

# NATIONAL Assessment Centre Services.

Form 1 Jan 2001

MAA98005928

Date In: 14/07/2020 10:32	Job description	Date & Time Completed	Done by
Ref No: NBARUC000070614	SAS e-Milling		
Veh No: S3401 CD	E-mail (Veh No, A/C No)		
D.O.A: 29/06/2020 13:45	1-Motor Claims Form	mlt09818-001	14/07/2020 13:45
OD TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: EM 282A	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 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: ( )

NA2003.701	1) Alt: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TT: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	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
	TE (NI) / TP (NG) INC against W/G	\$20
	9) NI: Idea 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	14/07/2020 11:32
Date Of Accident	29/06/2020 13:45
Exact Location Of Accident	82 GRANGE ROAD BASEMENT CARPARK (249587)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S3401CD
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMBASSY OF ROMANIA
Co Reg No	SXXXXX034C
Email Address	SINGAPORE@MAE.RO
Mobile Phone No	(LOCAL) +65-93886080
Alternative Phone No	OFFICE-93886080

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101945694-01
Cover Note Number	

Driver

Name of Driver	MARIUS TRUSCA
NRIC No	GXXXX506L
Date Of Birth	15/04/1967
Occupation	INDOOR
Date Of Driving Pass	20/01/2009
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93886080
Fax Number	
Contact Number	OTHERS-93886080
Email Address	SINGAPORE@MAE.RO

Address	90 HOLLAND ROAD
Postcode	278535
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

ON THE 22/6/2020 AT ABOUT 09:00 I PARK MY CAR AT THE 82 GRANGE ROAD BASEMENT CARPARK. ON THE 29/06/2020 AT ABOUT 13:45 I WENT TO TAKE MY CAR AND SAW IT WAS DAMAGE AND I DID ASK THE MANAGEMENT FOR THE VIDEO FOOTAGE AND SAW A CAR EM282A THAT REVERSE AND DAMAGE MY CAR S3401CD THAT ALL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EM282A
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

GIARMC SketchPlanForm\_V3

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

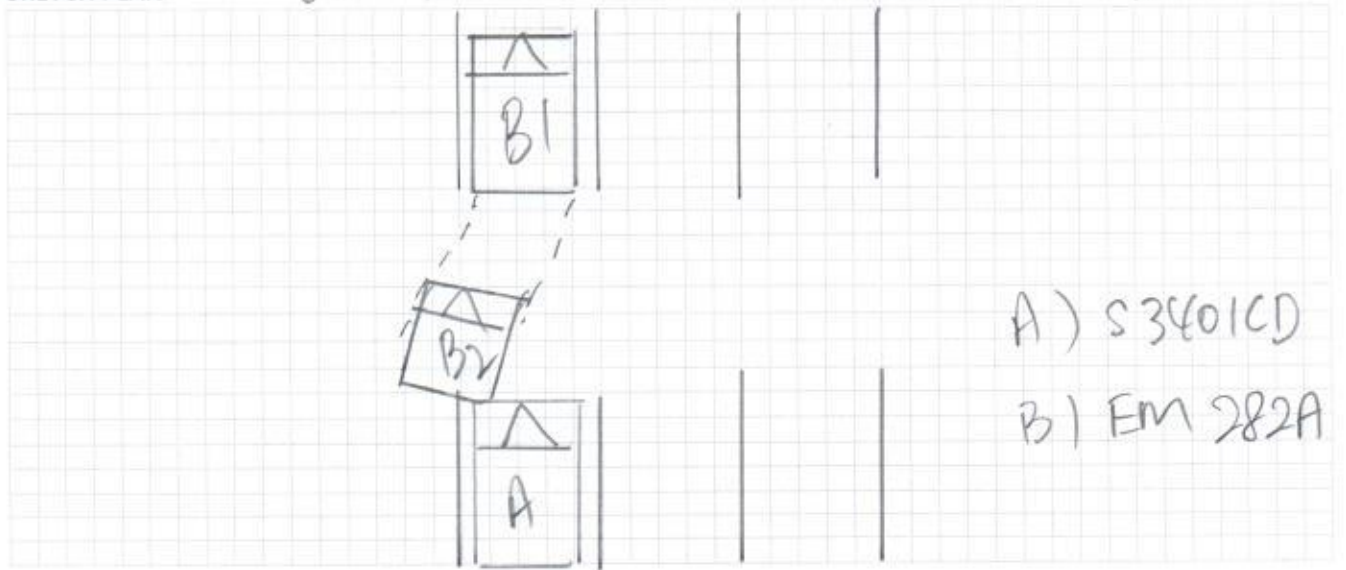
14.07.2020  
11:35

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

14/07/2020  
  


SKETCH PLAN

82 GEORGE ROAD ROBINSON CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature: [Signature]

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

14.07.2020  
11:35

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

14/07/2020  
Name: [Signature]  
NRIC/FIN No.: [Signature]





Ministry of Foreign Affairs  
Singapore

ADMIN & TECHNICAL STAFF

FIN: G6045506L    Card No: 034-000164

Name: MARIUS TRUSCA

Designation: ADMINISTRATIVE OFFICER

Mission: EMBASSY OF ROMANIA

Date of Issue: 03-12-2019

Date of Expiry: 18-12-2020



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence No: G6045506L

MARIUS TRUSCA

Birth Date: 15 Apr 1967

Issue Date: 14 Jan 2019

Valid Till: 19/01/2024





This card is not transferable. The card should be returned to the Protocol Directorate, Ministry of Foreign Affairs, Singapore, on departure of the Bearer.

Loss of this card must be reported immediately to the Chief of Protocol, Ministry of Foreign Affairs, Singapore.

If found, this card must be returned immediately to the Protocol Directorate, Ministry of Foreign Affairs, Tanglin, Singapore 248163, or handed in at the nearest Police Station.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

20 Jan 2009

Licence No: G6045506L



## ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 06 / 2020) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: 82 GRANGE ROAD SINGAPORE 249587

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S3401CD  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5101945694-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: LEXUS ES 250  
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: EMBASSY OF ROMANIA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MARIUS TRUSCA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G6045506L CONTACT: 93886080  
c) ADDRESS: 90 HOLLAND ROAD 278535

\*d) DATE OF BIRTH: (15 / 04 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20 JAN 2008

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: EM 282A MODEL:  
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



Claim Handling

Accident MT/1096781

Policy No.	5101945094-01	Vehicle No.	S3401CD	GST Registration No.	
Certificate No.					
Policyholder Name	EMBASSY OF ROMANIA			Policyholder NRIC	S73DP0034C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93886080	Contact No.(Office)		Contact No.(Home)	
Email Address	singapore@mae.ro	Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/07/2020 12:10	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/06/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	82 GRANGE ROAD BASEMENT CARPARK (249587)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	14/07/2020 12:12:12 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	390 HAVELOCK ROAD	Address 2	#03-04/05 KING'S CENTRE	Address 3	SINGAPORE 109662
Address 4		Address Type	Singapore address	Post Code	169662
Unit No.	#08-10	Related Policy Number	5069324442-05		

OT Driver Info

Driver Name	MARIUS TRUSCA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G6045506L	Driver DOB	15/04/1967
Register Date of Driver License	20/01/2009	Driver Age	53	Driving Experience	11
Contact No.(Mobile)	93886080	Contact No.(Office)		Contact No.(Home)	
Address 3		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	S3401CD	Driver Insurer Company	NTUC

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

Preferred Repair Option

Date Registered

Report Taken By

Print AK letter

Insured Name

Embassy of Romania

Insured NRIC

S73DP0034C

Contact No. (Home)

67355023

OT

S3401CD

Vehicle Number

EM282A

Name of Preferred Workshop

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

14/07/2020 12:13

Claim Close Date

Date Received

14/07/2020 00:00

ROSLI WAHAB

Save

Submit

Attachment

Accident No.

MT/1096781

Claim No.

001

Last Doc. Received

Yes No

Upload Date

14/07/2020 12:14

Category \*

Confidential

Urgency \*

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

Choose File

No file chosen

Choose File

No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jul 2020 12:14		Photos	Normal	Photos 2020-7-14	



<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

29/06/2020 11:30

Vehicle No.(For Motor)

S3401CD

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"/>	5101945694-01		EMBASSY OF ROMANIA	S73DP0034C	GPC	Third Party	S3401CD	S3401CD	31/07/2019	30/07/2020

Continue