

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

140409067334

Date In: 28/05/09 15:43	Job description	Date & Time Completed	Done by
Ref No: NPA/ACC/009176/Y	SAS e-filing		
Veh No: 52C 4114U	E-mail (30 mins, AIC 2hrs)		
DOA: 23/05/09 22:10	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: 8BQ 1157L	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% 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: ()

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

Injury: ()

Date/Time: ()

1401903828	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee 340/345	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 200)	
Ref 1:	6) TR: Re-inspection \$75	
2/3	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance 33	
	*N6: Repairs Co-ordination 110	
	*N7: Post Repair Inspection 325	
	*N8: DV / Collect Excess Coordination 33	
	TP (Nil) : TP (Nil) INC against INC 310	
	9) NI: Ideal Mobile 30	
	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	24/05/2019 15:13
Date Of Accident	23/05/2019 22:10
Exact Location Of Accident	JUNCTION OF ALEXANDRA ROAD/COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4114U
Insured/Policyholder	
Name Of Registered Owner	FIONA LOUISE EDWARDS
Passport No/FIN	F1105331U
Email Address	FEDWARDSBROWN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92339670
Alternative Phone No	OTHERS-92339670

Vehicle Particulars

Manufacturer	RENAULT
Model	KOLEOS
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	5099121039-01
Cover Note Number	

Driver

Name of Driver	FIONA LOUISE EDWARDS
Passport No/FIN	F1105331U
Date Of Birth	24/11/1976
Occupation	INDOOR
Date Of Driving Pass	18/04/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92339670
Fax Number	
Contact Number	OTHERS-92339670
Email Address	FEDWARDSBROWN@GMAIL.COM

Address	79 FARRER DRIVE #03-04 SOMMERVILLE PARK
Postcode	259283
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 (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)	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	SBQ1157L
Vehicle Make/Model/Colour	RENAULT GRAND SCENIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO HAN MENG CHRISTOPHER
NRIC/Passport Number	S6926784Z
Contact Number	91277063
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 11.27am
24/05/2019

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


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

Commonwealth Avenue

1000 Alexandra Drive

Red Light Arrow for turning right

A) SAC 4114U
B) SPQ 1157L

I was travelling along Alexandra road on 23 May. At approximately 22:10 I approached the junction with Commonwealth Avenue. My indicator was on to turn right onto Commonwealth Ave and I stopped at the front of the junction as it was a red arrow for traffic turning right. The traffic going straight had a green light.

I was positioned in the left lane of the two lanes turning right, when suddenly the car behind me hit the back end of my car.

The driver and I immediately exchanged details. He admitted fault immediately also. Then I drove carefully home to 79. Farrer Drive

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

Policyholder's Signature _____

Date & Time:

24/05/2019 11:32
GIARDI S&P/Inform V

Graham, Scott, and Forman, J.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/05/2018

Personnel's Signature

Claim Handling

Accident MT/1045818

Policy No.	5099121039-01	Vehicle No.	SJC4114U	GST Registration No.	
Certificate No.					
Policyholder Name	FIONA LOUISE EDWARDS			Policyholder NRIC	F1105331U
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	C
Contact No.(Mobile)	92339670	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
APR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private hire	No

Accident Details

Report Date	24/05/2019 15:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/05/2019	Time of Accident hh:mm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ALEXANDRA ROAD/COMMONWEALTH AVENUE				

Excess

Own Damage Excess	500.00	Additional Excess	0	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		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	79 PARKER DRIVE	Address 2	#03-04 SOMMERVILLE PARK	Address 3	SINGAPORE 259283
Address 4		Address Type	Singapore address	Post Code	259283
Unit No.	03-04	Related Policy Number	5099121039-01		

OT Driver Info

Driver Name	FIONA LOUISE EDWARDS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	F1105331U	Driver DOB	24/11/1976
Register Date of Driver License	18/04/2013	Driver Age	42	Driving Experience	6
Contact No.(Mobile)	92339670	Contact No.(Office)		Contact No.(Home)	
Address 1	79 PARKER DRIVE	Address 2	#03-04 SOMMERVILLE PARK	Address 3	SINGAPORE 259283
Address 4		Address Type	Singapore address	Post Code	259283
Unit No.	03-04				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJC4114U	Driver Insurer Company	NTUC

Declaration

Oral/Diary/Car or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MR	Insured Name	FIONA LOUISE EDWARDS	Insured NRIC	F1105331U
Contact No.(Mobile)	92339670	Contact No. (Home)	No	Contact No. (Office)	
Email Address	Redwards@hotmail.com	OS	SJC4114U	TP	SBQ1157L
Claim Description	SJC4114U / SBQ1157L ON 23 May 2019			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	24/05/2019 15:22	Claim Close Date		Date Received	24/05/2019 00:00
Report taken by	RUSLI WAHAB				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/1045818	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	24/05/2019 15:29
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:29	SAR	Normal	SAS 2019-5-24	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:22	Photos	Normal	Photos 2019-5-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:22	Photos	Normal	Photos 2019-5-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:22	Photos	Normal	Photos 2019-5-24
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:22	Photos	Normal	Photos 2019-5-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 May 2019 15:22	Photos	Normal	Photos 2019-5-24

 Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: 23/05/2019 (DD/MM/YYYY), TIME: 22:10 (HH:MM)

LOCATION: Junction of Alexandra Road + Commonwealth Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STC 4114U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099121039-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Renault - Koleos
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: Fiona Louise Edwards (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F11053314 CONTACT: 92339670
c) ADDRESS: 79 Farrer Drive 03-04 Sommerville
Park (S) 259 283

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 24/11/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 18/08/2019

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: 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: SBQ 1157L MODEL: Renault Grand Scenic
b) DRIVER'S NAME: Ho Han Meng Christopher
c) NRIC/FIN/PASSPORT: S69267842 CONTACT: 9127 7063

9. THIRD PARTY VEHICLE

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

email =

VIDEO

fedwards@
fedwardsbrown@gmail.com

 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ISS INTERNATIONAL SCHOOL PTE. LTD.

 Name
FIONA LOUISE EDWARDS
PIN
F110S331U

 **K0311182**

VISIT PASS 88-04 5016
Immigration Regulations

NAME
FIONA LOUISE EDWARDS

 PIN
F110S331U

Date of Birth
24-11-1978

Sex
F

Nationality
AUSTRALIAN

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a woman

Licence Number: F1105331U

NAME: PRIMA LOUISE EDWARDS

Birth Date: 24 Nov 1978

Issue Date: 21 Aug 2018

Valid Till: 25 Oct 2023

002837143F

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

Class	Vehicle Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	18 Apr 2013

NP 426A



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5099121039-01		
The Policyholder	: FIONA LOUISE EDWARDS		
	: 79 FARRER DRIVE		
	: #03-04 SOMMERVILLE PARK		
	: SINGAPORE 259283		
Period of Insurance	: 21 Mar 2019 To 20 Mar 2020		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,639.50		
Interest Insured			
Cover Type	: drivo CLASSIC		
Primary Driver	: FIONA LOUISE EDWARDS		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: RENAULT/KOLEOS	Capacity	: 2500cc
Registration Number	: SJC4114U	Registration Year	: 2010
Chassis Number	: VF1VY0C0VUC284243	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 30%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency	: AURIC INSURANCE AGENCY PTE. LTD. (00000572648)
Date of Issue	: 21 Jan 2019 14:27 hrs
Reprint	: 24 May 2019 08:57 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive