

NATIONAL Assessment Centre Services

(wef 1 Jan 2021)

MANA/2002500

Date In: 01/04/2020 11:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INC200048084	SAS e-filing		
Veh No: SKR 38337	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/04/2020 10:35	i-Motor Claim Form	ml/1090466-001	01/04/2020
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13.26
	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: SKR 149 T	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

MANA/2002500	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 & 3:	7) N1: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QDI:		
	*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: Idnc Mobile \$0		
	Invoice date:	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	02/04/2020 11:38
Date Of Accident	01/04/2020 10:35
Exact Location Of Accident	TIONG BAHRU WET MARKET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3833T
Insured/Policyholder	
Name Of Registered Owner	NHAC GIA PHAN
NRIC No	SXXXX641H
Email Address	NHAC_PHAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90309101
Alternative Phone No	OTHERS-90309101

Vehicle Particulars

Manufacturer	BMW
Model	420i
Exact Purpose for which vehicle was being used at time of accident	VISIT WET MARKET
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	5114094008
Cover Note Number	

Driver

Name of Driver	NHAC GIA PHAN
NRIC No	SXXXX641H
Date Of Birth	07/11/1972
Occupation	INDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90309101
Fax Number	
Contact Number	OTHERS-90309101
Email Address	NHAC_PHAN@YAHOO.COM

Address	263 BUKIT TIMAH ROAD #10-18
Postcode	259704
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	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	SLR149T
Vehicle Make/Model/Colour	VOLVO XC90
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO YEOW LEE
NRIC/Passport Number	SXXXX068J
Contact Number	97634402
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

02/04/20 11:30 AM

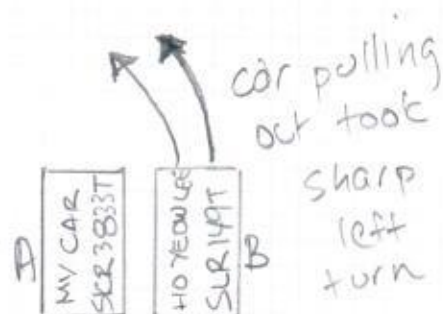
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

02/04/2020
Rosli Luthar

SKETCH PLAN

Tiong Bahru W11 MARKET CARPARK



A) SKR 3833T

B) SUR 149T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked at the Tiong Bahru multi-story carpark. Ms. Ho Yeow Lee (SUR149T) car was parked beside mine to the right. I was sitting in my car after dropping off groceries waiting for my wife. Ms Ho came to their car and packed their goods inside their car. Ms Ho proceeded to pull out of the parking spot while her helper waited outside. Ms. Ho did a sharp left turn while pulling out and hit my parked car (SKR 3833T) on the front right bumper. My car has paint scraped off alongside with a dent in the metal. It was clear that Ms Ho's car hit mine as the left side of her car has white paint on the side railing and side of the car. We exchanged information at this stage and took photographs of the accident.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

04/02/20 11:35

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 02/04/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (01/04/2020) (DD/MM/YYYY), TIME: (10:35) (HH:MM)

LOCATION: TIONG BAHAY WET MARKET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR3833T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5114094008
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 420
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: VISIT WET MARKET
 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: NHAC PHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72606414 CONTACT: 9030-9101
 c) ADDRESS: 263 BUKIT TIMAH ROAD # 10-18

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SAME AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (07/11/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/10/2016

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)
 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: SLR149T MODEL: VOLVO XC90
 b) DRIVER'S NAME: HO YEOW LEE
 c) NRIC/FIN/PASSPORT: S6817068J CONTACT: 9763-4402

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)
 ()

No of passenger
 (including driver)
 ()

Email =
 VIDEO

nhac_phan@yahoo-com

Claim Handling

Accident MT/1090466

Policy No. 9114094009

Certificate No.

Policyholder Name BHAC GIA PHAN

Product Code PRIVATE CAR INSURANCE

Contact No.(Mobile) 90309101

Email Address

KFK - No Yes

NCD Protection Yes

Vehicl No. SKR3833T

Cover Type drive CLASSIC

Contact No.(Office)

Special Remark

TCA - No Yes

NCD Entitlement(%) 50

GST Registration No.

Policyholder NRIC S7260641H

Loading 0

Contact No.(Home)

eCode No

eCode Reason

Private Hire No

Accident Details

Report Date 02/04/2020 11:46

Date of Accident 01/04/2020

Reporting Centre

Accident Location TIONG BARRU WET MARKET CARPARK

Accident Report Within 24 hrs Yes

Time of Accident hh:mm 10:15

Accident Type

Country of Accident Singapore

Crash Force

ICM No.

Total Excess Applicable

Excess Type Per Accident

Windscreen Excess 100.00

TP Standard Excess 0.00

YIED OD Excess 0.00

Additional Excess 0.00

Total OD Excess Applicable 0.00

TP Standard Excess 0.00

YIED TP Excess 0.00

Total TP Excess Applicable 0.00

Benefits

Coverage

Excess Waiver 9999999.99

Sum Insured

GST Registered Information

GST Registered No.

GST Registration No.

Modification History

GST Status Verified Yes

Policyholder Mailing Address

Address 1 263 BUKIT TIMAH ROAD

Address 2 #10-18 GOODWOOD RESIDENC

Address 3 SINGAPORE 259704

Address 4

Unit No. 10-18

Address Type Singapore address

Post Code 259704

Related Policy Number S114594008

01 Driver Info

Driver Name BHAC GIA PHAN

Unnamed Driver Name

Register Date of Driver License 01/01/1988

Contact No.(Mobile) 90309101

Address 1 263 BUKIT TIMAH ROAD

Address 4

Unit No. 10-18

Does he own a Singapore Registered car? Yes No

Driver Type Main Driver

Driver NRIC S7260641H

Driver Age 47

Contact No.(Office)

Address 2 #10-18 GOODWOOD RESIDENC

Address 3 SINGAPORE 259704

Address Type Singapore address

Post Code 259704

Driver ODB 07/11/1972

Driving Experience 32

Contact No.(Home)

TP Vehicle Number

Name of Preferred Workshop

Driver Vehicle No. SKR3833T

Driver Insurer Company NTUC

Declaration

Breathalyzer or Blood Test Reading? 0 mg

Any injury? Yes No

Modification History

Claim 001 OD-MX New

Claim Type OD-MX

Contact No.(Mobile)

Email Address

Claim Description SKR3833T / SLR149T ON 1 Apr 2020

Preferred Workshop Contract No. Finalisation Date Registered

Insured Liability Not at Fault

Report Status Preferred Workshop, Name unknown

GSA report Received

Claim Date 02/04/2020 11:51

Workshop Repairer ROSLI WAHAB

Date Received 02/04/2020 11:51

Total Loss but Repaired

Print As Letter

Save Submit

Attachment

Accident No. MT/1090466

Claim No. 001

Last Doc. Received Yes No

Upload Date 02/04/2020 12:26

Choose File No file chosen

Choose File No file chosen

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? [X]

Action

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2020 12:26

Photos

Normal

Photos 2020-4-2

Edit

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2020 12:26

Photos

Normal

Photos 2020-4-2

Edit

NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Apr 2020 12:26

Photos

Normal

Photos 2020-4-2

Edit

S (BUKIT MERAH)) on 02 Apr 2020 12:20

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 12:20	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 12:26	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 12:26	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 12:26	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 11:51	Photos	Normal	Photos 2020-4-2	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Apr 2020 12:31	Photos	Normal	Photos 2020-4-2	Edit

Video List

Uploads By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

01/04/2020 11:28

Vehicle No.(For Motor)

SKR3833T

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114094008		NHAC GIA PHAN	S7260641H	GPC	drivo CLASSIC	SKR3833T	SKR3833T	28/11/2019	27/11/2020

Continue