

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA17154720

Date In: 22/11/17-16:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022330/24	SAS e-filing		
Veh No: GBD4790G	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 22/11/17-08:45	i-Motor Claim Form	MT/0970815	22/11/17 (9:23)
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: DN1810E	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

NA1707215	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Est. 1:	Invoice dated	Fee Charged	
Est. 2 / 3:	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 ability.
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 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	22/11/2017 16:57
Date Of Accident	22/11/2017 08:45
Exact Location Of Accident	MANDAI RD TWDS WOODLANDS BEFORE BKE ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4790G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIN ZHONG XIU TRADING
Co Reg No	53150855B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6MJ DIESEL (MTA)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075245774-02
Cover Note Number	

### Driver

Name of Driver	MOK LIAN HO (MO LIANHE)
NRIC No	S8312341I
Date Of Birth	25/04/1983
Occupation	INDOOR
Date Of Driving Pass	21/04/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98985656
Fax Number	
Contact Number	OFFICE-98985656
Email Address	NOEMAIL

Address	BLK 476B CHOA CHU KANG AVENUE 5 #11-17
Postcode	682476
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

#### 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

REFER TO STATEMENT.

#### 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	SJN1810E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	MOK LIAN HO (MO LIANHE)
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD4790G
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



**JIN ZHONG XIU TRADING**

+65 6250 9675

LINK@AMK 3 Ang Mo Kio St 62,  
#03-28 Singapore 569139  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

A - GRD 4790 G

B - SJN 1810 E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Veh A on the above mention date n time. I slow down suddenly I felt an impact from the rear. When I alight I notice Veh B could not stop down in time n hit the rear of my veh A. After we move of I felt giddy n pain on neck n shoulder n when to consult the doctor n was given 2 day MC.

## DECLARATION

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



**JIN ZHONG XIU TRADING**

+65 6250 9675

Policyholder's Signature  
Date & Time: Singapore 569139

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

*[Signature]*

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

<b>Vehicle No.</b>	GRD47906	Model / Make	Fiat
Date of Accident	22/11/17		
Time of Accident	8:45 am	HRS	
Location of Accident	Mandai Rd towards Woodlands before BKE entrance		
Exact purpose use during accident	Commercial use		
<b>Name of Owner</b>	Jin Zhang Xiu Trading		
Telephone No.	H/P: 98985656 Home: Office: 6250 9675		
NRIC	531508553		
Address	711, Ang Mo Kio Ave 8, #01-3501F, S(660711)		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company			
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft		
Policy No.	5075245774-02		
<b>Name of Driver</b>	As Above If No, MOK LIA HO		
NRIC	S8312341 E	Any Passengers:	—
Date of birth	25/4/1983		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	21/4/2012		
Gender	(Male) / Female		
Contact No.	H/P: 98985656 Home: Office:		
Address	Blk 476R, Chua Chu Kang Ave 5, #11-17, S(682476)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If (no), state Partner of company		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, If (Yes), Who?		
Name And Contact No.	MOK LIA HO		
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SJN1810 E	Any Passengers:	—
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E No.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Rear Portion		
Camera Recorder	Yes / (No)		
Email Address			
<b>PARTICULAR WORKSHOP</b>	Tricar Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	James		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S83123411



Name

MOK LIAN HO  
(MO LIANHE)

莫连和

Race

CHINESE

Date of birth

25-04-1983

Sex

M

Country/Place of birth

SINGAPORE



S83123411

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S83123411

Name

MOK LIAN HO  
(MO LIANHE)

Birth Date 25 Apr 1983

Issue Date 21 Apr 2010



001849810G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

21 Apr 2010

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg



Licence No. S83123411

NP 428A

S213347



NRIC No. S83123411



Date of issue

03-09-2013

Address

APT BLK 476B CHOA CHU KANG AVENUE 5

#11-17

SINGAPORE 682476

eBaoTech

General Claim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S075245774-02	JIN ZHONG XIU TRADING	53150855B	GCV	Comprehensive	GBD4790G	GBD4790G	29/10/2017	28/10/2018

 **Policy Information**

Policy No.	5075245774-02	Policyholder Name	JIN ZHONG XIU TRADING	Policyholder NRIC	53150855B
Address	BLK 711 #01-3501F ANG MO KIO AVENUE 8 SINGAPORE 560711				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/10/2017	Effective Date	29/10/2017 00:00	Expiry Date	28/10/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SOONG MIN LING WENDY	Agent Tel.	96164063	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 711 #01-3501F	Address 2	ANG MO KIO AVENUE 8	Address 3	SINGAPORE 560711
Address 4		Address Type	Singapore address	Post Code	560711
Unit No.	01-3501F	Related Policy Number	5075245774-02		

 **Insured Object: GBD4790G**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0970815

Policy No.	5075245774-02	Vehicle No.	GBD4790G	GST Registration No.	
Policyholder Name	JIN ZHONG XIU TRADING			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0	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(%)	20		
<b>Accident Details</b>					
Report Date	22/11/2017 19:19	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	22/11/2017	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI RD TWOS WOODLANDS BEFORE BKE ENTRANCE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 711 #01-3501F	Address 2	ANG MO KIO AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-3501F	Related Policy Number	5075245774-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MOK LIAN HO (MO LIANHE)	Driver NRIC	S83123411	Driving Experience	
Register Date of Driver License	21/04/2010	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	98985656	Contact No.(Office)	0	Address 3	
Address 1	BLK 476B	Address 2	CHOA CHU KANG AVENUE 5	Post Code	
Address 4	SINGAPORE 682476	Address Type	Singapore address		
Unit No.	11-17				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JIN ZHONG XIU TRADING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	JZX_SALES@SIGNET.COM.SG	OI Vehicle Number	GBD4790G	TP Vehicle Number	
Claim Description	GBD4790G / SJN1810E ON 22 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	22/11/2017 19:23	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0970815	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2017 19:23
Path *	Category *		
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	Confidential <input type="button" value="NO"/> Urgency <input type="button" value="Normal"/>

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

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Doc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Nov 2017 19:23	Photos	Normal	Photos

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
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