

# NATIONAL Assessment Centre Services

Date In: 06/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000317/13	SAS e-filing		
Veh No. SLU8189J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : 02/01/21 1249	I-Motor Claim Form	06/01 MT/1116344-001	
OD : TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMV7310P	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 ( )	

General Remarks:

( ) 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. ( )

Remarks:	INC hotline: 6788 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
on:				
*N5: Courtesy Car / Tp Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11): TP (Non INC) against INC		\$20		
9) N12: Idao 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 Submission	06/01/2021 11:46 (SGT)
Date of Accident	02/01/2021 12:40 (SGT)
Exact Location of Accident	Kovan, Singapore
Additional Location Information	KOVAN CENTRAL CARPARK INFRT OF DBS KOVAN
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8189J
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROSEMARY ENG SU YIN (WENG SHUYIN)
NRIC No	SXXXX136C
Email Address	nickdfern@me.com
Mobile Phone No	(Phone) +65-81003183
Alternative Phone No	+65-81003183

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
Variant	-
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 - Claiming third party
Vehicle Category	Private car

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5097059709-02
Cover Note Number	-

## DRIVER

Name of Driver	FERNANDEZ NICHOLAS DAMIAN
NRIC No	SXXXX397Z
Date Of Birth	23/07/1974
Occupation	Indoor

Date Of Driving Pass	06/02/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97402428
Alt. Phone Number	-
Email Address	nickdfern@me.com
Address	1143A UPPER SERANGOON ROAD
Address complement	-
Postcode	534784
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NATALIE
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

MY CAR WAS PARKED IN KOVAN CENTRAL CARPARK INFRT OF DBS KOVAN ON SAT FROM 10 AM AFTER I DROPPED MY CHILDREN IN CLASS. AT ABT 12:40 PM VEH B(SMV7310P) WAS TRYING TO ENTER INTO THE HANDICAP LOT NEXT TO MY CAR. IT REVERSED AND HIT THE FRT PORTION OF MY PARKED VEH. I HAVE SHARED VIDEOS & PHOTOS WITH IDAC. THE DRIVER APOLOGIZED AND OFFERED TO PAY ME \$500 AND SETTLE PRIVATELY IF WE DIDN'T GO TO THE INSURER. HOWEVER ON 6TH JAN MORNING, SHE THEN TOLD ME THAT SHE ALREADY INFORMED THE INSURER ON 4TH JAN ON MONDAY.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV7310P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN LAI HAR
NRIC No	SXXXX461I
Contact Number	(Phone) +65-94516703
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.

#### 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.

Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

KOVAN CENTRAL CARPARK INPRT  
DBS KOVAN BRANCH

A - SLU8189J  
B - SMV7310P



**Describe Circumstances of the Accident**

carpark (in front of DBS Kovan Branch)

My car was parked in Kovan on Saturday from about 10am after I dropped my children in class.  
(SU88K9J)

At about 12:40pm, upon returning to my car, vehicle SMV 7310P was trying to enter into the handicap lot next to my car. It reversed and hit my the front of my parked vehicle. I have shared videos & photos with IDAC. The owner drove a elderly woman (han) apologized and offered to pay me \$1000 to settle privately if we did not go to the insurer. However, on 6th Jan (Wed) morning, she then told me that she already informed the insurer on Monday 4th January.

**Declaration**

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 1 / 21) (DD/MM/YYYY), TIME: (12 : 40) (HH:MM)

LOCATION: KUVAN CENTRAL CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU8159J  
 b) INSURANCE COMPANY: NITUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA ODYSSEY (A)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: STATIONARY  
 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: ROSEMARY ENG SU YIN (WENG SHUYIN) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 81003153  
 c) ADDRESS:

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

## DRIVER

- a) NAME: FERNANDEZ NICHOLAS DANIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 974233972 CONTACT: 97402428  
 c) ADDRESS: 1143A UPP SERANGKUN RD  
 534784

\* d) DATE OF BIRTH: (23 / 07 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SMV7310P MODEL:  
 b) DRIVER'S NAME: CHAN LAI HAR  
 c) NRIC/FIN/PASSPORT: 501164611 CONTACT: 94516703

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 (2)

NATALIE (F)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email =

fax =

video = yes

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097059709-02		ROSEMARY ENG SU YIN (WENG SHUYIN)	S7636136C	GPC	Third Party	SLU8189J	SLU8189J	24/02/2020	23/02/2021

## Claim Handling

Accident MT/1116344

Policy No.	5097059709-02	Vehicle No.	SLUB189J	GST Registration No.	
Certificate No.					
Policyholder Name	ROSEMARY ENG SU YIN (WENG SHUYIN)			Policyholder NRIC	S7636136C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81003183	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	06/01/2021 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parke
Date of Accident	02/01/2021	Time of Accident hh:mm	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KOVAN CENTRAL CARPARK INFR OF DBS KOVAN				
<b>▼ Total Excess Applicable</b>					
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					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

## ▼ Policyholder Mailing Address

Address 1	27K JALAN HOCK CHYE	Address 2	SINGAPORE S38238	Address 3	
Address 4		Address Type	Singapore address	Post Code	S38238
Unit No.		Related Policy Number	5108865920-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	FERNANDEZ NICHOLAS DAMIAI	Driver NRIC	S7423397Z	Driver DOB	23/07/1974
Register Date of Driver License	06/02/1995	Driver Age	46	Driving Experience	25
Contact No.(Mobile)	97402428	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	1143A UPPER SERANGOON RD	Address 2	SILVER HILL	Address 3	SINGAPORE 53471
Address 4		Address Type	Foreign address	Post Code	S34784
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ROSEMARY ENG SU YIN (WENG SHUYIN)	Insured NRIC	S7636136C
Contact No.(Mobile)	81003183	Contact No. (Home)		Contact No. (Office)	
Email Address	ROSEMARY_ENG@YAHOO.COM	OI Vehicle Number	SLUB189J	TP Vehicle Number	
Claim Description	SLUB189J / SMV7310P ON 2 Jan 2021				
Preferred Workshop	Insured Liability	Not at Fault		Name of Preferred Workshop	
Consent no. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	06/01/2021 16:48	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1116344	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 00:00

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

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Message Input

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:48	SAS		Normal	SAS 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:48	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:48	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:47	Photos		Normal	Photos 2021-1-6
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 16:47	Photos		Normal	Photos 2021-1-6

## Video List

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