

NATIONAL Assessment Centre Services.

(Part 1 of 2)

MAH420042258

Date In: 15/04/2020 11:32	Job description	Date & Time Completed	Done by
Ref No: NCA/NC200052341X	SAS e-filing		
Veh No: 88M 197Z	E-mail (Adjuster, AIC, etc)		
D.O.A: 15/04/2020 10:15	I-Motor Claim Form	MY1091432-001	15/04/2020 12:09
OID: TP Reporting Only	I-Motor W/O (Within 30 Days, TP Chrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: 88M 197Z

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 ()

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

() 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 > \$3,000] ()

Injury: ()

NA20002700

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Vehicle Condition:

Notes:

Item	Amount	Total
1) All Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$120	
8) IFUC Additional Services		
9) NI: Courtesy Car / Tpt Allowance	\$3	
10) NI: Repair Coordination	\$25	
11) NI: Post Repair Inspection	\$3	
12) NI: DV / Collect Excess Coordination	\$30	
13) IF (NI) / TP (FSA INC) against IFUC	\$3	
14) NI: Idea Mobile		
Invoice dated		
Invoice dated		

Fax Charged
Fax Charged

MAH420042258

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	15/04/2020 17:32
Date Of Accident	14/04/2020 18:15
Exact Location Of Accident	KATONG GARDENS TEMBELING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8982C
Insured/Policyholder	
Name Of Registered Owner	RODRIGUES ADRIAN JEROME
NRIC No	SXXXX684J
Email Address	ADRIANRODRIGUES75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87836633
Alternative Phone No	OTHERS-87836633

Vehicle Particulars

Manufacturer	HONDA
Model	CR-V-2.4 L (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095284133-02
Cover Note Number	

Driver

Name of Driver	RODRIGUES ADRIAN JEROME
NRIC No	SXXXX684J
Date Of Birth	10/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87836633
Fax Number	
Contact Number	OTHERS-87836633
Email Address	ADRIANRODRIGUES75@GMAIL.COM

Address	BLK 16 GHIM MOH ROAD #07-73
Postcode	270016
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	SBM197Z
Vehicle Make/Model/Colour	TOYOTA CAMRY
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)	

SKETCH PLAN

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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.

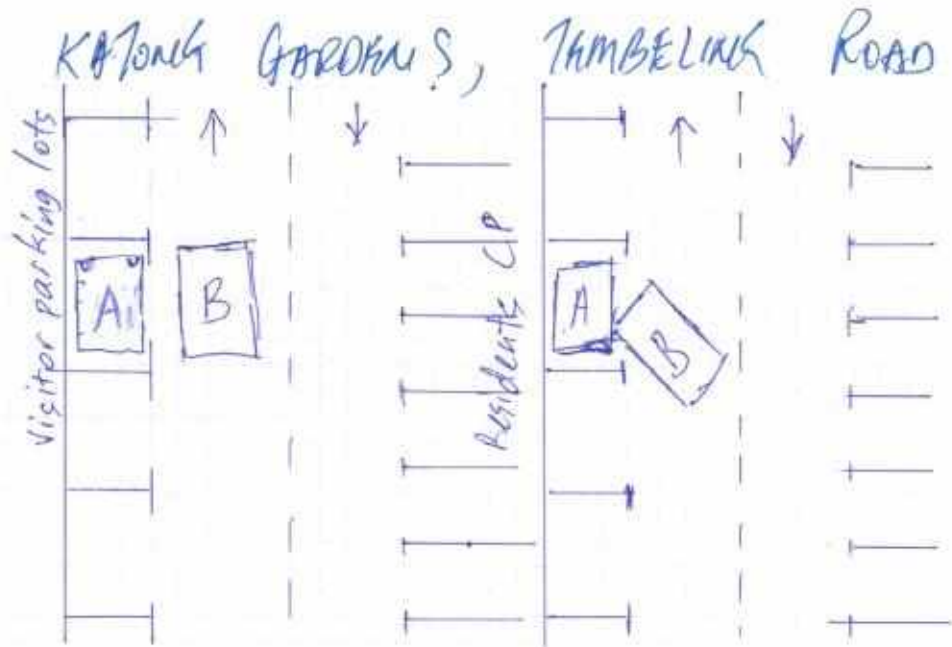
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A) SJH 8982C
B) SBM 197Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was delivering items at this condo.
- I was moving forward towards visitor lots to park.
- I notice SBM 197Z parked in the middle of the lane without hazard lights nor brake lights on.
- I proceed to move forward to park in visitor lot.
- After i parked, I felt a bump on my right rear.
- I stepped out of my car and the man just proceed to park his car. He didn't bother to negotiate nor co-operate on providing his details.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14, Apr, 2020 (DD/MM/YYYY), TIME: 18:15 (HH:MM)

LOCATION: Katang Gardens, Tembeling Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 8982C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5095284133-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CRV 2.4L
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: Rodrigues Adrian Jerome Simon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7523664J CONTACT: 87836633
c) ADDRESS: 16 Ghim Moh Rd #07-73, S 270016

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SBM 197Z MODEL: Toyota Camry

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDEO

adrianrodrigues75@gmail.com

Claim Handling

Accident MT/1001432

Policy No.	015204179-02	Vehicle No.	SHH982C	GST Registration No.	
Certificate No.					
Policyholder Name	RODRIGUES ADRIAN JEROME	Cover Type	Drive CLASSIC	Policyholder NRIC	S75216841
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	87536633	Special Remarks		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
KPI	- No Yes	NCD Entitlement (%)	50	eCode Reason	
NCD Impairment	Yes			Private File	No
Accident Details					
Report Date	15/04/2020 17:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/04/2020	Time of Accident (Hours)	18:15	Country of Accident	Singapore
Reporting Centre		Design Force		ICM No.	
Accident Location	KATONG GARDENS TERRELLING ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Minimum Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver & Owner(s)	Covered
YEO OD Excess	0.00	YEO TP Excess	0.00		
Additional Excess	0.00	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Registration History					
Policyholder Mailing Address					
Address 1	BLK 18 #07-73	Address 2	GRIM HOH ROAD	Address 3	GRIM HOH GARDENS
Address 4	SINGAPORE 270016	Address Type	Singapore address	Post Code	270016
Unit No.	07-73	Related Policy Number	000284133-02		
OT Driver Info					
Driver Name	Rodrigues Adrian Jerome Simon	Driver Type	Main Driver	Driver DOB	01/06/1979
Uninsured Driver Name		Driver NRIC	S75216841	Driving Experience	18
Register Date of Driver License	21/01/2002	Driver Age	40	Contact No. (Home)	
Contact No. (Mobile)	87536633	Contact No. (Office)		Address 1	GRIM HOH GARDENS
Address 1	BLK 18 #07-73	Address 2	GRIM HOH ROAD	Post Code	270016
Address 4	SINGAPORE 270016	Address Type	Singapore address		
Unit No.	07-73	Driver Vehicle No.	SHH982C	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Injured Name	RODRIGUES ADRIAN JEROME	Injured NRIC	S75216841
Contact No. (Mobile)	87536633	Contact No. (Home)	81115566	Contact No. (Office)	
Email Address		OT	ADRIAN RODRIGUES759@MAIL	Vehicle Number	SHH982C
Claim Description		Vehicle Number	SHH982C	Name of Injured Workshop	
Preferred Workshop		Claim Date	15/04/2020 18:00	Date Received	15/04/2020 00:00
Reported No. Forklift	Yes	Claim Case Date		Total Loss But Repaired	
Data Registered	Yes	Workshop Name	ROSLI WAHAB		
Report Taken By					

Print All 100%

Save Submit

Attachment

ACCORDANT No.	MT/1001432	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/04/2020 18:09
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		
Choose File	No file chosen		
Message Area			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size? (KB)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2020 18:09	Photos	Normal	Photos 2020-4-15	1.00	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2020 18:09	Photos	Normal	Photos 2020-4-15	1.00	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Apr 2020 18:09	Photos	Normal	Photos 2020-4-15	1.00	Edit

	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:39	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:39	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:39	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:38	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:38	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:38	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:38	Photos	Normal	Photos 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:38	SRID/ Driving License	V	SRID/ Driving License 2020-4-15	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Apr 2020 18:39	SAS	Normal	SAS 2020-4-15	Edit

Video List

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095284133-02

Cover : drivo CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH8982C |
| Chassis Number | : RE31102165 |
| 2. Name of Policyholder | : RODRIGUES ADRIAN JEROME |
| 3. Effective Date of Insurance | : 11 Nov 2019 |
| 4. Expiry Date of Insurance | : 26 Aug 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RODRIGUES ADRIAN JEROME SIMON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ZENITH CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

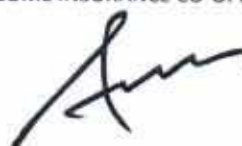
Agency : ZEAL INSURANCE AGENCY (00000614483)
Date of Issue : 11 Nov 2019 16:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive