

# NATIONAL Assessment Centre Services.

[ref: Jan05]

NA/19/15249

Date In: 31/08/2019 15:42	Job description	Date & Time Completed	Done by
Ref No: NA/19/15249	SAS e-filing		
Veh No: SJM 423R	E-mail (John Shee, AIC 2hrs)		
DOA: 31/08/2019 11:15	I-Motor Claim Form	M7/1060328-001	31/08/2019 16:13
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: SJM 5428 G	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: ( )

Remarks:	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/19/15249	1) AR: Accident Reporting (\$30)	
Claimant's Particulars:	2) DA: Damage Assessment (\$100)	INC (\$10)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) PT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)	
Auditor's Comments:	6) TR: Re-inspection	\$75
Ref: 1	7) NI: Idas DA + SMRT Survey	\$160
2/3	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 (Nil); TP (Non INC) against INC	\$20
	9) N12: Idas Mobile	\$0
	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	31/08/2019 15:42
Date Of Accident	31/08/2019 11:15
Exact Location Of Accident	ALONG BAYSHORE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4273R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CASTON JOANNA
NRIC No	S2748937J
Email Address	HARRYCASTON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93800785
Alternative Phone No	OTHERS-93375405

### Vehicle Particulars

Manufacturer	HONDA
Model	CRV 2.4 L
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	5096989931-01
Cover Note Number	

### Driver

Name of Driver	CASTON HARRY NATHAN FLETCHER
NRIC No	G5872144T
Date Of Birth	24/12/1993
Occupation	INDOOR
Date Of Driving Pass	26/03/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93800785
Fax Number	
Contact Number	OTHERS-93375405
EMail Address	HARRYCASTON@HOTMAIL.COM

Address	26 BAYSHORE ROAD #06-07 THE BAYSHORE
Postcode	469972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5428G
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ARIPIN BIN SIDEK
NRIC/Passport Number	
Contact Number	90546764
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.
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.

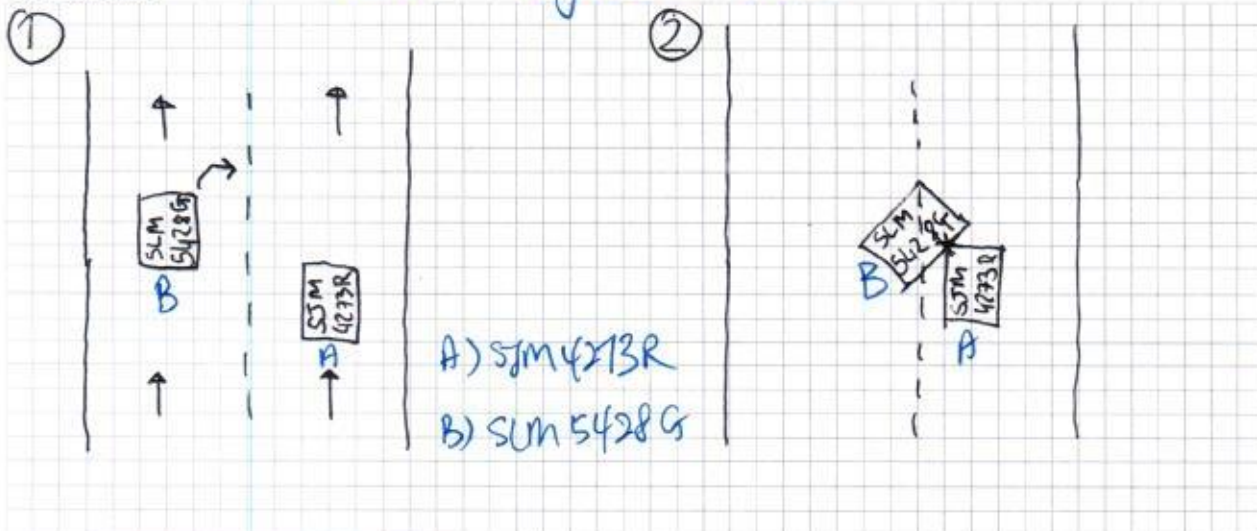
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/08/19

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

# SKETCH PLAN

Along Bayshore Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Harry Easton, driver of Honda CR-V SJM 4273R, was involved in an accident with Aripin bin Sidek, driver of Honda Vezel, SLM 5428G at approx 11:15 am on 31/08/2019

When driving on Bayshore Road, I was in the right lane when Mr Sidek was in the left lane. He applied his warning lights, but then proceeded to turn right from the left lane without warning. I pressed on the brake immediately but there was a collision.

## 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: 31/08/2019

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



## Claim Handling

Accident MT/1060378

Policy No.	5096989931-01	Vehicle No.	SJM4273R	GST Registration No.
Certificate No.				
Policyholder Name	CASTON JOANNA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93800785	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
<b>Accident Details</b>				
Report Date	31/08/2019 16:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/08/2019	Time of Accident hh:mm	11:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BAYSHORE ROAD			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	26 BAYSHORE ROAD	Address 2	#06-07 THE BAYSHORE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-07	Related Policy Number	5096989931-01	
<b>OI Driver Info</b>				
Driver Name	CASTON HARRY NATHAN FLETCHER	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	G5872144T	Driver DOB
Register Date of Driver License	26/03/2018	Driver Age	25	Driving Experience
Contact No.(Mobile)	93375405	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?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJM4273R	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	CASTON
Contact No.(Mobile)	93800785	Contact No. (Home)	
Email Address		OI Vehicle Number	SJM4273R
Claim Description	SJM4273R / SLM5428G ON 31 Aug 2019		
Preferred Workshop Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Date Registered	31/08/2019 16:11	Preferred Repair Option	Income to assign workshop
Report Taken By	ROS LI WAHAB	GIA report	Received
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	


Save Submit



Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
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Message Read			

Attachment		Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Aug 2019 16:13		NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Aug 2019 16:13		SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Aug 2019 16:12		Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Aug 2019 16:12		Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	31 Aug 2019 16:11	Photos	Normal	Photos 2
Video List					
Uploaded By/Date		Folder	Date	File Name	
				Display in New Window	
				Scan and uploading	

## ACCIDENT STATEMENT

ACCIDENT DATE: 31/08/2019 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: BAYSHORE ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 4273 R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5096 9899 31-01  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA CR-V  
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: ARIPIN JOANNA CASTON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52748937J CONTACT: 9380 4785  
c) ADDRESS: 26 BAYSHORE ROAD  
#06-07, THE BAYSHORE, 469972

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: HARRY NATHAN FLETCHER CASTON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G5872144T CONTACT: 9337 5405  
c) ADDRESS: 26 BAYSHORE ROAD #06-07  
THE BAYSHORE, 469972

\*d) DATE OF BIRTH: 24/12/1993 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 26/03/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: SLM 5428 G MODEL: HONDA VEZEL  
b) DRIVER'S NAME: ARIPIN BIN SIDER  
c) NRIC/FIN/PASSPORT: CONTACT: 9054 6764

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = harrycaston@hotmail.com  
VIDEO



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

Employer  
AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED

**For LKK/NAC Use Only**

Name  
CASTON HARRY NATHAN FLETCHER

FIN  
G5872144T









K1157144

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G5872144T**



**CASTON HARRY NATHAN FLETCHER**

**For LKK/NAC Use Only**

Birth Date: 24 Dec 1993  
Issue Date: 26 Mar 2018  
Valid Till 25/03/2023



**VISIT PASS**  
Immigration Regulations 08-02-2019

Name  
CASTON HARRY NATHAN FLETCHER

**For LKK/NAC Use Only**

FIN  
G5872144T

Date of Birth  
24-12-1993

Sex  
M

Nationality  
BRITISH



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.



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


**EFFECTIVE DATE**

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 26 Mar 2018

**For LKK/NAC Use Only**

NP 428A

Licence No: G5872144T



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="31/08/2019 16:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJM4273R"/>	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 checked="" type="radio"/>	S096989931-01		CASTON JOANNA	S2748937J	GPC	drivo CLASSIC	SJM4273R	SJM4273R	02/01/2019	01/01/2020
				<input type="button" value="Continue"/>						