

NATIONAL Assessment Centre Services (NACS) (011 5 12000)

MNA 418053100

Date In: 23/04/2018 11:41	Job Description	Date & Time Completed	Done by
Ref No: NBS/mc1000740174	SAS e-illing		
Veh No: SKY 76012	E-mail (with photo, also this)		
P.O.A: 22/04/2018 13:45	1-Motor Claim Form	m10041405-001	23/04/2018 12:15
OD TP Reporting Only	1-Motor W/O (with photo, also this)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OWI:	Tell	Fax
TP Particulars	Yell No: SX 37674	INC () / Non-INC ()
Owner / Driver:	Tell	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: Bit, Slant (WO): N: 0.20%, P: 21.79%, P: 90.100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess (\$)	Loading \$1,000 () / \$2,000 ()	
General Remarks		
() Work-In Customer: Customer's information strictly Confidential & strictly NO release of repair.		
() 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 Repair Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time	Action

XIA1802505

Customer's Particulars	Invoice Preparation Checklist
Driver/Owner:	1) AKA's Accident Reporting (300)
Policy No:	2) DA / Damage Allowance (3100) INC (300)
Approved Portion:	3) TP / Towing Fee (300)
	4) PT / Follow Through Survey (300)
	5) PT / Follow Through Survey (Repairer) (300)
	6) TR / Repairer (300)
	7) NTUC Additional Survey (300)
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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	23/04/2018 11:41
Date Of Accident	22/04/2018 13:45
Exact Location Of Accident	BEACH ROAD TURNING LEFT TO OPHIR ROAD
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7668Z
Insured/Policyholder	
Name Of Registered Owner	ATUL BHUCHAR
NRIC No	S7367147G
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96466020
Alternative Phone No	OTHERS-82230625
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU (EU6)
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	5072538914-02
Cover Note Number	
Driver	
Name of Driver	RAJLAKSHMI ROY
NRIC No	S7568071F
Date Of Birth	05/10/1975
Occupation	INDOOR
Date Of Driving Pass	14/01/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96466020
Fax Number	
Contact Number	OTHERS-82230625
Email Address	HANCARREPAIRS@GMAIL.COM

Address	370H ALEXANDRA ROAD #05-10
Postcode	159961
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	SIDE SWIPE
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)	2
Passenger 1	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

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	SJX3767G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HOOI BEE
NRIC/Passport Number	S1585814A
Contact Number	97505118
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO: _____

DOA: _____

IMPORTANT NOTICE

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

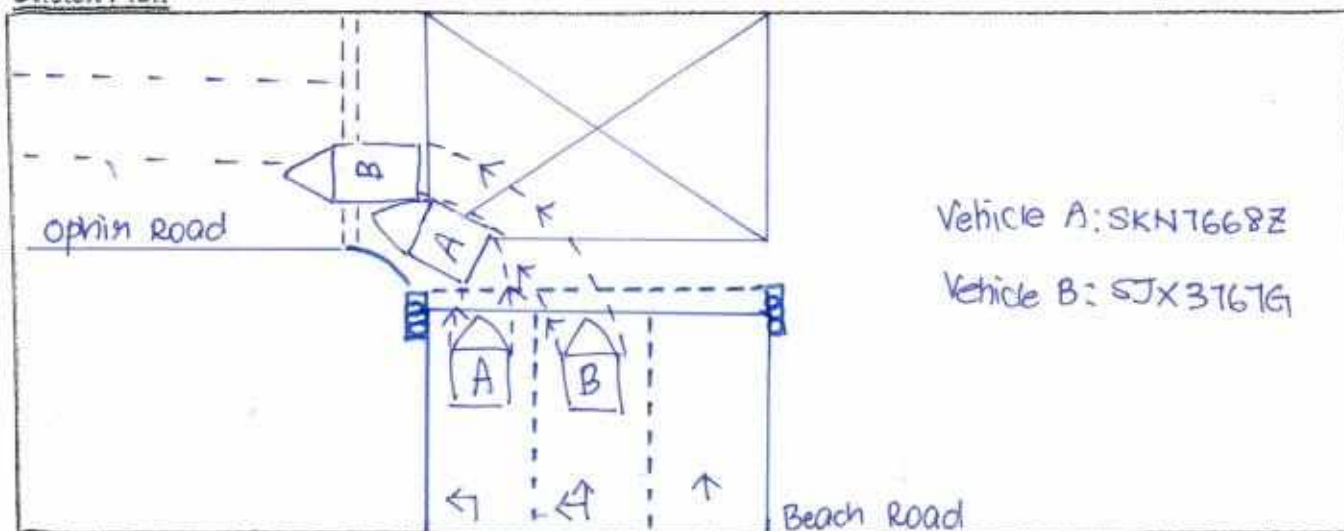
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUEMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Beach Road (turning onto Opier Road) on 22/04/18 at about 1:45pm.

