NATIONAL Assessment Centre Services (per 1 Jan'05) NMA4190756?7

Date In: 10/06/2019 17:44	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9010204/4	SAS e-filing		
Veh No: SJH 8982C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/06/2019 01:00	i-Motor Claim Form	MT/104/7693-002	10/06/2019 18:04
OD / TP / Reporting Only	i-Motor W/O (within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SLE4378R 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%; F: 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: ( )

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA/1904202

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add.Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
DIP			
* N3: Courtesy Car / Tpt Allowance	$5		
* N6: Repair Co-ordination	$10		
* N7: Post Repair Inspection	$25		
* N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		[redacted]
Invoice dated	Fee Charged	[redacted]	

P. 1/1

07-MAY-2019 18:39

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 10/06/2019 17:56

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 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	10/06/2019 17:41
Date Of Accident	03/06/2019 01:00
Exact Location Of Accident	WOODLANDS CAUSEWAY TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8982C

Insured/Policyholder

Name Of Registered Owner	RODRIGUES ADRIAN JEROME
NRIC No	S7523684J
Email Address	ADRIANRODRIGUES75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87836633
Alternative Phone No	OTHERS-87836633

Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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	5095284133-01
Cover Note Number	

Driver

Name of Driver	RODRIGUES ADRIAN JEROME
NRIC No	S7523684J
Date Of Birth	01/08/1975
Occupation	INDOOR
Date Of Driving Pass	10/04/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87836633
Fax Number	
Contact Number	OTHERS-87836633
EMail Address	ADRIANRODRIGUES75@GMAIL.COM

Address	BLK 16 GHIM MOH ROAD #07-73
Postcode	270016
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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	SLE4378R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GARY CHAN HAN LIN
NRIC/Passport Number	S9071588G
Contact Number	83392879
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**.
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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: 10/06/2019

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

10/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN WOODLANDS CAUSEWAY

A) SJH 8982C
B) SLE 4378R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It happened along the causeway towards SG, and it was near the customs.

I was maintaining on extreme left lane. It was drizzling while ground was wet and vision unclear. My path ahead was clear as I proceed to move forward. SLE4378R ~~took a sudden turn into my lane~~ h moved into my lane and he was in my blind spot, and my vehicle grale into his rear left side of the ~~bump~~ bumper which suffered only a few scratch lines. ~~(As per~~ (As per photo attached).

DECLARATION

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

Policyholder's Signature
Date & Time: 10/06/2019

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

10/06/2019
Reporting Centre Personnel's Signature
Name: Rosa Morton
NRIC/FIN No.:

Claim Handling

Accident MT/1047693

*Policy No.	5095284133-01	Vehicle No.	SJH9982C	GST Registration No.	
Certificate No.					
Policyholder Name	RODRIGUES ADRIAN JEROME			Policyholder NRIC	S7523684J
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFW	No / Yes	TCA	No / Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	06/06/2019 09:32	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/06/2019	Time of Accident hh:mm	01:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT TOWARDS SG CUSTOM				

Excess

Own damage Excess	600.00	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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 16 #07-73	Address 2	GHIM MOH ROAD	Address 3	GHIM MOH GARDENS
Address 4	SINGAPORE 270016	Address Type	Singapore address	Post Code	270016
Unit No.	07-73	Related Policy Number	5095284133-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MA	Insured Name	RODRIGUES ADRIAN JEROME	Insured NRIC	S7523684J
Contact No.(Mobile)	96846633	Contact No.(Home)	63155868	Contact No.(Office)	
Email Address		OI Vehicle Number	SJH9982C	TP Vehicle Number	SLE4378R
Claim Description	SJH9982C / SLE4378R ON 3 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Partially at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/06/2019 18:03	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1047693	Claim No.	002
Last Doc. Received	Yes / No	Upload Date	10/06/2019 18:04

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	SAS	Normal	SAS 2019-6-10	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-10

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Start and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03/06/19) (DD/MM/YYYY), TIME: (01 : 00) (HH:MM)

LOCATION: Woodlands Causeway towards S'pore

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJH8982C
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095284133-01
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE &THEFT~~)
   e) MAKE & MODEL: HONDA CRV
   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: Rodrigues Adrian Jerome Simon (MALE / ~~FEMALE~~)
   b) NRIC/~~FIN~~/PASSPORT: S7523684J CONTACT: 87826633
   c) ADDRESS: 16 Ghim Moh Rd #07-73, S270016.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (__)

3. DRIVER
   a) NAME: As above. (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (01 / 08 / 1975) (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: owner
5. a) WEATHER CONDITION: (~~CLEAR~~ / RAINING / OTHERS drizzle)
   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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SLE4378R MODEL: Mercedez
   b) DRIVER'S NAME: Gary Chan Han Lin
   c) NRIC/FIN/PASSPORT: S9071588G CONTACT: 83392879

9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = adrianrodrigues75@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7523684J

Name

RODRIGUES ADRIAN JEROME SIMON

Race

EURASIAN

Date of birth

01-08-1975

Sex

M

Country/Place of birth

SINGAPORE

6023756

NRIC No. S7523684J

Date of issue

29-08-2018

Address

APT BLK 16 GHIM MOH ROAD
#07-73
SINGAPORE 270016

eBaoTech GeneralClaim

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

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 03/06/2019 10:36

Vehicle No.(For Motor) SJH8982C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5095284133-01		RODRIGUES ADRIAN JEROME	S7523684J	GPC	drivo CLASSIC	SJH8982C	SJH8982C	25/08/2018	26/08/2019

Continue