

NATIONAL Assessment Centre Services

Date In: 30/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013365/13	SAS e-filing		
Veh No: SKD9465G	E-mail (within 8hrs, A/C 2hrs)		
D O A: 27/07/19 2045	i-Motor Claim Form	MT/1055765-001	
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: (**N-51**) Tel: Fax:)

TP Particulars:	Veh No: SMF533T	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

NA1905778

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: 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: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	30/07/2019 11:55
Date Of Accident	27/07/2019 20:45
Exact Location Of Accident	4 KENSINGTON PARK RD SERVICE RD CAR PARK(K0051)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9465G
Insured/Policyholder	
Name Of Registered Owner	PATRICK DONZE
NRIC No	S7855731A
Email Address	PTRICK.DONZE@MAC.COM
Mobile Phone No	(LOCAL) +65-91920857
Alternative Phone No	OTHERS-91920857

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5087844152-02
Cover Note Number	

Driver

Name of Driver	PATRICK DONZE
NRIC No	S7855731A
Date Of Birth	19/04/1978
Occupation	INDOOR
Date Of Driving Pass	12/11/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91920857
Fax Number	
Contact Number	OTHERS-91920857
Email Address	PTRICK.DONZE@MAC.COM

Address	5 TAMPINES ST 86 #10-18
Postcode	528585
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	COLLIDED INTO PARKED VEHICLE
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)	0

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

ON THE ABOVE DATE AT 18:30PM I PARKED MY VEH AT THE SAID LOCATION. I LEFT THE CARPARK AT ABT 20:00PM. ON 30/07/2019 I REALISED THAT THERE WAS A SMALL NOTE WRITTEN BY VEH B THAT HE REVERSED AND HIT ONTO MY VEH. I CHECKED AND REALISED THE FRT RIGHT SIDE PORTION WAS SLIGHTLY DAMAGED. I CALLED VEH B DRIVER AND HE INFORMED TO LODGE AND ACCIDENT REPORT.

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	SMF533T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID TEO
NRIC/Passport Number	
Contact Number	81265557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

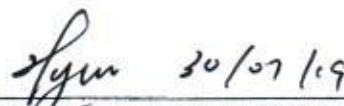
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

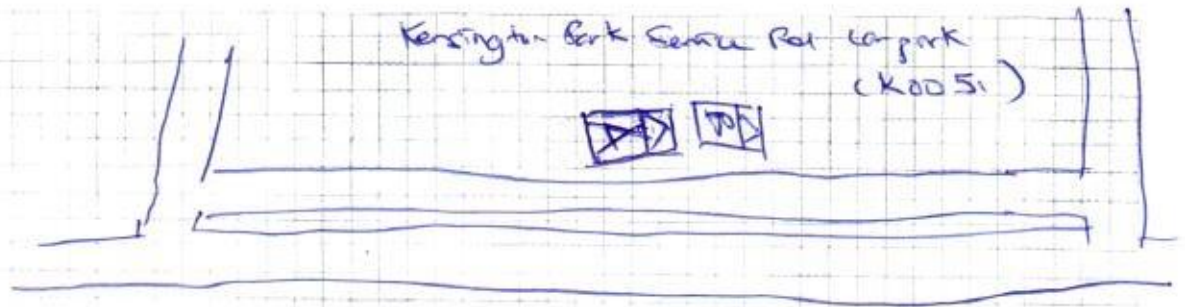


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A - SKA94654

B - SMF 5357

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date at 6:30pm I parked my vehicle at the said location. I left the car park at about 10.00pm. On 30/7/19, I realised that there was a small note written by Ven (B) that he reversed and hit onto my vehicle. I checked and realised the front right portion was slightly damaged. I called Ven (B) driver and he informed to lodge an accident report.

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:

30/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

UNK

I Scratch your front right bumper
while reversing So sorry!

SMF 533T 0844pm

David Tea 27 July

81265557/97661093

S8223938C

Vehicle No.	SKD 94654		Model / Make	BAN X3
Date of Accident	27/7/19			
Time of Accident	8.44pm	HRS		
Location of Accident	4, Kensington Park Rd Service Rd (at park (K0051))			
Exact purpose use during accident	Pte Use			
Name of Owner	Patrick Donze			
Telephone No.	H/P: 91920857	Home :	Office :	
NRIC	S7855731A			
Address	5, Tampines St 86, #10-18, S(528585)			
Claim type	OD	(THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTAC			
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	(As Above) If No,			
NRIC	Any Passengers : N7			
Date of birth				
Occupation	Outdoor	/	(Indoor)	
Driving License Pass Date	12/11/2014			
Gender	(Male)	/	Female	
Contact No.	H/P: 91920857	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	(Clear)	Raining	Other	
Road Surface	(Dry)	Wet	Other	
Any Injuries	(No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SMF 533T	Any Passengers : Unknown		
Name of Driver	David Tan	Contact No. : 81265557		
Vehicle C No.		Any Passengers :		
Vehicle D No.		Any Passengers :		
Vehicle E no.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name		Witness Contact :		
Accident Portion	Front Right Bumper			
Camera Recorder	Yes / (No)			
Email Address	patrick.donze@mac.com			
PARTICULAR WORKSHOP	NSI Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Jihin			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 5457486 Q**
 Name: **DONZE PATRICK**

For LKK/NAC Use Only

Birth Date: **19 Apr 1978**
 Issue Date: **12 Nov 2014**
 Valid Till: **11 Nov 2019**

002365252C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7855731A**

Name: **PATRICK DONZE**

For LKK/NAC Use Only

Race: **CAUCASIAN**
 Date of birth: **19-04-1978**
 Sex: **M**
 Country/Place of birth: **SWITZERLAND**

9485050

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	12 Nov 2014
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 Nov 2014

For LKK/NAC Use Only

Licence No: G5457486Q

NP 428A

9485050

For LKK/NAC Use Only

NRIC No: **S7855731A**

SWISS
 Date of issue: **14-05-2018**

Address:
5 TAMPINES STREET 86
#10-18
SINGAPORE 528585

Hello, NAC_PAYA_UBI_800601

• 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="27/07/2019 20:45"/>
Vehicle No.(For Motor)	<input type="text" value="SKD9465G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087844152-02		PATRICK DONZE	S7855731A	GPC	drivo CLASSIC	SKD9465G	SKD9465G	08/02/2019	07/02/2020

▼ Policy Information

Policy No.	5087844152-02	Policyholder Name	PATRICK DONZE	Policyholder NRIC	S7855731A
Certificate No.					
Address	5 TAMPINES STREET 86 #10-18 Q BAY RESIDENCES SINGAPORE 528585				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2018	Effective Date	08/02/2019 00:00	Expiry Date	07/02/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	5 TAMPINES STREET 86	Address 2	#10-18 Q BAY RESIDENCES	Address 3	SINGAPORE 528585
Address 4		Address Type	Singapore address	Post Code	528585
Unit No.		Related Policy Number	5087844152-02		

► Insured Object: SKD9465G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1055765

Policy No.	5087844152-02	Vehicle No.	SKD9465G	GST Registration No.
Certificate No.				
Policyholder Name	PATRICK DONZE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91920857	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire
Accident Details				
Report Date	30/07/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/07/2019	Time of Accident hh:mm	20:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	4 KENSINGTON PARK RD SERVICE RD CAR PARK(K0051)			
Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	5 TAMPINES STREET 86	Address 2	#10-18 Q BAY RESIDENCES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5087844152-02	
O1 Driver Info				
Driver Name	DONZE PATRICK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	G5457486Q	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	41	Driving Experience
Contact No.(Mobile)	91920857	Contact No.(Office)	0	Contact No.(Home)
Address 1	5 TAMPINES STREET 86	Address 2	Q BAY RESIDENCES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-18			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001

New

Claim Type *	OD-MX	Insured Name	PATRICK
Contact No.(Mobile)	91920857	Contact No. (Home)	
Email Address	patrick.donze@mac.com	O1 Vehicle Number	SKD9465
Claim Description	SKD9465G / SMF533T ON 27 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	30/07/2019 18:31	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
Print AK letter			

Attachment

Accident No.	MT/1055765	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2019 18:31
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2019 18:31	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name
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