

NATIONAL Assessment Centre Services. SNO# 31210008

Date In: 01/02/2021 19:42	Job description	Date & Time Completed	Done by
Ref No: NBA/21(200150974)	SAS e-illing		
Veh No: SNA TIC	E-mail (to Julia Str, AIG Str)		
D.O.A: 21/01/2021 19:20	I-Motor Claim Form	01/02/2021	19:46
CID: TP / Reporting Only	I-Motor W/O (With: OD Str, TP Str)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VV/Str		

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

TP Insurer: () Vch No: SKP 4852U 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 ()

Deductible: () Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO refer 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 Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

<p style="font-size: 2em; color: blue;">NA2100973</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) All Accident Reporting (\$30)</td> <td>INC (\$10)</td> </tr> <tr> <td>2) DA + Damage Assessment (\$100)</td> <td>\$40/\$43</td> </tr> <tr> <td>3) TP + Towing Fee</td> <td>\$120</td> </tr> <tr> <td>4) PT + Follow-Through Survey</td> <td>\$30</td> </tr> <tr> <td>5) PT + Follow-Through Survey (Resurvey)</td> <td>\$73</td> </tr> <tr> <td>6) TIR + Inspection</td> <td>\$160</td> </tr> <tr> <td>7) NI + I/O DA + SMRT Survey</td> <td></td> </tr> <tr> <td>8) NFUC Additional Services</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>• NI: Courtesy Car / Tpl Allowance</td> <td>\$3</td> </tr> <tr> <td>• NI: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>• NI: Post Repair Inspection</td> <td>\$23</td> </tr> <tr> <td>• NI: DV / Collect License Coordination</td> <td>\$25</td> </tr> <tr> <td>• TP (NI) / TP (SNA INC) against INC</td> <td>\$30</td> </tr> <tr> <td>9) NI: Idea Mobile</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) All Accident Reporting (\$30)	INC (\$10)	2) DA + Damage Assessment (\$100)	\$40/\$43	3) TP + Towing Fee	\$120	4) PT + Follow-Through Survey	\$30	5) PT + Follow-Through Survey (Resurvey)	\$73	6) TIR + Inspection	\$160	7) NI + I/O DA + SMRT Survey		8) NFUC Additional Services		ON:		• NI: Courtesy Car / Tpl Allowance	\$3	• NI: Repair Coordination	\$10	• NI: Post Repair Inspection	\$23	• NI: DV / Collect License Coordination	\$25	• TP (NI) / TP (SNA INC) against INC	\$30	9) NI: Idea Mobile	
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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 01/02/2021 19:42 (SGT)
Date of Accident 21/01/2021 19:20 (SGT)
Exact Location of Accident 80 Marine Parade Rd, Singapore 449269
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN71C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUHADI ZAINI
NRIC No SXXXX283F
Email Address teresa.cheong.adore@gmail.com
Mobile Phone No (Phone) +65-96485722
Alternative Phone No +65-90913366

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5081283486-04
Cover Note Number -

DRIVER

Name of Driver TERESA CHEONG
NRIC No SXXXX818D

Date Of Driving Pass	03/07/2001
Driving experience	19 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90913366
Alt. Phone Number	-
Email Address	teresa.cheong.adore@gmail.com
Address	46 MEYER ROAD #17-01
Address complement	-
Postcode	437871
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
Weather Conditions	Clear
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	SUHADI ZAINI
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

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	SKF4852U
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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.
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 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)**

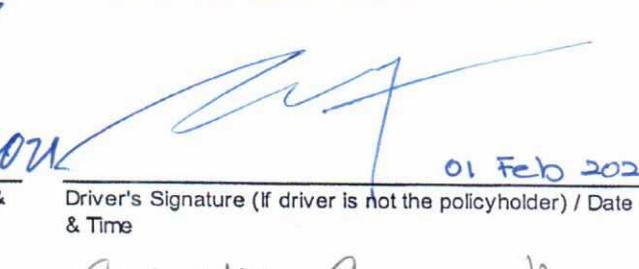
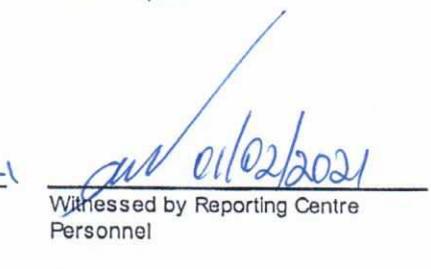
I understand, acknowledge, agree and consent that :

(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 1 FEB. 2021	 Driver's Signature (If driver is not the policyholder) / Date & Time 01 Feb 2021	 Witnessed by Reporting Centre Personnel 01/02/2021
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Sketch Plan

PARKWAY PARKWAY SHOPPING CENTRE

A) SJM 71C

B) SKP 4852U



Describe Circumstances of the Accident

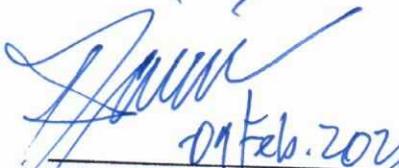
Chronology of events leading to the accident :

1. The accident occurred in the evening inside the parking building of parkway parade shopping centre.
2. Teresa Cheong was the driver during the incident.
3. The road that leads up to the parking lots has 2 entry points. Our car was on the right and claimant's car was on the left.
4. The space in parkway is wide and there is ample room for 2 cars per direction and Teresa Cheong proceeded as usual.
5. When Teresa turned left to go up the ramp, the claimant's car hit our vehicle on the rear left and there was slight damage to the area.
6. The claimant accused Teresa of hitting their vehicle but we disputed their accusation, as it is impossible as we were trying to drive slow and move forward.

The claimant should have exercised safety and caution as she (Huo Ruo wei) has full frontal view of our car and did not apply the necessary brakes as needed.

Declaration

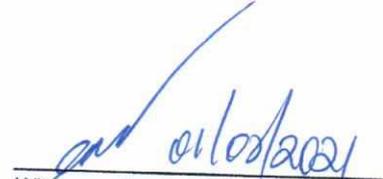
We declare the foregoing particulars are true in every respect.


01 Feb 2021

Policyholder's Signature / Date & Time


01 Feb 2021

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


01/02/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 2021) (DD/MM/YYYY), TIME: (19 : 20) (HH:MM)

LOCATION: PARKWAY PARADE SHOPPING CAR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN TIC
- b) INSURANCE COMPANY: NIIC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SUHADI ZAINI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S 2751203F CONTACT: 9648-5722
- c) ADDRESS: 9 NASSIM ROAD #03-01
SINGAPORE 118370

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TERESA CHEONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8124818D CONTACT: 9091-3366
- c) ADDRESS: 46 MEYER ROAD #17-01
SINGAPORE 437871

*d) DATE OF BIRTH: (03 / 08 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) In carpark

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: SKF 4852 U MODEL: AUDI A4
- b) DRIVER'S NAME: HVO RVO WEI
- c) NRIC/FIN/PASSPORT: S2635076Z CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
(3)

* No of passenger
(including driver)
()

email = teresa.cheong.adore@gmail.com
VIDEO

Claim Handling

Accident MT/1118508

Policy No.	5081283486-04	Vehicle No.	SJN71C	GST Registration No.
Certificate No.				
Policyholder Name	SUHADI ZAINI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

Accident Details

Report Date	25/01/2021 09:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2021	Time of Accident hh:mm	19:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PARKWAY PARADE MSCP			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
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	9 NASSIM ROAD	Address 2	#03-01	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-01	Related Policy Number	5081283486-04	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SUHADI
Contact No.(Mobile)	96485722	Contact No.(Home)	
Email Address		OI Vehicle Number	SJN71C
Claim Description	SJN71C / SKF4852U ON 21 Jan 2021		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Benefit No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2021 18:43	GIA report	Received
Report Taken By	ROS LI WAHAB	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1118508 Claim No. 002
 Last Doc. Received Yes No Upload Date 01/02/2021 19:46

Path *

Category *

Confidential

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 19:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 19:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 19:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 19:46	SAS		Normal	SAS ?
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 18:57	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 18:56	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 18:56	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 18:56	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5081283486-04		SUHADI ZAINI	S2751283F	GPC	drivo CLASSIC	SJN71C	SJN71C	10/07/2020	09/07/2021

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SU0821210008 Vehicle Registration No: STW 71C
 Name(as shown in NRIC) : TERESA CHHONG NRIC/FIN/Passport No : SXXXX88D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 90913366
 Email Address : _____
 Date of Accident : 21/01/2021 Time of Accident : 19:42
 Place of Accident : PARKWAY PARKSIDE
 Insurance Company: AMIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① ROAD SURFACE SHOULD BE WHIT
- ② 2x UPLOAD VIEWS

Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: