of birth

02-08-1980

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8023311F

Name

EDMUND LOUIS NATHAN

Birth Date 02 Aug 1980

Issue Date 13 Dec 2003



4910288

NRIC No. S8023311F



Date of issue

03-12-2012

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 Nov 1998

Specialist Rank Date
SPECIALIST 03115

NP 428A



Licence No: S8023311F

382 PASIR PANJANG ROAD
SINGAPORE 118717

NRIC No: S8023311F

Date: 18/11/2017 (R)

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	31/03/2018 16:30						
Vehicle No. (For Motor)	SKE2791E								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5086484643-01	EDMUND LOUIS NATHAN	S8023311F	GPC	drive CLASSIC	SKE2791E	SKE2791E	19/02/2018	18/02/2019
Continue									