

NATIONAL Assessment Centre Services

(ver: Jan09)



Date In: 05/04/2018 18:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006330/ky	SAS e-filing		
Veh No: SJT3798M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/04/2018 09:40	i-Motor Claim Form	MT/0989248	6/4/18 09:45
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: Banier 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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	Q1*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NA1802117

1573

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	05/04/2018 18:04
Date Of Accident	04/04/2018 09:40
Exact Location Of Accident	5 TANJONG RHU RD BLK 5 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3798M
Insured/Policyholder	
Name Of Registered Owner	SANTOSH NARAYANLAL RADHALAL PATEL
NRIC No	S7169434H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96562938
Alternative Phone No	OTHERS-96562938

Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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	5088023255-01
Cover Note Number	

Driver

Name of Driver	RAMA SANTOSH PATEL
NRIC No	S7688414E
Date Of Birth	22/05/1976
Occupation	INDOOR
Date Of Driving Pass	01/09/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91817695
Fax Number	
Contact Number	OTHERS-91817695
Email Address	NOEMAIL

Address	5 TANJONG RHU ROAD #17-03
Postcode	436882
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

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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:

Rambotj

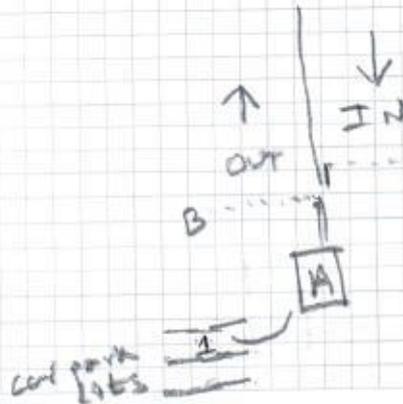
Driver's Signature
(If driver is not the policyholder)
Date & Time:

5/4/2018

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

SKETCH PLAN

S, Tanjung Rhu Road
The Waterside
Block 5 car park entrance



A - SJT3798M
B - Barrier

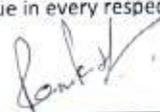
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle parked at basement car park.
While exiting car park from the first lot, vehicle made a sharp left turn however there was not enough space. Vehicle hit the barrier post.
Vehicle front bumper and side has scratches.

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:


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

5/4/2018



ELID TECHNOLOGY
INTERNATIONAL PTE LTD

995 Bendemeer Road, #06-09 Singapore 339944
Tel: (65) 6295 2218 (10 Lines) • Fax: (65) 6295 2282
Email: elids@singnet.com.sg • Website: www.elid.com.sg
Co. Reg. No. 199300127K • GST Reg. No. M2-011182-0



USER CUSTOMER

MCST 1801
The water side.

SERVICE REPORT NO: 101919

DATE: 04-04-18

SERVICE START: 17.00

SERVICE STOP: 18.00

TYPE OF SERVICE CALL

HARDWARE TROUBLE / FAILURE

PREVENT MAINTENANCE CALIBRATION

OTHER NON-FAIL RELATED (SPECIFY)

SYMPTOM

-- Blk 5 basement entrance motor barrier housing and barrier hit by vehicle.

ACTION

- checked and found that barrier whole set broken. need to Replace it.
Elid will send quotation

CUSTOMER ACKNOWLEDGEMENT

NAME: Ken T-S

SERVICE ENGINEER

NAME: XM / Alamin

FIXED PRICE PER CONTRACT

FP OUT SCOPE OR TIME & MATERIAL



ELID TECHNOLOGY INTERNATIONAL PTE LTD

No. 996 Bendemeer Road
#06-09 Singapore 339944
Tel: (65) 6295 2218 (10 lines) Fax: (65) 6295 2282
Website: www.elid.com.sg Email: elids@singnet.com.sg
Co Reg No. 199300127K GST Reg No. M2-0111182-0



Cert No: SG01/00129

bizSAFE₄

Reference : 18/0735/Q
Date: 05-Apr-18

The Waterside Condominium
13 Tanjong Rhu Road, #01-03
Singapore 436897

Tel: 6345 2022
Fax: 6345 7963

Attn: Mr. Shun / Mr. Chay
Email: mcestws@singnet.com.sg/mcst1801@singnet.com.sg

RE: To Supply and Replace SG4 Barrier for BLK 5 Basement Entrance Lane

Thanks for your invitation, We are very pleased to forward the quotation for your kind perusal:

