NATIONAL Assessment Centre Services (NAC Form) MNAH18045069

Date In: 04/04/2018 16.20	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1800621[illegible]/Y	SAS e-filing		
Veh No: SLG 9082 A	E-mail (white sheet, AIC sheet)		
D.O.A: 01/04/2018 17.30	I-Motor Claim Form	MI/0989028	04/04/2018 16.45
(OD) TP / Reporting Only	I-Motor W/O (W/blue sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: — INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: Bal. 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 : Customers information strictly Confidential & Strictly NO to sales of repairer.

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

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

Remarks : (INC hotline: 6788 8016)	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	Action

MOR802133

Human & Remarks:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Writer's Comments:

Invoice Preparation Checklist		Bill	Checked Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC ($40)		
3) TF: Towing Fee	$[illegible]		
4) FT: Follow-Through Survey	$[illegible]		
5) FT: Follow-Through Survey (Resurvey)	$[illegible]		
Escalation against INC Only (wef 10 Jan 2010)			
6) TR: Arbitration	$[illegible]		
7) NI: Idle DA + SMRT Survey	$[illegible]		
8) NTUC Additional Services:			
OIR			
NI: Courtesy Car / Tpt Allowance	$[illegible]		
NI: Repair Coordination	$[illegible]		
NI: Post Repair Inspection	$[illegible]		
NI: DY / Collect Uses Coordination	$[illegible]		
ZZ (NI) : TP (Non INC) against INC	$10		
9) NI: Idle Mould	$[illegible]		
Invoice dated	Net Charged		
Invoice Total	Net Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/04/2018 16:35

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	04/04/2018 16:20
Date Of Accident	01/04/2018 17:30
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR POLICE ACADEMY B/F THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9082A

Insured/Policyholder

Name Of Registered Owner	VERONICA JOSEPH
NRIC No	S1788030F
Email Address	MURALI@ETRISTAR.COM.SG
Mobile Phone No	(LOCAL) +65-90021410
Alternative Phone No	OTHERS-81214406

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
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	5094765157
Cover Note Number	

Driver

Name of Driver	MURALI BALASUBRAMANIAM
NRIC No	S1665593G
Date Of Birth	15/10/1964
Occupation	INDOOR
Date Of Driving Pass	20/06/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81214406
Fax Number	
Contact Number	OTHERS-90021410
EMail Address	MURALI@ETRISTAR.COM.SG

Address	20 JALAN DATOH #14-09
Postcode	329426
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

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 (PHOTO TAKEN BY VOLKS WAGEN)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

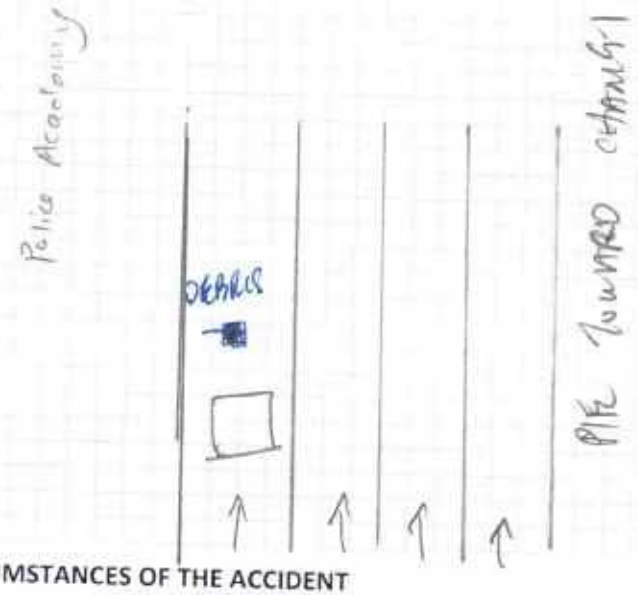
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 4/4/18
14.30

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

04/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday 1 Apr 2018 around 5.30pm, I was driving along PIE, going back home. I was on the left lane heading towards the Thomson Road exit. There were cars travelling on other lanes.
Suddenly I noticed a debris on the road. I couldnt avoid it as there were vehicles on my right and behind. So I drove over it as it was small. While driving over, I suddenly heard a loud noise from the undercarriage. I realised debris had hit and it was a hard debris.
I inspected the car when I reached home but didnt see any damage to the exterior.
On Monday 2 Apr, when I started driving I started hearing noises from undercarriage, called VW and fixed appointment to check the car.
Sent the car to VW on Tues. 3/4/18 and they updated status of the car on Wed at 1300hrs.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/4/18 14:20

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

04/04/2018
Reporting Centre Personnel's Signature
Name: Kasi Watters
NRIC/FIN No.:

Claim Handling

Accident MT/0989028 · Exit

Policy No.	3094765157	Vehicle No.	SLG9082A	GST Registration No.	
Policyholder Name	VERONICA JOSEPH			Policyholder NRIC	S1788830F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	90021410	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
Ncd	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	04/04/2018 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/04/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI NEAR POLICE ACADEMY O/F THOMSON				

Benefits

Coverage		Sum Insured
Accessory		2000

Excess

Own Damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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	28 JALAN DATOH	Address 2	#14-09 VISTA RESIDENCES	Address 3	SINGAPORE 329426
Address 4		Address Type	Singapore address	Post Code	329426
Unit No.		Related Policy Number	3094765157		

OI Driver Info

Driver Name	Murali Balasubramaniam	Driver Type	Named Driver		
Unnamed Driver Name		Driver NRIC	G1665593Q		
Register Date of Driver License	20/06/1998	Driver Age	55	Driver DOB	15/10/1964
Contact No.(Mobile)		Contact No.(Office)		Driving Experience	29
Address 1		Address 2		Contact No.(Home)	
Address 4		Address Type	Foreign address	Address 3	
Unit No.				Post Code	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLG9080A	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	VERONICA JOSEPH	Insured NRIC	S1788830F
Contact No.(Mobile)	90021410	Contact No.(Home)	63100779	Contact No.(Office)	
Email Address		OI Vehicle Number	SLG9082A	TP Vehicle Number	
Claim Description	SLG9082A ON 1 Apr 2018			Name of Preferred Workshop	WOLKSWAGEN GROUP PTE LTD
Preferred Workshop Contact No.	92281399/63057299	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Pending
Date Registered	04/04/2018 16:43	Claim Close Date		Date Received	04/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print A4 letter					

Save Submit

Attachment

Up

Accident No.	MT/0989028	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/04/2018 16:45

Path *

	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:45	Photos	Normal	Photos 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:44	SAS	Normal	SAS 2018-4-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Apr 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-4	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 4 / 2018 (DD/MM/YYYY) TIME: 17 : 30 (HH:MM)

LOCATION: PIE (before Thomson Rd exit, near Police academy

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLG 9082A
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER: 5094765157
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: VW Golf
   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)

WIFE SON DAUGHTER

2. INSURED / POLICY HOLDER
   a) NAME: Veronica Joseph (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1788630F CONTACT: 90021410
   c) ADDRESS: 28 Jalan Datoh #14-09 Singapore 329426

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

no of passenger (including driver) (4)

DRIVER
   a) NAME: Murali Balasubramaniam (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1665543G CONTACT: 81214406
   c) ADDRESS: 28 Jalan Datoh #14-09 Singapore 329426
   *d) DATE OF BIRTH: (15/10/1964) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 14/9/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Husband
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: clear
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Dry
   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:

no of passenger (including driver) (__)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   b) DRIVER'S NAME: CONTACT:
   c) NRIC/FIN/PASSPORT:

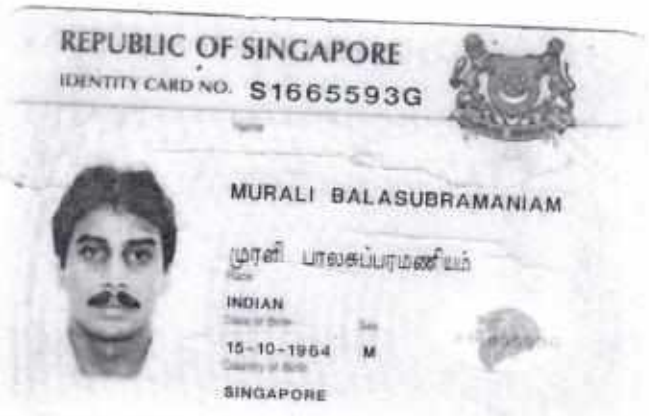
no of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   b) DRIVER'S NAME: CONTACT:
   c) NRIC/FIN/PASSPORT:

CHAIRMAN & CEO
~~VOLUNTEER~~ 92361399
63057299 email: murali@etristar.com.sg

~~Loreto~~ VOLKSWAGEN GROUP PTE LTD

fax:
VIDEO


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1665593G

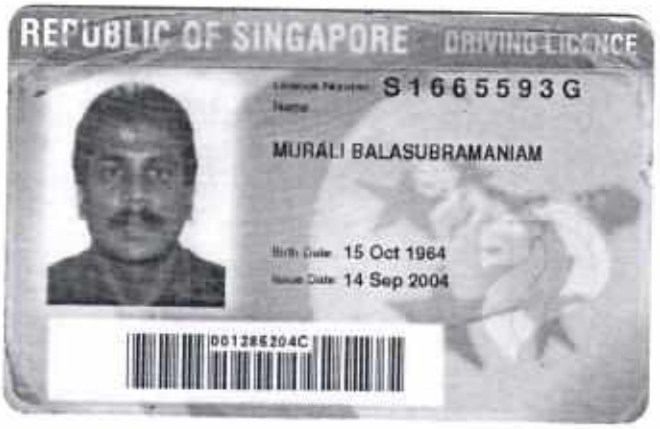
MURALI BALASUBRAMANIAM

முரளி பாலசுப்பிரமணியம்

INDIAN

15-10-1964 M

SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S1665593G

MURALI BALASUBRAMANIAM

Birth Date 15 Oct 1964

Issue Date 14 Sep 2004

D01286204C


2560687

S1665593G

A+ 13-01-1995

28 JALAN DATOH #14-09
SINGAPORE 329428

S1665593G 22/02/2014


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

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	20 Jun 1988

NP 428A

Licence No: S1665593G

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 01/04/2018 14:37
Vehicle No.(For Motor) SLG9082A

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094765157	VERONICA JOSEPH	S1788030F	GPC	drivo PREMIUM	SLG9082A	SLG9082A	18/10/2017	17/10/2018

Continue