

NATIONAL Assessment Centre Services.

(wrt 1 Jan 2005)

MNA4/9054837

Date In: 29/10/2019 11:08	Job description	Date & Time Completed	Done by
Ref No: NBA/INC9007465/1	SAS e-filing		
Veh No: GBC 4136E	E-mail (Vehicle Mtr, AIC Mtr)		
D.O.A: 26/10/2019 11:48	I-Motor Claim Form	mt104267001	29/10/2019 15:27
OID: TP Reporting Only	I-Motor W/O (Within: OD Mtr, TP Mtr)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SKA4522Z	INC () / Non-INC ()
Owner / Driver: (
Policy No: (Period: (Cover Type: (

Confirmed by: (Date: (Time: (
Insured/Driver Liability: ([Note-Est Status (WO): N: 0-20%; P: 21-79% P: 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: (

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
-------------	--

Date Done: ()	
----------------	--

Claimant's Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	
Additional Comments:	
Signature:	

Invoice Item	Amount	INC () / Non-INC ()
1) AR: Accident Reporting (\$30)		INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$45	
3) TP: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$30	
5) FT: Follow-Through Survey (Resurvey)		
Forfeiting against INC Only (wrt 10 Jun 2005)	\$73	
6) TR: Re-inspection	\$160	
7) NI: Ideal DA + SMRT Survey		
8) NTUC Additional Services:		
OID:		
NS: Courtesy Car / TP Allowance	\$10	
NS: Repair Coordination	\$25	
NS: Post Repair Inspection	\$5	
NS: DV / Collect Excess Coordination	\$20	
TP (NI): TP (Non-INC) - e-filing	\$0	
9) NI: Ideal Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

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 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. 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	29/04/2019 11:08
Date Of Accident	26/04/2019 11:45
Exact Location Of Accident	ORCHARD GATEWAY MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4136E
Insured/Policyholder	
Name Of Registered Owner	SARIKA GOURMET COFFEE CO. (S) PTE LTD
Co Reg No	197903346N
Email Address	ADMIN-SUPPORT@SUZUKICOFFE.COM.SG
Mobile Phone No	(LOCAL) +65-96736194
Alternative Phone No	OFFICE-62663933
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102685508
Cover Note Number	
Driver	
Name of Driver	WONG WING FOOK
NRIC No	S1083505D
Date Of Birth	12/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96736194
Fax Number	
Contact Number	OFFICE-62663933
Email Address	ADMIN-SUPPORT@SUZUKICOFFE.COM.SG

Address	BLK 949 JURONG WEST STREET 91 #04-707
Postcode	640949
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: COLLEAGUE 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

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	SKA4522Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

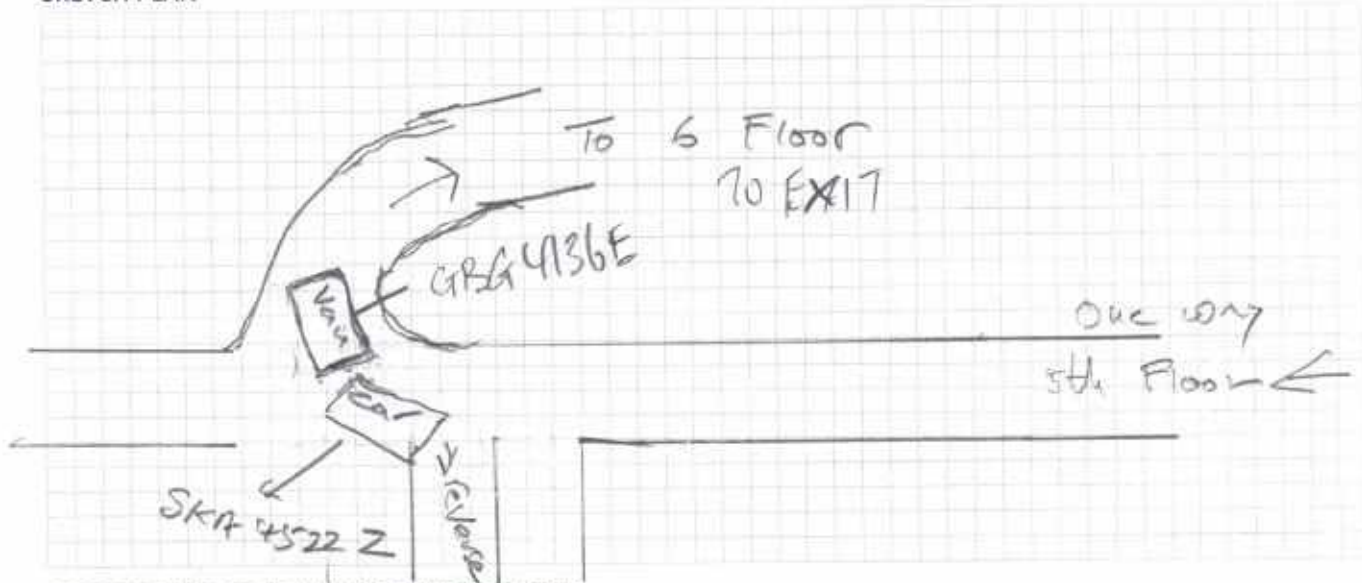


X
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning to 6th Floor from 5th Floor was about to do reverse so that I could proceed to wayout. Suddenly this of SKA 4522 Z, car heading to right and subsequently reverse, that's where she hit my rear as turning to right and reverse. her front side hit my rear door

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.:

Claim Handling

Accident HT/1042167

Policy No.	5102685508	Vehicle No.	GBG4136E	GST Registration No.	NA
Certificate No.					
Policyholder Name	SARAJA GOURMET COFFEE CO. (S) PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	197903346N
Product Code	FLEET INSURANCE	Contact No.(Office)	62663933	Leading	0
Contact No.(Mobile)	96776194	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KFK	+ No Yes	NCD Endowment(%)	0	eCode Reason	No
NCD Protection	No			Private Item	No

Accident Details

Report Date	29/04/2019 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/04/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD GATEWAY MULTI STOREY CARPARK				
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200364376	GST Status Verified	Yes
Modification History	29/04/2019 15:25:33 System changed GST Registration No. from NA to M200364376 29/04/2019 15:25:33 System changed GST Registration Date from 01/01/2015 to 01/04/1994 29/04/2019 15:25:33 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	10 CHON BEE AVENUE	Address 2	SINGAPORE 619934	Address 3	
Address 4		Address Type	Singapore address	Post Code	619934
Unit No.		Related Policy Number	5107330179		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/01/1949
Unnamed driver Name	WONG WING FOCK	Driver NRIC	S10B35050	Driving Experience	38
Register Date of Driver License	08/07/1979	Driver Age	70	Contact No.(Home)	
Contact No.(Mobile)	96736194	Contact No.(Office)	62663933	Address 3	NANYANG RUBY
Address 1	BLK 949 #04-707	Address 2	JURONG WEST STREET 91	Post Code	640949
Address 4	SINGAPORE 640949	Address Type	Foreign address		
Unit No.	04-707			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GBG4136E		

Declaration

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SARAJA GOURMET COFFEE CO.	Insured NRIC	197903346N
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	62663933
Email Address	fr-admin@sarajacoffee.com.sg	OL Vehicle Number	GBG4136E	TP Vehicle Number	8KAE7227
Claim Description	GBG4136E / SKM1222 ON 26 Apr 2019				Name of Preferred Workshop
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Preferred Workshop, Name unknown	Repair Option			Claim Close Date	29/04/2019 15:26
Date Registered				Date Received	29/04/2019 00:00
Report Taken By					RQSLI WAHAB
Print Ack letter					

Save Submit

Attachment

Accident No.	HT/1042167	Claim No.	001																																
Last Doc. Received	Yes No	Upload Date	29/04/2019 15:27																																
Path *	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
Category *	Confidential	Urgency *	Description *																																
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
Please Select	NO	Normal																																	
<div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Read</div>	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>																																		

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_8D0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29	
	NAC_BUKIT_MERAH_8D0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29	
	NAC_BUKIT_MERAH_8D0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	Photos	Normal	Photos 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2019 15:27	SAS	Normal	SAS 2019-4-29

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 4 / 19 (DD/MM/YYYY), TIME: 11 45 ^{a.m.} (HH:MM)

LOCATION: Orchard gate Multi story car-park
5th Floor

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 4136 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102685508
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan RNV 350
 f) TYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: SARIKA F + B (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 197903546 N CONTACT: 62663933
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Wing Jook (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1083505 CONTACT: 96736194
 c) ADDRESS: Durang West #04-707 St 9L 5640949

*d) DATE OF BIRTH: 12 / 1 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/7/1975

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SKIA 4522 Z MODEL: Honda
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = admin-support@suzukicoffee.com.sg

VIDEO

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/04/2019 14:14"/>
Vehicle No.(For Motor)	<input type="text" value="GBG4136E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102685508		SARIKA GOURMET COFFEE CO. (S) PTE LTD	197903346N	GFT	Comprehensive	GBG4136E	GBG4136E	31/07/2018	