

NATIONAL Assessment Centre Services (M11/1/2000) **MA448069053**

Date In: **28/05/2018** 12:51

Ref No: **NBA/INC180096084**

Veh No: **SCH 2882A**

DOA: **25/05/2018** 19:50

OD: **TP/Reporting Only**

TP Insure:

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (Vehicle 2882A, A10 2882A)		
1-Motor Claim Form	M1/096156-001	28/05/2018
1-Motor W/O (Vehicle 2882A, A10 2882A)		13:21
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Box/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: **SCH 2882A** INC () / Non-INC ()

Owner / Driver: ()

Policy No: ()

Confirmed by: ()

Period: ()

Cover Type: ()

Insured/Driver Liability: () % (Note: B/L, S/L, H/O) H/O: 20%, P: 21.79%, P: 30.100%

Year of Registration: ()

Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Work-In-Garage / Customer's Information strictly Confidential & strictly NO (alter of repair)

() Total Loss Case / to e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Injured YES () / NO () / Towing Cost ()

Remove: ()

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

2) QC Check/Post Repair Inspection ()

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

Injury: ()

Other: ()

MA1803374

Underpin Particulars:

Driver/Owner:

Policy No:

Assessed Portion:

Checked by (Sign-In-Charge):

Comments:

Invoice:

Invoice Particulars	Amount
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee	
4) PT: Follow-through Survey	
5) PT: Follow-through Survey (Recovery)	
6) TR: Towing Fee	
7) RT: RT: DA + SMRT Survey	
8) NTUC: Additional Survey (\$100)	
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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	28/05/2018 12:51
Date Of Accident	25/05/2018 19:50
Exact Location Of Accident	INFRONT OF LAU PA SAT BOON TAT STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2382A
Insured/Policyholder	
Name Of Registered Owner	AMANDA SUWANTO
NRIC No	S9077329A
Email Address	AMANDA.SUWANTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83086639
Alternative Phone No	OTHERS-83086639

Vehicle Particulars

Manufacturer	BMW
Model	325i
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	5086982091-01
Cover Note Number	

Driver

Name of Driver	AMANDA SUWANTO
NRIC No	S9077329A
Date Of Birth	06/03/1990
Occupation	INDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83086639
Fax Number	
Contact Number	OTHERS-83086639
Email Address	AMANDA.SUWANTO@GMAIL.COM

Address	66 PHOENIX ROAD #23-04
Postcode	668207
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	COLLISION - HEAD TO REAR
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)	1

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	SLL8587G
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TALVINDER SINGH
NRIC/Passport Number	S8205272J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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: 28/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

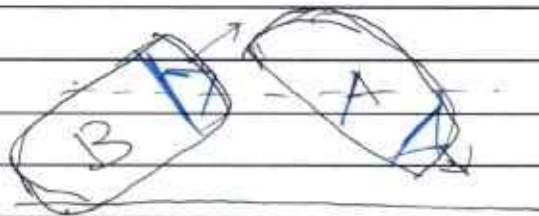
NRIC/FIN No.: 9021111111

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was along (I think) Boon Tat Street, whereby I can see Lau Pa Sat on my left. I was entering a lane on the right whereby vehicle B is trying to exit that lane, entering into my original lane,

Boon Tat Street



A) SLH2382A
B) SL8587G

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 28/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 28/05/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/0996156

Policy No.	5086962091-01	Vehicle No.	SLH2382A	GST Registration No.	
Policyholder Name	AMANDA SUWANTO			Policyholder NRIC	99077329A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	83086639	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		aCode	No
KFK	+ No - Yes	TCA	+ No - Yes	aCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	28/05/2018 13:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/05/2018	Time of Accident hh:mm	19:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INFRONT OF LAU PA SAT BOON SAT STREET				

Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	

Excess

Own Damage Excess	-500.00	Additional Excess	0	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	8 KENG CHIN ROAD	Address 2	#13-11 CYAN	Address 3	SINGAPORE 258710
Address 4		Address Type	Singapore address	Post Code	258710
Unit No.	13-11	Related Policy Number	5086962091-01		

GT Driver Info

Driver Name	AMANDA SUWANTO	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	99077329A	Driver DOB	36/03/1990
Register Date of Driver License	01/01/2009	Driver Age	28	Driving Experience	9
Contact No.(Mobile)	83086639	Contact No.(Office)		Contact No.(Home)	
Address 1	8 KENG CHIN ROAD	Address 2	#13-11 CYAN	Address 3	SINGAPORE 258710
Address 4		Address Type	Singapore address	Post Code	258710
Unit No.	13-11				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLH2382A	Driver Insurer Company	NTUC

Declaration

Breakfast or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AMANDA SUWANTO	Insured NRIC	99077329A
Contact No.(Mobile)	83086639	Contact No.(Home)		Contact No.(Office)	
Email Address	AMANDA.SUWANTO@GMAIL.CO	GT Vehicle Number	SLH2382A	TP Vehicle Number	SLH8587G
Claim Description	SLH2382A / SLH8587G ON 25 May 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	28/05/2018 13:30	Claim Chase Date		Date Received	28/05/2018 00:00
Report Taken By	BOELI WAHAB	Workshop Reparer		Total Loss but Reported	

Print Ack letter

Save Submit

Attachment

Accident No.	MT/0996156	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	28/05/2018 13:31
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
			Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (8 UKIT MERAK)) on 28 May 2018 13:21	Photos	Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (8 UKIT MERAK)) on 28 May 2018 13:21	Photos	Normal	Photos 2018-5-28		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 13:21	Photos	Normal	Photos 2018-5-28	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 13:19	SAG	Normal	SAG 2018-5-28	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 13:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 13:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 25/05/2018 (DD/MM/YYYY), TIME: 19:47 (HH:MM)

LOCATION: in front of Lau Pa Sat, Beach street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH2382A
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 225i
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): _____

2. INSURED / POLICY HOLDER

- A) NAME: TALVINDER SINGH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8205272J CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: AMANDA SUWANTO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9077329A CONTACT: 8308 6639
c) ADDRESS: 15 SELLER 66 PHOENIX ROAD #23-04
SINGAPORE 668201
*d) DATE OF BIRTH: 06/03/1990 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 04 AUG 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 8581G MODEL: MITSUBISHI
b) DRIVER'S NAME: TALVINDER SINGH
c) NRIC/FIN/PASSPORT: S8205272J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1) EMAIL: AMANDA.SUWANTO@GMAIL.COM

2) VIDEO:

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER



AMANDA SUWANTO



Sex
F
Date of birth
06 MAR 1990
Date of issue
10 FEB 2018
Date of expiry
10 FEB 2023
Modifications
SEE PAGE 2
National ID No
S9077329A

Nationality
SINGAPORE CITIZEN
Place of birth
INDONESIA
Authority
MINISTRY OF HOME AFFAIRS



PASGPSUWANTO<<AMANDA<<<<<<<<<<<<<<<<<<<<<<<<<<<<
K0244832H4SGP9003060F2302100S9077329A<<<<76



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 04 Aug 2009

NF 428A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	25/05/2018 11:26						
Vehicle No. (For Motor)	SLH23B2A								
Search									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5086982091-01	AMANDA SUWANTO	S9077329A	GPC	drive CLASSIC	SLH23B2A	SLH23B2A	19/12/2017	30/10/2018
Continue									