

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MASS 419/8850

Date In: 17/11/2009 11:36	Job description	Date & Time Completed	Done by
Ref No: NBD/INC/9010079/4	SAS e-filing		
Veh No: SGZ 2983B	E-mail (Vehicle then, ATC then)		
D.O.A: 11/11/2009 18:00	I-Motor Claims Form	107/126001	13/11/2009
QID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8KR 977	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

() 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:	At:

Client Ref: NBD 908557	Invoice No: 107/126001
Driver/Owner:	1) All: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repairs Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11) / TP (N12 INC) against INC \$20
	*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	12/11/2019 11:36
Date Of Accident	11/11/2019 18:00
Exact Location Of Accident	NORTH BUONA VISTA ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ2993B
Insured/Policyholder	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Co Reg No	200713089K
Email Address	BETTY@PRESTOEXPATMOTORING.COM
Mobile Phone No	(LOCAL) +65-96857783
Alternative Phone No	OFFICE-91154268

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109441522
Cover Note Number	

Driver

Name of Driver	CARDENAS FISHER MONICA
NRIC No	F2176392Q
Date Of Birth	11/07/1970
Occupation	INDOOR
Date Of Driving Pass	03/09/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	FEMALE
Mobile Number	+65-96857783
Fax Number	
Contact Number	OTHERS-91154268
Email Address	BETTY@PRESTOEXPATMOTORING.COM

Address	BLK 1N PINE GROVE #02-66
Postcode	591301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	SGR97T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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**.
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: 12/11/19

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

Date & Time: 12/11/2019

10:20 am

Reporting Centre Personnel's Signature

Name:

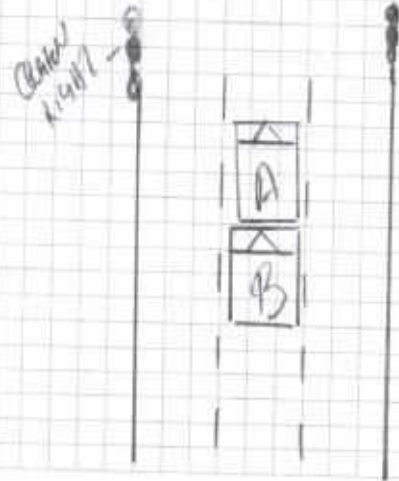
NRIC/FIN No.:

SKETCH PLAN

NORTH BUONA VISTA TOWARDS HOLLAND ROAD.

A) SG2 29938

B) SGR 977



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was behind and the traffic light changed to green and I started moving, I thought the car in front didn't move that was I hit and to hear tear off her car.

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: 12/11/2019
10:20 am

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

Mr. L. L. L. L.

ACCIDENT STATEMENT

ACCIDENT DATE: 11/11/2019 (DD/MM/YYYY), TIME: 6:pm (HH:MM)
LOCATION: North Borneo Vista towards Holland Road

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SGZ 2993 B
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5109441522-000008
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan Sylphy 1.6 A
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: Presto Expat Motoring Services Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200713089K CONTACT: 96857783
c) ADDRESS: 491 River Valley Road #01-04
Valley Point Shopping Centre S(248371)

No of passenger
(including driver)
(1)

- * CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER
DRIVER
a) NAME: MONICA CARDENAS FISHER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: E2176392Q CONTACT: 9154668
c) ADDRESS: BLK 1N PINE GROVE #02-66
SINGAPORE 591301

- * d) DATE OF BIRTH: (11/07/1970) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS 03/09/2018

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

No of passenger
(including driver)
(2)

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SGR97T MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

email =
VIDEO

betty @ presto expat motoring .wm

Claim Handling

The premium on this policy has not been collected.

Accident MT/1071126

Policy No.	5109441522	Vehicle No.	SGZ2993B	GST Registrati
Certificate No.	5109441522-000008			
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder N
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96857783	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	13/11/2019 09:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2019	Time of Accident hh:mm	18:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NORTH BUONA VISTA ROAD TOWARDS HOLLAND ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	500.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	12/0
GST Registration No.	200713089K	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109441522	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CARDENAS FISHER MONICA	Driver NRIC	F2176392Q	Driver DOB
Register Date of Driver License	03/09/2018	Driver Age	49	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1	1N PINE GROVE	Address 2	#02-86 PINE GROVE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	02-66			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SGZ293B	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	PR
	Contact No.	
	(Home)	
	OT	
	Vehicle Number	SG

SGZ2993B / SGR977 ON 11 Nov 2019

13/11/2019 09:55	Claim Close Date	
ROS LI WAHAB		

Save Submit

Attachment

Accident No. HT/1071126 Claim No. 001
 Last Doc. Received * Yes ☐ No ☐ Upload Date 13/11/2019 09:56

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:56	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:56	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:56	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:56	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:55	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:55	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:55	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:55	NRIC/ Driving License	Y	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 09:55	SAS	Normal	Si

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109441522	5109441522-000008	PRESTO EXPAT MOTORING SERVICES PTE. LTD.	200713089K	GFM	drive CLASSIC	SGZ2993B	SGZ2993B	09/06/2019	08/06/2020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 27/04/19/49550 Vehicle Registration No: SG22888B
Name (as shown in NRIC) : CARDINAS FISHAR MURUGA NRIC/FIN/Passport No : F2063920
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91154268
Email Address : _____
Date of Accident : 11/4/2019 Time of Accident : 18:00
Place of Accident : MOBIL BUENA VISTA ROAD TAMPARUS HOUMARD ROAD
Insurance Company : MUCC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP Vehicle number to SGR9TT and SKANCOT. PLAN

Policyholder / Driver's Signature
Date:

13/4/2019
Reporting Centre Personnel's Signature
Name: Koh Hui Hoon
NRIC/FIN No.:
Date: