

NATIONAL Assessment Centre Services.

Just 1 Jan 2021

MAH 0005827

Date In: 01/07/2020 14:28	Job description	Date & Time Completed	Done by
Ref No: N/A 0000078919	SAS e-filing		
Veh No: SCV 6582B	E-mail (Update Status, AIC Status)		
D.O.A: 01/07/2020 13:00	1-Motor Claim Form	mlh09040001	01/07/2020 15:03
QD: TP: Reporting Only	1-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SGO 7847E	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 Refor 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 Recovery Photo [Repair Cost > \$3000] ()		

Injury: ()

Date of Birth: ()	

NA 0003620	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Sign-In-Charge):	5) PT: Follow-Through Survey (Recovery) \$30	
	For claiming against INC Only (over 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: (Inc DA + EMRT Survey) \$160	
	8) NTUC Additional Services	
	ON:	
	• NI: Courtesy Car / Tpl Allowance \$3	
	• NI: Repairs Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$2	
	• NI: DV / Collect Excess Coordination \$20	
	TP (NI) / TP (Non-INC) regular INC \$0	
	9) NI: Use Mobile	
	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 willful 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	09/07/2020 14:38
Date Of Accident	06/07/2020 13:00
Exact Location Of Accident	PLAZA SINGAPURA CARPARK LOT 4-05 LEVEL 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6582B
Insured/Policyholder	
Name Of Registered Owner	ASIABRIDGE PTE LTD
Co Reg No	1XXXXX662R
Email Address	NANA@OCEANPARADISE.COM.SG
Mobile Phone No	(LOCAL) +65-96757077
Alternative Phone No	OFFICE-96757077

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	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	5113250299
Cover Note Number	

Driver

Name of Driver	DORA NANA OKADA
NRIC No	SXXXX426H
Date Of Birth	23/07/1968
Occupation	INDOOR
Date Of Driving Pass	09/09/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96757077
Fax Number	
Contact Number	OTHERS-96757077
Email Address	NANA@OCEANPARADISE.COM.SG

Address	BLK 45 MOUNT SINAI RISE #07-02
Postcode	276958
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	SGQ7847E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	SXXXX514D
Contact Number	93857466
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

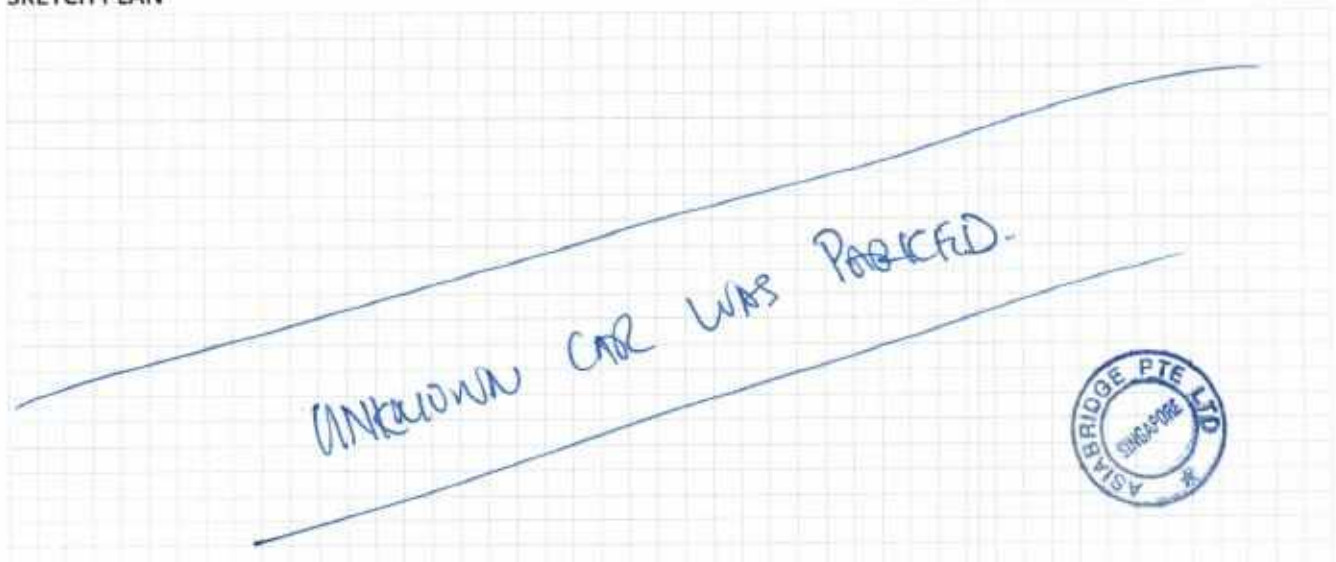
Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Date & Time: 09 July 2020
1330 hrs

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

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car on the date and time. When I came to my car I saw a note saying that my car was knocked and ask me to contact her.