S/N	Item/Description	Qty	Unit Price (S\$)	Amount (S\$)
1	To Supply SG-4 Barrier c/w Barrier 4 meters Boom	1 set	1,750.00	1,750.00
2	Installation, Testing and Commissioning cost	1 lot	300.00	300.00
Total:				2,050.00
Special Discount:				-250.00
7% GST:				126.00
Total Amount:				S\$: 1,926.00
1	<u>Optional:</u> PLC Controller	1 unit	500.00	

TERMS & CONDITIONS

Price: Quoted nett in Singapore Dollar. Excluding 7% GST.
Payment terms: 30 days from the date of delivery
Delivery: ASAP
Validity: 30 days from the date of this quotation.
Warranty: 12 months against manufacturing defects
Note: 30% cancellation charge for any confirmed order

Thank you.
Yours faithfully,
ELID TECHNOLOGY INTERNATIONAL PTE LTD

Yang Yu Hui
Service Manager

Yao Chuan Yang
Senior Engineering Manager

We hereby confirmed &
accepted the above charges :

Signature, Co Stamp & Date

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7688414E**




Name
RAMA SANTOSH PATEL

Race
INDIAN

Date of birth **22-05-1976** Sex **F**

Country of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7688414E**
 Name
RAMA SANTOSH PATEL

Birth Date: **22 May 1976**
 Issue Date: **01 Sep 2010**



9045029



NRIC No. **S7688414E**



Nationality
INDIAN

Date of issue
14-07-2009

5 TANJONG RHU ROAD #17-03
 SINGAPORE 438882
 NRIC No: **S7688414E** Date: **19/05/2017**

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	01 Sep 2010

NP 428A

Licence No: **S7688414E**



Hello, NAC_PAYA_UBI_800601

[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
<input type="checkbox"/>	5088023255-01	SANTOSH NARAYANLAL RADHALAL PATEL	S7169434H	GPC	drive CLASSIC	SJT3798M	SJT3798M	01/03/2018	28/02/2019

▼ Policy Information

Policy No.	5088023255-01	Policyholder Name	SANTOSH NARAYANLAL RADHAL	Policyholder NRIC	57169434H
Address	5 TANJONG RHU ROAD #1703 THE WATERSIDE SINGAPORE 436882				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/02/2018	Effective Date	01/03/2018 00:00	Expiry Date	28/02/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	5 TANJONG RHU ROAD	Address 2	#1703 THE WATERSIDE	Address 3	SINGAPORE 436882
Address 4		Address Type	Singapore address	Post Code	436882
Unit No.		Related Policy Number	5088023255-01		

▶ Insured Object: **SJT3798M**

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 01 Mar 2018, the following amendment(s) is/are made to this policy: NAME DRIVER 1: RAMA SANTOSH PATEL

Claim Handling

Accident MT/0989248

Policy No.	5088023255-01	Vehicle No.	SJT3798M	GST Registration No.	
Policyholder Name	SANTOSH NARAYANLAL RADHALAL PATEL			Policyholder NRIC	S71
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96562938	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	06/04/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	04/04/2018	Time of Accident hh:mm	09:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	5 TANJONG RHU RD BLK 5 CARPARK ENTRANCE				

▼ Benefits

▼ Excess

Own damage Excess	600.00	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	5 TANJONG RHU ROAD	Address 2	#1703 THE WATERSIDE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	436
Unit No.		Related Policy Number	5088023255-01		

▼ OI Driver Info

Driver Name	RAMA SANTOSH PATEL	Driver Type	Named Driver	Driver DOB	22/0
Unnamed driver Name		Driver NRIC	S7688414E	Driving Experience	7
Register Date of Driver License	01/09/2010	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	91817695	Contact No.(Office)	0	Address 3	
Address 1	5 TANJONG RHU ROAD	Address 2		Post Code	436
Address 4		Address Type	Singapore address		
Unit No.	#17-03			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SANTOSH NARAYANLAL RADHAL	Insured NRIC	S71	
Contact No.(Mobile)	96562938	Contact No.(Home)		Contact No.(Office)		
Email Address	santoshpatel@hotmail.com	OI Vehicle Number	SJT3798M	TP Vehicle Number	BAR	
Claim Description	SJT3798M / BARRIER ON 4 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/0	
Date Registered	06/04/2018 14:18	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No. MT/0989248
 Last Doc. Received Yes No

Claim No. 001
 Upload Date 06/04/2018 09:45

Path *

- No file chosen
-

Category *		Confidential	Urgency *
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:18	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:17	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 14:16	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 09:45	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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