NATIONAL Assessment Centre Services. (wef 1 Jan'08) . MHA4200613?? [illegible]

Date In: 11/08/2020 17:07	Job description	Date &Time Completed	Done by
Ref No: [illegible]	SAS e-filing		
Veh No: SLE 6171A	E-mail (Agents ..., AIC ...)		
DOA: 09/08/2020 17:50	I-Motor Claim Form	MV/1109938?-001	11/08/2020 12:23
OD / (TP) / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLG 2906U . 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

HA200?941

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($40)	$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 2008)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services-			
OR:	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$30		
TF (N11) : TF (Non INC) against INC	50		
9) N12: Idea Mobile			

Invoice dated Fee Charged

Invoice dated Fee Charged

[illegible]

MNA420007300 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 11/08/2020 12:02
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	11/08/2020 12:02
Date Of Accident	09/08/2020 17:30
Exact Location Of Accident	47 SARACA VIEW ROADSIDE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK6171A
Insured/Policyholder	
Name Of Registered Owner	PEREIRA CORNELIUS ALPHONSUS
NRIC No	SXXXX082E
Email Address	CORNIE_ALPHONS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83330368
Alternative Phone No	OTHERS-83330368
Vehicle Particulars	
Manufacturer	SEAT
Model	LEON 5DR 1.2 TSI 110 STYLE 7AT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087498472-03
Cover Note Number	
Driver	
Name of Driver	PEREIRA CORNELIUS ALPHONSUS
NRIC No	SXXXX082E
Date Of Birth	06/09/1974
Occupation	INDOOR
Date Of Driving Pass	06/12/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83330368
Fax Number	
Contact Number	OTHERS-83330368
EMail Address	CORNIE_ALPHONS@HOTMAIL.COM

Address	11A WOODLANDS AVENUE 6 #13-07
Postcode	738993
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	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 Witness 1

Name	CHRISTINA CHONG
Phone Number	83381820
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG3906U
Vehicle Make/Model/Colour	NISSAN QASHQAI
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.
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: 11/9/2020 1030H

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

11/08/2020

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was parking my vehicle A at 47 Saraca View, I came out of the car and spoke to a colleague at the same time in front of 47 Saraca View. Suddenly car B drove up and hit into my stationary car A at the rear bumper. As I approach the driver, he was slurring and very drunk and did not realise he hit my car as well.

As such all this happen on the 9th August 2020 1730H. He cant speak well as he was reeking with alcohol. The witness can testify to that.

DECLARATION

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

Policyholder's Signature
Date & Time: 11/9/2020 1030H

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: [09/08/2020] (DD/MM/YYYY), TIME: [17:30] (HH:MM)

LOCATION: 47 Saraca View Roadside

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLH 6171A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Seat
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Work
   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: Pereira Cornelius Alphonsus (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7429082E CONTACT: 83330708
   c) ADDRESS: 11A Woodlands Avenue 6 #13-07
   Singapore 738993

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

3. DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: [06/09/1974] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 06 December 1993
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: SLG 2906 U MODEL: Nissan Qashqai
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

\# No of passenger (including driver) ( )

email = cornie_alphons@hotmail.com

VIDEO

Witness: Christina Chong

Tel: 83381820

Claim Handling

Accident MT/1099381

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	PEREIRA CORNELIUS ALPHONSUS			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] CLASSIC	Loading	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address	[illegible]	Special Remark		eCode	[illegible]
KPR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	[illegible]	Private Hire	No

Accident Details

Report Date	11/08/2020 12:19	Accident Report Within 24 hrs	[illegible]	Accident Type	Damaged whilst parked
Date of Accident	08/08/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	[illegible]				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	[illegible]	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	[illegible]	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	11A WOODLANDS AVENUE 6	Address 2	#17-07 TWIN FOUNTAINS	Address 3	SINGAPORE 738[illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.	[illegible]	Related Policy Number	[illegible]		

OI Driver Info

Driver Name	PEREIRA CORNELIUS ALPHONSUS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	[illegible]	Driving Experience	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	11A WOODLANDS AVENUE 6	Address 2	#17-07 TWIN FOUNTAINS	Address 3	SINGAPORE 738[illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.	[illegible]				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	[illegible]	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	[illegible]	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-PIX	Insured Name	PEREIRA CORNELIUS ALPHONS	Insured NRIC	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Home)	[illegible]	Contact No.(Office)	
Email Address	[illegible]@yahoo.com	OI Vehicle Number	[illegible]	TP Vehicle Number	[illegible]
Claim Description	[illegible] ON 8 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Pending Finalisation	[illegible]	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	[illegible]	Claim Close Date		Date Received	11/08/2020 00:
Report Taken By	[illegible]				

Print Ack letter

Save Submit

Attachment

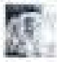
Accident No.	MT/1099381	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/08/2020 12:23

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 Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CS)
	NAC_BUKIT_MERAH_[illegible] NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 11 Aug 2020 12:23	Photos	Normal	Photos 2020-8-11	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:23	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:22	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	Photos		Normal	Photos 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 12:21	SAS		Normal	SAS 2020-8-11

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.

Vehicle No.(For Motor) SLK6171A

Date of Accident 09/08/2020 10:24

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087498472-03		PEREIRA CORNELIUS ALPHONSUS	S7429082E	GPC	drive CLASSIC	SLK6171A	SLK6171A	23/01/2020	22/01/2021

Continue