NATIONAL Assessment Centre Services. MNA P20060101

	Job description	Date & Time Completed	Done by
Date In: 16/07/2020 1704	SAS e-filing		
Ref No: NBB/INC/20200738917	E-mail (3/jobs 1hrs, AIC 2hrs)		
Veh No: SGZ 7816A	I-Motor Claim Form	IMT/1097087-001	17/07/2020 10:50
D.O.A: 16/07/2020 14:25	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel: Fax:)

TP Particulars: Veh No: SHC 4011 G 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 :

NA2003734

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);	INC ($10)		
2) DA : Damage Assessment ($100);	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2010)	$75		
6) TR : Re-inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$5		
* N5: Courtesy Car / Tpt Allowance	$10		
* N6: Repair Co-ordination	$25		
* N7: Post Repair Inspection	$5		
* N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Call In:

1 2/3

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 witholding 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	16/07/2020 17:04
Date Of Accident	16/07/2020 14:25
Exact Location Of Accident	IN BETWEEN BLK 44 AND 45 LENGKOK BARU
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ7816A
Insured/Policyholder	
Name Of Registered Owner	JULIANAH BINTE MASWANDI
NRIC No	SXXXX666B
Email Address	JULIANAHMASWANDI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98586416
Alternative Phone No	OTHERS-98586416
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
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	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	5077985342-04
Cover Note Number	
Driver	
Name of Driver	JULIANAH BINTE MASWANDI
NRIC No	SXXXX666B
Date Of Birth	15/09/1962
Occupation	INDOOR
Date Of Driving Pass	03/07/1985
Driving Experience	35 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98586416
Fax Number	
Contact Number	OTHERS-98586416
EMail Address	JULIANAHMASWANDI@YAHOO.COM

Address	BLK 21 QUEEN'S CLOSE #03-143
Postcode	140021
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)	2
Passenger 1	NAME: : COUSIN GENDER: : FEMALE

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	SHC4011G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	CHUA CHIN HOCK
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

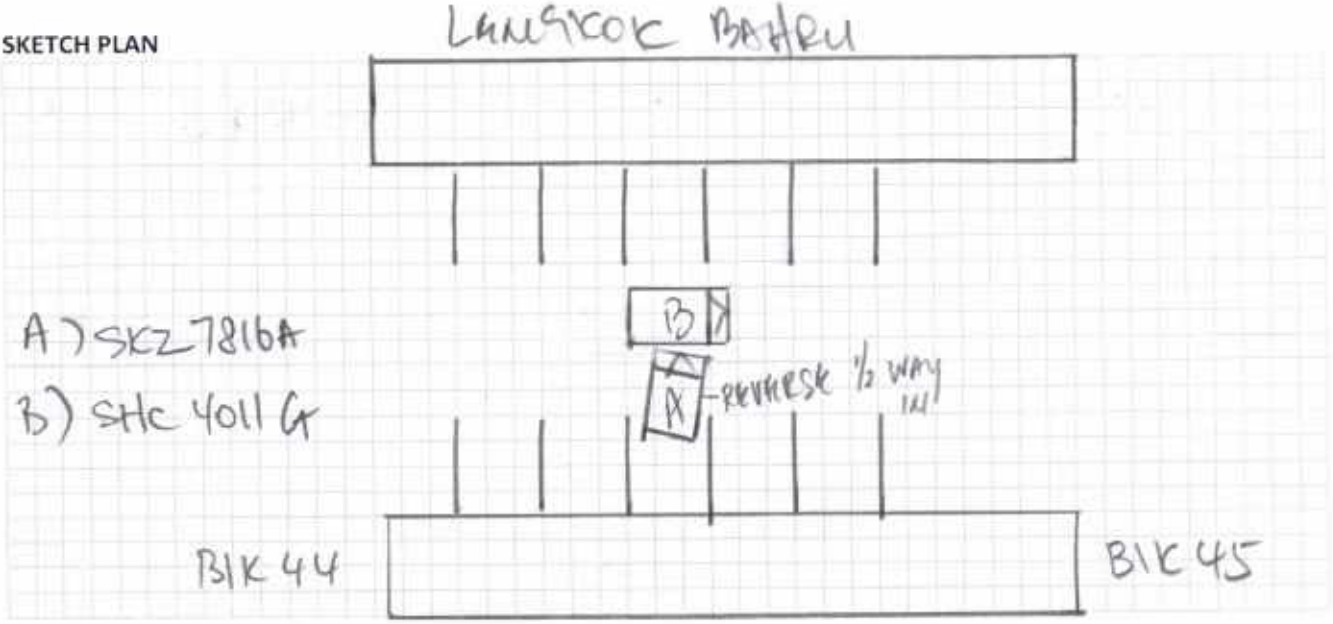
Policyholder's Signature
Date & Time:

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

16/01/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At ~~At~~ 2.25pm at Langkok Bahru, I was reverse to park my car. ~~Jun~~ As I was half way thru the ~~parking~~ lot, a ~~taksi~~ taxi plate No. SHC 4011 G, Driver Chua Chin Hock drives straigh through and hit my left front bumper. The accident happen and ~~damge~~ both vehicle as per attached photo.

DECLARATION

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

Michael

Policyholder's Signature
Date & Time:

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

16/07/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 07 / 2020) (DD/MM/YYYY), TIME: (14 : 25) (HH:MM)

LOCATION: BLK 44 & 45 LENGKOK BAHRU

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKZ 7816A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5077985342-04
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA ODYSSEY
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: JULIANAH BTE MASWANDI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1532666B CONTACT: 98586416
   COUSIN (F) c) ADDRESS: BLK 21 QUEEN'S CLOSE
   #03-143 140021

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   *No of passenger (including driver) (2)
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: ______ CONTACT: ______
   c) ADDRESS: ______

   *d) DATE OF BIRTH: (15 / 09 / 1962) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 03/07/1985
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COUSIN
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
   *No of passenger (including driver) (__)
   a) VEHICLE NUMBER: SHC 4011G MODEL: TAXI
   b) DRIVER'S NAME: CHUA CHIN HOCK
   c) NRIC/FIN/PASSPORT: ______ CONTACT: ______
9. THIRD PARTY VEHICLE
   *No of passenger (including driver) (__)
   d) VEHICLE NUMBER: ______ MODEL: ______
   e) DRIVER'S NAME: ______
   f) NRIC/FIN/PASSPORT: ______ CONTACT: ______

chuonsbuno @ Yahoo.Com,

email =

VIDEO julianamaswandi@yahoo.com

Claim Handling

Accident MT/1097087

Policy No.	5077985342-04	Vehicle No.	SKZ7816A	GST Registration No.	
Certificate No.				Policyholder NRIC	S1532666B
Policyholder Name	JULIANAH BINTE MASWANDI			Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	
Contact No.(Mobile)	98586416	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFM	No Yes	TCA	No Yes	Private Hire	No
NCD Protection	Yes	NCD Entitlement(%)	50		

Accident Details

Report Date	17/07/2020 10:40	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/07/2020	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BETWEEN BLK 44 AND 45 LENGKOK BAHRU				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED 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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 21 #03-143	Address 2	QUEEN'S CLOSE	Address 3	SINGAPORE 140021
Address 4		Address Type	Singapore address	Post Code	140021
Unit No.		Related Policy Number	5077985342-04		

OI Driver Info

Driver Name	JULIANAH BINTE MASWANDI	Driver Type	Main Driver	Driver DOB	15/09/1962
Unnamed driver Name		Driver NRIC	S1532666B	Driving Experience	35
Register Date of Driver License	03/07/1985	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	98586416	Contact No.(Office)		Address 3	SINGAPORE 140021
Address 1	BLK 21 #03-143	Address 2	QUEEN'S CLOSE	Post Code	140021
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKZ7816S	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-PR	Insured Name	JULIANAH BINTE MASWANDI	Insured NRIC	S1532666B
Contact No.(Mobile)	98586416	Contact No.(Home)	64763716	Contact No.(Office)	
Email Address	julianahhalim@gmail.com	OI Vehicle Number	SKZ7816A	TP Vehicle Number	SHC4011G
Claim Description	SKZ7816A / SHC4011G ON 16 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Remark No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2020 10:48	Claim Close Date		Date Received	17/07/2020 00
Report Taken By	ROSLI WAHAB				

Prnt AR letter

Save Submit

Attachment

Accident No.	MT/1097087	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/07/2020 10:50

Path *		Category *	Confidential	Urgency *	Description *
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 Msg

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Jul 2020 10:50	Photos		Normal	Photos 2020-7-17	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:50	Photos		Normal	Photos 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:50	Photos		Normal	Photos 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:50	Photos		Normal	Photos 2020-7-17
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:49	Photos		Normal	Photos 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	Photos		Normal	Photos 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	Photos		Normal	Photos 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jul 2020 10:48	SAS		Normal	SAS 2020-7-17

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 16/07/2020 16:40
Vehicle No.(For Motor): SKZ7816A | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S077985342-04		JULIANAH BINTE MASWANDI	S1532666B	GPC	drivo CLASSIC	SKZ7816A	SKZ7816A	08/03/2020	07/03/2021

Continue