As I was making the turn vehicle B cut into my lane. She was speeding and hit my car from the side. The impact was significantly large. It caused my head light to crack and splatter all over my bonnet.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Constable Officer

Claim Handling

Accident MT/0991405

Policy No.	5072538914-02	Vehicle No.	SAK76682	GST Registration No.	
Policyholder Name	ATUL BHUCHAR	Driver Type	driver PREMIUM	Policyholder NRIC	S7367147G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loadmg	0
Contact No.(Mobile)	96666020	Special Remarks		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No *
xPc	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	22/04/2018 12:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/04/2018	Time of Accident (h:mm)	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEACH ROAD TURNING LEFT TO OPIER 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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	370H ALEXANDRA ROAD	Address 2	405-10 THE ANCHORAGE	Address 3	SINGAPORE 159551
Address 4		Address Type	Singapore address	Post Code	159551
Unit No.	05-10	Related Policy Number	5072538914-02		

OT Driver Info

Driver Name	SALAKSHMI ROY	Driver Type	Named Driver	Driver DOB	05/10/1975
Unnamed driver Name		Driver NRIC	S7566071F	Driving Experience	3
Register Date of Driver License	14/01/2015	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	82230625	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SAK76682	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ATUL BHUCHAR	Insured NRIC	S7367147G
Contact No.(Mobile)	96666020	Contact No.(Home)	96666020	Contact No.(Office)	SAK76682
Email Address	atul.bhuchar@gmail.com	OT Vehicle Number	SAK76682	TP Vehicle Number	SAK76682
Claim Description	SAK76682 / SAK76682 ON 22 Apr 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	Received
Date Registered	23/04/2018 12:14	Claim Close Date		Date Received	23/04/2018 00:00
Report Taken By	RUSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0991405	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	23/04/2018 12:15

Path *

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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Wkg Sent (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 23 Apr 2018 12:15	Photos	Normal	Photos 2018-4-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 23 Apr 2018 12:14	SAS	Normal	SAS 2018-4-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 23 Apr 2018 12:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-23	Edit

Video List:

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

Personal Particulars

Date of Accident: 22 / 04 / 2018 (dd/mm/yy)

Time of Accident: 13 : 45 (24 Hrs)

Vehicle No.: SKN7668Z Vehicle Make / Model: Audi (1798cc)

1 Driven

1 passenger
pruthi

Exact location of Accident: Beach Road Turning Left To Ophir Road

Owner's Name / IC No.: ATUL BHUCHAR / ST3671476

Driver's Name / IC No.: RAJLAKSHMI Roy / ST568071F

96466020

Driver's Contact No.: 82220625

Insurance Company & Policy No.: NTUC Income /

Driver's E-mail address: hancymepairs@gmail.com

WAUZZZ8KOEAI30320

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: Husband / wife

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any injuries? (MC of 3 days or more, police report is required)

Yes ☒ No ☐ If Yes, which police station? _____

The Other Party (Vehicle B) Details:

C1585814A

Driver's Name / IC No.: Lim Hooi Bee /

Vehicle No.: SJX37676

Insurance Company: _____

Driver's Contact No.: 97505118

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: _____

Independent Witness (If Any): _____

Contact No.: _____

Preferred workshop Name (If Any): _____

Contact No.: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7568071F



Name

RAJLAKSHMI ROY

Race

INDIAN

Date of birth

05-10-1975

Sex

F

Country of birth

INDIA

S7568071F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7568071F
Name:

RAJLAKSHMI ROY

Birth Date: 05 Oct 1975

Issue Date: 14 Jan 2015



002386125F

SG
50

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 14 Jan 2015



Licence No: S7568071F

NF 428A

96466020
82230625

Driver

6980375



NRIC No: S7568071F



Nationality

INDIAN

Date of issue

12-12-2008

370H ALEXANDRA ROAD #05-10
SINGAPORE 159961

NRIC No: S7568071F

Date: 27/10/2011

No: 6848985

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7367147G



Name

ATUL BHUCHAR

Race

INDIAN

Date of Birth

15-07-1973

Sex

M

Country of birth

INDIA

S7367147G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7367147G

Name

ATUL BHUCHAR

Birth Date: 15 Jul 1973

Issue Date: 04 Aug 2008



001634790G

over

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

PASS DATE

Class 2B Motorcycles <= 200 cc

04 Aug 2008

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

04 Aug 2008



Licence No: S7367147G

NP 428A



8938220

MRIC No: S7367147G



Nationality
INDIAN

3704 ALEXANDRA ROAD #05-10
SINGAPORE 159951

MRIC No: S7367147G
SINGAPORE 159958

Date: 27/10/2011

No: 8848988

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT [CHAPTER 189]
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5072538914-02

Cover : drive PREMIUM

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | SKN76682 |
| Chassis Number | WAUZZ28KDEA130320 |
| 2. Name of Policyholder | ATUL BHUCHAR |
| 3. Effective Date of Insurance | 16 Jul 2017 |
| 4. Expiry Date of Insurance | 15 Jul 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ATUL BHUCHAR
NAMED DRIVER (1)	: RAJLAKSHMI ROY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JMT INSURANCE AGENCY (00000572130)
Date of Issue : 14 Jul 2017 09:32 hrs

For NTUC INCOME INSURANCE CO OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive