NATIONAL Assessment Centre Services (Ref / Job No) NAN4180571696

Date In: 03/05/2018 12:49	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18/00808447	SAS e-filing		
Veh No: SJK 9196 P	E-mail (vehicle shot, AIG shot)		
D.O.A 02/05/2018 18:40	I-Motor Claim Form	M7609 92823-001	03/05/2018 14:39
OD / TP / Reporting Only	I-Motor W/O (within OD shot, TP shot)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Action Wksp / OWI (Tel: Fax:)

TP Particulars: Veh No: SKK 8037 R , 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%; F: 30-100%)

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: INC Hotline: 6788 0016	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

NA1802857

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Writer's Comments:

Invoice Preparation Checklist			
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC (AD)		
3) TP : Towing Fee			
4) FT : Follow-Through Survey			
5) FT : Follow-Through Survey (PD survey)			
6) TR : Re-Inspection			
7) NI : New DA + SMRT Survey			
8) NTUC Additional Services			
Others			
NI : Courtesy Car / Tpt Allowance			
NI : Repair Co-ordination			
NI : Post Repair Inspection			
NI : DY / Collect Excess Co-ordination			
9) NI : Other Mobile			
Invoice Issued	Fee Charged		

2/2/3

MNA418057696 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/05/2018 12:41
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	03/05/2018 12:41
Date Of Accident	02/05/2018 18:40
Exact Location Of Accident	BLK 278 BUKIT BATOK EAST AVENUE 3 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE9196P
Insured/Policyholder	
Name Of Registered Owner	BABI KOSILA D/O RAMJEE PARSAD
NRIC No	S1325442G
Email Address	CHANGS@AGILELAB.SG
Mobile Phone No	(LOCAL) +65-82991344
Alternative Phone No	OTHERS-82991344
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5062738055-04
Cover Note Number	
Driver	
Name of Driver	SZE THO CHANGSHENG (SITU CHANGSHENG)
NRIC No	S8340034Z
Date Of Birth	18/12/1983
Occupation	INDOOR
Date Of Driving Pass	18/02/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82991344
Fax Number	
Contact Number	OTHERS-82991344
EMail Address	CHANGS@AGILELAB.SG

Address	BLK 120 TECK WHYE LANE #12-806
Postcode	680120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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: : WIFE 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	SKE8037K
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMIAH YEO HUAT CHYE
NRIC/Passport Number	S7527589G
Contact Number	98897687
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

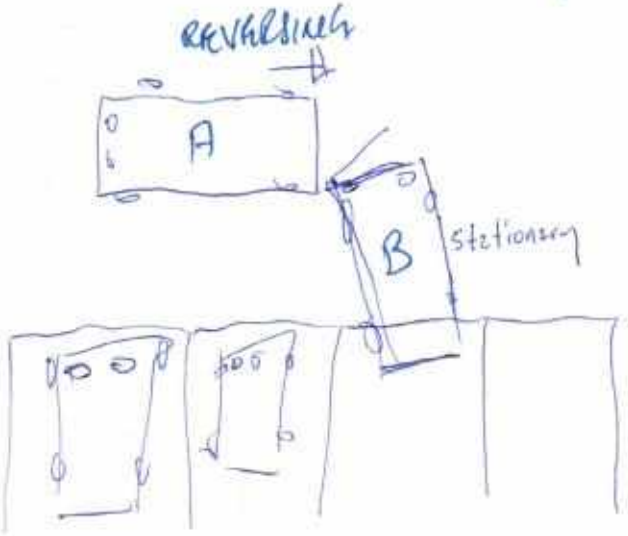
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time: 03/05/2018 12:40 PM	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 03/05/2018

SKETCH PLAN BLK 278 BUKIT BATOK EAST AVE 3 CARPARK



A) SJK9196P
B) SKE 8037K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing in the parking lot of 278 Bukit Batok East Ave 3. I didn't ~~see~~ see a white Merc behind me with the side mirrors or Rear mirror. I backed up into a white Merc (SKE 8037 K). There was no warning horn and his vehicle was stationary. The White merc was half-way out from the Parking lot (No. 250) The driver of the Merc mentioned he wants to claim my insurance & when I asked him to send me a video of his front dash he mentioned to get me to request it from my lawyer. The white Merc has 1 Passenger ~~(a)~~ (a young child) and there was another female Passenger outside of the vehicle.

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: 03/05/2018 12:45pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

03/05/2018

Claim Handling

Accident MT/0992823

Policy No.	506273805S-04	Vehicle No.	SJE9196P	GST Registration No.	
* Policyholder Name	BABI KOSILA D/O RAMJEE PARSAD			Policyholder NRIC	S1325442G
Product Code	PRIVATE CAR INSURANCE	Cover Type	6Hoo CLASSIC	Loading	0
Contact No.(Mobile)	82991344	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eTN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	03/05/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/05/2018	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Forte		ICM No.	
Accident Location	BLK 278 BUKIT BATOK EAST AVENUE 3 CARPARK				

Benefits

Coverage		99999999.99
Excess Waiver		99999999.99
Transport Allowance		

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	BLK 245 #07-183	Address 2	YISHUN AVENUE 5	Address 3	SINGAPORE 760245
Address 4		Address Type	Singapore address	Post Code	760245
Unit No.		Related Policy Number	506273805S-04		

OI Driver Info

Driver Name	SZE THO CHANGSHENG	Driver Type	Named Driver	Driver DOB	16/12/1983
Unnamed driver Name		Driver NRIC	S8340034Z	Driving Experience	15
Register Date of Driver License	10/02/2003	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	82991344	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes No	Driver Vehicle No.	SJE9196P		

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BABI KOSILA D/O RAMJEE PARS	Insured NRIC	S1325442G
Contact No.(Mobile)	90217933	Contact No.(Home)	67541730	Contact No.(Office)	
Email Address		OI Vehicle Number	SJE9196P	TP Vehicle Number	SKE8037K
Claim Description	SJE9196P / SKE8037K ON 2 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not At Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	03/05/2018 14:38	Claim Close Date		Date Received	03/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/0992823	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/05/2018 14:39

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? (CDI)	Action
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 14:39	Photos	Normal	Photos 2018-5-3		Edit
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 14:39	Photos	Normal	Photos 2018-5-3		Edit

ACCIDENT STATEMENT

ACCIDENT DATE: (02/05/2018) (DD/MM/YYYY), TIME: (18:38) (HH:MM)

LOCATION: 278 Bukit Batok East Ave 3 (Carpark)

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJE 9196 P
   b) INSURANCE COMPANY: MTIC
   c) POLICY NUMBER: 5062738055-04
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL:
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
   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: BABI KOSILA D/O RAMJEE PARSAD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1325442G CONTACT: 82991344
   c) ADDRESS: 245 Yishun Ave 9 #07-163 S760245

(WIFE)

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

\#No of passengers (including driver) (2)

3. **DRIVER**
   a) NAME: SZE THOCHANGSHENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8340034Z CONTACT: 82991744
   c) ADDRESS: 120 Teck Whye Lane #12-806
   *d) DATE OF BIRTH: (13/12/2018) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS :

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son-In-Law
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rain)
   b) ROAD SURFACE: (DRY / WET / OTHERS Wet)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:

8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: SKE8037K MODEL: Merc
   b) DRIVER'S NAME: Jeremich Yeo Huat Chye
   c) NRIC/FIN/PASSPORT: S7527589G CONTACT: 9889 7687

\#No of passengers (including driver) (2)

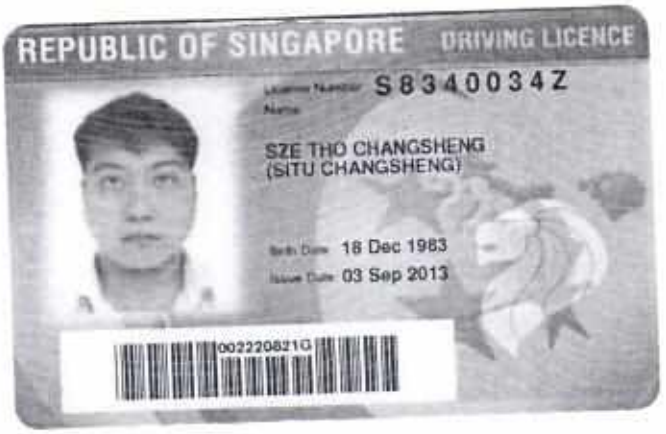
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

Email = changs@agilelab.sg

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8340034Z

Name
SZE THO CHANGSHENG
(SITU CHANGSHENG)
司徒昌昇
Race
CHINESE
Date of birth
18-12-1983
Sex
M
Country/Place of birth
SINGAPORE



5175845

NRIC No S8340034Z

Date of issue
10-05-2013

Address
APT BLK 120 TECK WHYE LANE
#12-806
SINGAPORE 680120

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Feb 2003

Licence No: S8340034Z

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJE9196P
Date of Accident 02/05/2018 12:40

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5062738055-04	BABI KOSILA D/O RAMJEE PARSAD	S1325442G	GPC	drivo CLASSIC	SJE9196P	SJE9196P	11/12/2017	10/12/2018

Continue