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: 9 July 2020
1330hrs

Reporting Centre Personnel's Signature
Name: 09/07/2020
NRIC/FIN No.: 8081 111111

ACCIDENT STATEMENT

ACCIDENT DATE: 16/07/2020 (DD/MM/YYYY). TIME: 13:00 (HH:MM).

LOCATION: Plaza Singapura Carpark Lot 4-05 Level 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 6582B
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 511325099
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Harrier
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: car was parked
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: ASIARRIDGE PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DORA NANA OKADA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96757077
c) ADDRESS: _____

* d) DATE OF BIRTH: 23/07/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 09 Sep 1998

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: SGR 7847E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: S7580514D CONTACT: 93857466

9. THIRD PARTY VEHICLE

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

Email = nana@oceanparadise.com.sg

VIDEO

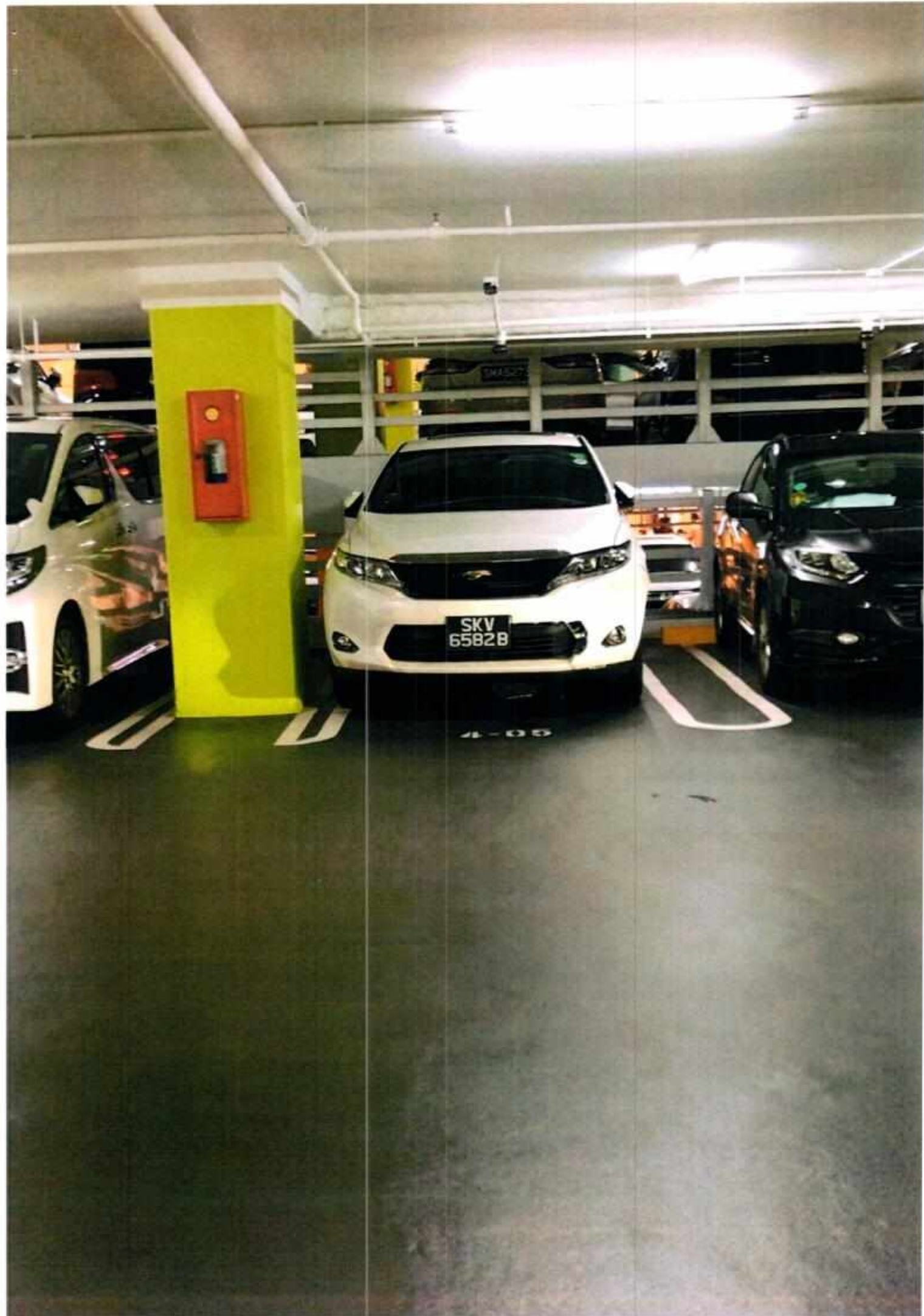
Dear Sir / Madam

I'm terribly sorry
for knocking your car.
my contact number
93857466

please contact me.

Feng Fang







Dear Sir / Madam

I'm terribly sorry
for knocking your car.

my contact number
93857466

please contact me.

Feng Fang



Claim Handling

Accident MT/1096479

Policy No.	3113250299	Vehicle No.	SKV65028	GST Registration No.	NA
Certificate No.					
Policyholder Name	ASIABRIDGE PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	1989006628
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96757077	Special Remark		Contact No.(Home)	
Email Address	nana@oceanparadise.com.sg	TCR	No Yes	eCode	511
KTC	No Yes	CDL	No Yes	eCode Reason	
NCB Protection	Yes	NCB Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	09/07/2020 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	06/07/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Damage Finish		ICM No.	
Accident Location	PLAZA SINGAPURA CARPARK LOT 4-B5 LEVEL 4				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIELD OD Excess	0.00	YIELD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	30/07/1999		
GST Registration No.	1989006628	GST Status Verified	Yes		
Modification History	09/07/2020 13:01:05 System changed GST Registration No. from NA to 1989006628 09/07/2020 15:01:06 System changed GST Registration Date from 21/02/1999 to 26/07/1999 09/07/2020 15:01:06 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	1 CLEMENTI LOOP	Address 2	#01-01	Address 3	SINGAPORE 129808
Address 4		Address Type	Singapore address	Post Code	129808
Unit No.	33-01	Related Policy Number	3113250299		
Q1 Driver Info					
Driver Name	DORA NANA OKADA	Driver Type	Named Driver	Driver DOB	23/01/1968
Unnamed driver Name		Driver NRIC	S6822426H	Driving Experience	31
Register Date of Driver License	01/01/1999	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	96757077	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	SKV65028	Driver Insurer Company	KTC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	ASIABRIDGE PTE LTD	Insured NRIC	1989006628
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NA
Email Address		Q1 Vehicle Number	SKV65028	TP Vehicle Number	SGQ78478
Claim Description	SKV65028 / SGQ78478 ON 6 Jul 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Return No. Finalisation	Yes	Referenced Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	09/07/2020 15:02	Date Received	09/07/2020 08
Report Taken By	ROSJI WANER				
Print AX letter					
Save Submit					

Attachment

Accident No.	MT/1096479	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	09/07/2020 15:03		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Send Mail					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 09 Jul 2020 15:03		Photos	Normal	Photos 2020-7-9	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	Photos	Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	Photos	Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	Photos	Normal	Photos 2020-7-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	Photos	Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	Photos	Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 15:03	SAS	Normal	SAS 2020-7-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

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. M90372806G

Policy Number	: 5113250299
The Policyholder	: ASIABRIDGE PTE LTD 1 CLEMENTI LOOP #03-01 SINGAPORE 129808

Period of Insurance	: 14 Oct 2019 To 13 Oct 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$994.48

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2000cc
Primary Driver	: MITSUHIRO OKADA	Registration Year	: 2015
Named Driver (1)	: DORA NANA OKADA	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: TOYOTA/HARRIER	NCD Entitlement	: 50%
Registration Number	: SKV6582B	NCD Protection	: Yes
Chassis Number	: ZSU600050368		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: L C H LOCKTON PTE. LTD. (00000691147)
Date of Issue	: 14 Oct 2019 17:29 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