NATIONAL Assessment Centre Services. (wef 1 Jan'08) . MHA4819113395

	Job description	Date & Time Completed	Done by
Date In: 28/08/2019 09:49	SAS e-filing		
Ref No: NBA/INC/1901515171/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SKL 7501G	I-Motor Claim Form	MT/1059815-001	28/08/2019 11:33
D.O.A: 27/08/2019 13:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMA 9862K 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: ( )

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

Injury :

Damage / Action

N19190657

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

2 / 3

Invoice Information		[illegible]	[illegible]
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($40)		
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) NI : Ideo 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: Ideo Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA419113399 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 28/08/2019 09:49
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	28/08/2019 09:49
Date Of Accident	27/08/2019 13:20
Exact Location Of Accident	JALAN BUKIT MERAH TURNING RIGHT TO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL7501G
Insured/Policyholder	
Name Of Registered Owner	SANG HO CHYUN
NRIC No	S2691289Z
Email Address	DAVIDSANDERSDP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97718572
Alternative Phone No	OTHERS-97718572
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	5096399786-01
Cover Note Number	
Driver	
Name of Driver	DAVID ETHAN SANDERS
Passport No/FIN	482530769
Date Of Birth	03/01/1975
Occupation	INDOOR
Date Of Driving Pass	08/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97718572
Fax Number	
Contact Number	OTHERS-97718572
EMail Address	DAVIDSANDERSDP@GMAIL.COM

Address	475 RIVER VALLEY ROAD #08-5 VALLEY PARK
Postcode	248360
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND FATHER
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	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	SMA9862K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISHAK BIN ABDUL KADIR
NRIC/Passport Number	S8228430C
Contact Number	90211530
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

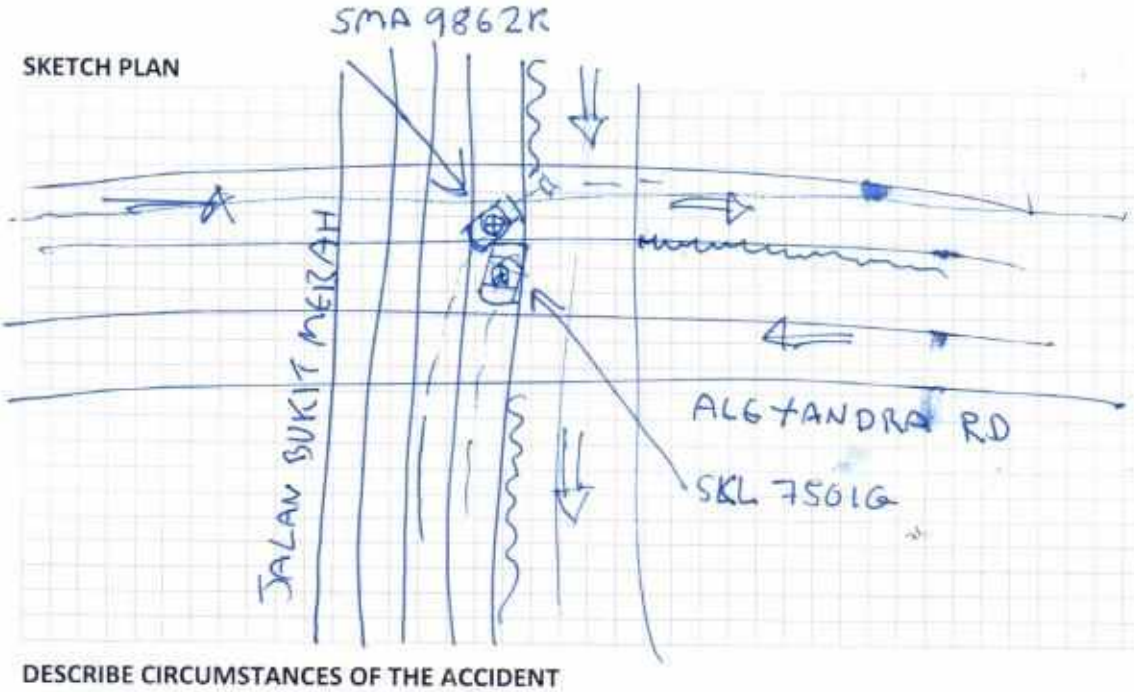
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	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

AT APPROX 13:20 I WAS DRIVING NORTH IN THE INNER LANE OF JALAN BUKIT MERAH TURNING RIGHT TO ALEXANDRA RD. AS I TURNED THE LEFT FRONT OF MY CAR MB# SKL 7501G IMPACTED THE REAR RIGHT CORNER OF THE BMW #SMA 9862K THE DAMAGE WAS MINOR CONSISTING OF SCRAPES TO BOTH VEHICLES UPON THEIR BUMPER SHELL. -NOBODY- REPORTED AND INJURY AS IT WAS MINOR. I WAS THE ONLY PASSENGER IN MY VEHICLE. THE BMW WAS BEING DRIVEN BY MR. ISHAK BIN ABDUL KADIR WITH A SINGLE FEMALE OCCUPANT. WE CONTINUED TO PULL OVER TO EXCHANGE INFO AND CONTACTS EVENTUALLY STOPPING AT THE BMW PERFORMANCE MOTORS DEALERSHIP ON ALEXANDRA RD.

- MB # SKL 7501G - 1 PASSENGER - DAVID E. SANDERS (A.DL B7078792
- BMW # SMA 9862K - 2 PASSENGER - ISHAK KADIR + FEMALE
- TIME APPROX 13:20 8/27/2019
- NO INJURY
- MINOR DAMAGE LEFT FRONT MB + RIGHT REAR BMW

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 MT/1059815

Policy No.	5096399786-01	Vehicle No.	SKL7501G	GST Registration No.	
Certificate No.					
Policyholder Name	SANG HO CHYUN			Policyholder NRIC	S2691289Z
Product Code	PRIVATE CAR INSURANCE	Driver Type	drivers CLASS3C	Loading	0
Contact No.(Mobile)	97718572	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
CFX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	28/08/2019 11:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/08/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	JALAN BUKIT MERAH TURNING RIGHT TO ALEXANDRA ROAD				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	475 RIVER VALLEY ROAD	Address 2	#08-05 VALLEY PARK	Address 3	SINGAPORE 248360
Address 4		Address Type	Singapore address	Post Code	248360
Unit No.		Related Policy Number	5096399786-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DAVID ETHAN SANDERS	Driver NRIC	G8253078R	Driver DOB	03/01/1975
Register Date of Driver License	09/12/2014	Driver Age	44	Driving Experience	4
Contact No.(Mobile)	97718572	Contact No.(Office)		Contact No.(Home)	
Address 1	475 RIVER VALLEY ROAD	Address 2	#08-05 VALLEY PARK	Address 3	SINGAPORE 248360
Address 4		Address Type	Foreign address	Post Code	248360
Unit No.	08-05				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKL7501G	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *		OD-MX	Insured Name: SANG HO CHYUN	Insured NRIC: S2691289Z	
Contact No.(Mobile)		97718572	Contact No. (Home): 67389208	Contact No. (Office): NIL	
Email Address		SCHYUN@GMAIL.COM	OD Vehicle Number: SKL7501G	TP Vehicle Number: SMA9862K	
Claim Description		SKL7501G / SMA9862K ON 27 Aug 2019		Name of Preferred Workshop:	
Preferred Workshop		Insured Liability * Not at Fault			
Contact No.	Yes	Preferred Repair Option: Preferred Workshop, Name unknown	GIA report: Received		
Finalisation Date Registered		28/08/2019 11:32	Claim Close Date:	Date Received: 28/08/2019 00:00	
Report Taken By		ROSLI WAHAB			

Print AR letter

Save Submit

Attachment

Accident No.	MT/1059815	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/08/2019 11:33

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_S0067G(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2019 11:33	Photos	Normal	Photos 2019-8-28	
	NAC_BUKIT_MERAH_S0067G(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2019 11:33	Photos	Normal	Photos 2019-8-28	

ACCIDENT STATEMENT

ACCIDENT DATE: (27/8/2019) (DD/MM/YYYY), TIME: (13:20) (HH:MM)

LOCATION: S.W. ALEXANDRA RD RIGHT TURN TO QUEENSWAY

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKL 7501G
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 5046399786
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MERCEDES E200
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: DAILY 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: SAUG HO CHUU (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: +65 9771 8572
   c) ADDRESS:

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

3. DRIVER
   a) NAME: DAVID ETHAN SANDERS (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 482530769 CONTACT: +1.323.217.7386
   c) ADDRESS: 572 ALTA VISTA WAY
   LAGUNA BEACH CA. 92651
   *d) DATE OF BIRTH: (03/01/1975) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 08/12/2014
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 CLEAR)
   b) ROAD SURFACE: (DRY / WET / OTHERS DRY)
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) (2)

   a) VEHICLE NUMBER: SMA 9862K MODEL: BMW M5
   b) DRIVER'S NAME: ISHAK BIN ABDUL KADIR
   c) NRIC/FIN/PASSPORT: S8228430C CONTACT: +65 9021 1530
9. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

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

email = davidsandersdp@gmail.com

VIDEO


SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. de passeport / No. de Pasaporte: 482530769

Surname / Nom / Apellidos
SANDERS

Given Names / Prénoms / Nombres
DAVID ETHAN

For LKK/NAC Use Only

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
03 Jan 1975

Place of birth / Lieu de naissance / Lugar de nacimiento
NEW JERSEY, U.S.A.

Sex / Sexe / Sexo
M

Date of issue / Date de délivrance / Fecha de expedición
18 Mar 2011

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
17 Mar 2021

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

USA

P<USASANDERS<<DAVID<ETHAN<<<<<<<<<<<<<<<<<<<<
482530769 4USA7501034M2103178570849624<884188


CALIFORNIA DRIVER LICENSE

For LKK/NAC Use Only

N B7078992

CLASS C
END NONE

EXP 01/03/2020
LN SANDERS
FN DAVID ETHAN
572 ALTA VISTA WAY
LAGUNA BEACH, CA 92651
DOB 01/03/1975
RSTR CORR LENS

01031975

SEX M
HGT 5'-08"
WGT 150 lb
EYES BRN
ISS 12/08/2014

DD 91/26/2010509RB/AA[illegible]20


[redacted]

CLASS: C - Veh w/GVWR ≤26000, No MC
ENDORSEMENTS: None
RESTRICTIONS: [illegible] wear corrective lenses when driving

For LKK/NAC Use Only

This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration or public benefits.

Rev 04.16.2010

DRIVER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2691289Z

Name

CHYUN SANG HO

For LKK/NAC Use Only

Race
KOREAN

Date of Birth
05-09-1952

Sex
M

Country of Birth
KOREA, SOUTH

OWNER

8308825

NRIC No. S2691289Z

For LKK/NAC Use Only

Nationality
KOREAN, SOUTH

Blood Group
B+

Date of Issue
05-05-1999

475 RIVER VALLEY ROAD #08-05
SINGAPORE 248360

NRIC No:-S2691289Z Date: 06/11/2008 No: 6000628

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKL7501G
Date of Accident 27/08/2019 09:46
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5096399786-01		SANG HO CHYUN	S2691289Z	GPC	drivo CLASSIC	SKL7501G	SKL7501G	20/12/2018	19/12/2019

Continue