

NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

19 MAY 19/232289

Date In: 08/10/2019 12:51	Job description	Date & Time Completed	Done by
Ref No: NPA/2019017714/V	SAS e-filing		
Veh No: SK10 17440	E-mail (Within 2hrs, AIC 2hrs)		
U.O.A: 2609/2019 16:00	I-Motor Claim Form	19/10/2019 20:11	08/10/2019 14:12
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SBP 68234	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: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Call:	
2/2	

Item	Description	Amount
1) AR: Accident Reporting	(330)	
2) DA: Damage Assessment	(5100) INC (510)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpl Allowance	\$3	
• NG: Repair Coordination	\$10	
• NT: Post Repair Inspection	\$25	
• ND: DV / Collect Excess Coordination	\$3	
TP (NI): TP (NI) INC against INC	\$20	
• NI: Idao Mobile	\$0	
Invoice dated		
Invoice dated		
Fee Charged		
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	08/10/2019 12:51
Date Of Accident	26/09/2019 16:00
Exact Location Of Accident	APERIA MALL 10 KALLANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1744D
Insured/Policyholder	
Name Of Registered Owner	JADA SRINIVASA RAO
NRIC No	S7563723C
Email Address	SRJADA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98474170
Alternative Phone No	OTHERS-98474170

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5094980485-01
Cover Note Number	

Driver

Name of Driver	JADA SRINIVASA RAO
NRIC No	S7563723C
Date Of Birth	12/08/1975
Occupation	INDOOR
Date Of Driving Pass	14/03/2012
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98474170
Fax Number	
Contact Number	OTHERS-98474170
EEmail Address	SRJADA@GMAIL.COM

Address	26 BAYSHORE ROAD #22-02
Postcode	469972
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SBF6823Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	98500830
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.**
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:

8/10/2019 12:13 pm

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

Handwritten text in blue ink across the lined area: "PLS REFER TO POLICE REPORT 7/20190927/2015".

DECLARATION

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


Policyholder's Signature

Date & Time:

8/10/2019
12:17 pm


Driver's Signature
(If driver is not the policyholder)

Date & Time:

8/10/2019
12:17 pm


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



SINGAPORE POLICE FORCE



T/20190927/7015

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190927/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2019 13:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JADA SRINIVASA RAO			Address: 26 BAYSHORE ROAD #22-02 SINGAPORE 469972		
ID Type / ID No.: NRIC NO / S7563723C			Contact No.: Home/Office:		Mobile: 98474170
Nationality: INDIAN			Email: SRJADA@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 12/08/1975	Type of Informant: Vehicle Owner		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Medical scientist			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/09/2019 12:55	Type of Location: Car Park
Location: KALLANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW1744D	Car	MAZDA	3	White	Slightly Damaged	0
	Van					0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW1744D	NTUC Income Insurance Co-Operative Limited	5094980485-01	20/10/2018	19/10/2019



**SINGAPORE
POLICE FORCE**



T/20190927/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190927/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	JADA SRINIVASA RAO	ID No.	S7563723C
Related Vehicle	SKW1744D (Car)	Contact No.	98474170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I had parked my car (seasonal parking) at Aperia Mall (blk 10) and went to the office around 7.50am on 26th Sep 2019. When i was driving back to home at 17.30pm, i had noticed that something was put on my car. I had driven to some distance and noticed that there was scratches and some vehicle had hit the car (front, bumper area). Building security had advised to lodge a police complaint before they can view CCTV. Kindly assist on this matter.

Thanks

My office location is 10 Kallang Avenue #12-10 Aperia Tower 2 S339510

Thanks

Regards

Jada



**SINGAPORE
POLICE FORCE**



T/20190927/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190927/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/09/2019 13:16

Classification Of Case:

Claim Handling

Accident MT/1065878

Policy No.	5094980485-03	Vehicle No.	SKW1744D	GST Registration No.	
Certificate No.					
Policyholder Name	JADA SRINIVASA RAO			Policyholder NRIC	S7563723C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98474170	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	08/10/2019 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	25/09/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	APERIA MALL 10 KALLANG AVENUE				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	26 BAYSHORE ROAD	Address 2	#22-02 THE BAYSHORE TOWER	Address 3	SINGAPORE 469972
Address 4		Address Type	Singapore address	Post Code	469972
Unit No.	20-152	Related Policy Number	5094980485-01		
Q1 Driver Info					
Driver Name	JADA SRINIVASA RAO	Driver Type	Main Driver	Driver DOB	12/08/1975
Unnamed driver Name		Driver NRIC	S7563723C	Driving Experience	7
Register Date of Driver License	14/03/2012	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	98474170	Contact No.(Office)		Address 3	SINGAPORE 469972
Address 1	26 BAYSHORE ROAD	Address 2	#22-02 THE BAYSHORE TOWER	Post Code	469972
Address 4		Address Type	Singapore address		
Unit No.	20-152				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKW1744D	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	JADA SRINIVASA RAO	Insured NRIC	S7563723C
Contact No.(Mobile)	98474170	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	srjada@gmail.com	OT Vehicle Number	SKW1744D	TP Vehicle Number	SBF6823Y
Claim Description	SKW1744D / SBF6823Y ON 26 Sept 2019				
Preferred Workshop	Insured Liability	Not at Fault			
Estimate No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By				Claim Close Date	Date Received
				08/10/2019 14:18	08/10/2019 00:00
				ROSLE WAHAB	

Print AK Notice

Save Submit

Attachment

Accident No.	MT/1065878	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/10/2019 14:12
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 14:12	Photos	Normal	Photos 2019-10-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 14:12	Photos	Normal	Photos 2019-10-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Oct 2019 14:12	Photos	Normal	Photos 2019-10-8	

ACCIDENT STATEMENT

ACCIDENT DATE: (26/07/2019) (DD/MM/YYYY), TIME: (approx: 4PM) (HH:MM)

LOCATION: Aperia Mall 10 Kallang Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW1744D
 b) INSURANCE COMPANY: Tan Lume
 c) POLICY NUMBER: 5094980485-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: office work
 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: JADA SRENIUASA RAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7563723C CONTACT: 98474170
 c) ADDRESS: 26 BAYSHORE ROAD #22-02
S769972

* 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: (12/08/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/03/2012

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: Kampong Chlam

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBF6823Y MODEL: _____
 b) DRIVER'S NAME: Mr Lim
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 98500830

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = SRJADA@gmail.com

VIDEO

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	: 5094980485-01
The Policyholder	: JADA SRINIVASA RAO 26 BAYSHORE ROAD #22-02 THE BAYSHORE TOWER 1A SINGAPORE 469972

Period of Insurance	: 20 Oct 2018 To 19 Oct 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$772.69

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: JADA SRINIVASA RAO		
Named Driver (1)	: TLRAJ TEJA		
Named Driver (2)	: N/A		
Make/Model	: MAZDA/3	Capacity	: 1500cc
Registration Number	: SKW1744D	Registration Year	: 2015
Chassis Number	: JM6BM42A8G0320338	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
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	: HONG LEONG FINANCE LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: MONEYSMART FINANCIAL PTE. LTD. (00000691200)
Date of Issue	: 15 Oct 2018 11:08 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