

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 18/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/DAI/7023903/13	SAS e-filing		
Veh No: SJL 9055B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/12/17 1835	i-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: (N-5'	Tel:	Fax:
TP Particulars:	Veh No: SHC 6033E	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 ()	

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

	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Lat 1:	6) TR: Re-inspection \$75		
Lat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
	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 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	18/12/2017 11:51
Date Of Accident	15/12/2017 18:35
Exact Location Of Accident	SIMS AVE TWDS NEW UPP CHANGI RD B4 ENSKU AMAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9055B
Insured/Policyholder	
Name Of Registered Owner	DANIAL ZHANG,BAOSHENG
NRIC No	S8420273H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88088754
Alternative Phone No	OTHERS-88088754

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00102607/04
Cover Note Number	

Driver

Name of Driver	DANIAL ZHANG,BAOSHENG
NRIC No	S8420273H
Date Of Birth	06/07/1984
Occupation	INDOOR
Date Of Driving Pass	27/04/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88088754
Fax Number	
Contact Number	OTHERS-88088754
EMail Address	NOEMAIL

Address	BLK 187B RIVERVALE DRIVE
	#11-858
Postcode	542187
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6033E
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)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA9731P
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)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKX574D
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)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name DANIAL ZHANG,BAOSHENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJL9055B
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:

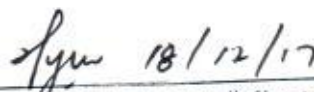
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature
Date & Time:



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

 18/12/17

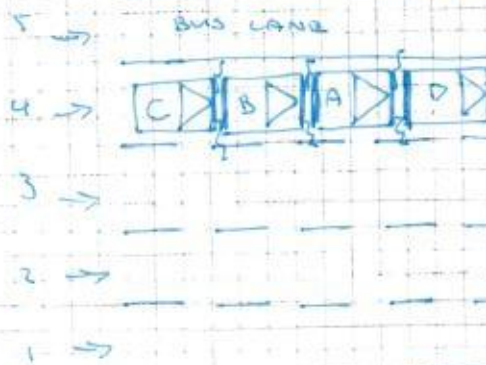
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SIMS AVE TWAS NEW UPPER CHANGI RD

BUS STOP 82011

VEHICLE A - SSL 9055 B
 VEHICLE B - SHC 6033 R
 VEHICLE C - SHA 9731 P
 VEHICLE D - SKX 574 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SIMS AVE TOWARDS NEW UPPER CHANGI RD,
 I WAS ON THE 4TH LANE.

WHILE DRIVING FORWARD APPROACHING TO BUS STOP ID: 82011.
 DUE TO THE RED TRAFFIC LIGHT, THE VEHICLE IN FRONT DROVE TO
 COMPLETE STOP. AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.
 SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE
 REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING
 (SHC 6033 R) HAD COLLIDED TO THE REAR OF MY VEHICLE.
 AND IT WAS A CHAIN COLLISION INVOLVING OF 4 VEHICLES.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED DOWN THROUGH MY IN-CAR
 CAMERA.

VEHICLE A - SSL 9055 B
 VEHICLE B - SHC 6033 R
 VEHICLE C - SHA 9731 P
 VEHICLE D - SKX 574 P

DECLARATION

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

Das

Policyholder's Signature
 Date & Time:

Das

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

fyu 18/12/17

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

Vehicle No.	SJL 9055 B	Model / Make	MITSUBISHI LANCER EX
Date of Accident	15/12/2017	Reported on	16/12/2017 @ 1315HRS
Time of Accident	1835	HRS	
Location of Accident	SINS AVE TOWARDS NEW MAPEN CHANGI RD BEFORE ENHUA AMAN RD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	ZHANG BAOSHENG		
Telephone No.	H/P : 8808 8754	Home :	Office :
NRIC	S 8420273H		
Address	187B RIVERVALE DR #11-858 (S42187)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	DIRECT ASIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	06 JUL 1954		
Occupation	Outdoor / Indoor		
Driving License Pass Date	27 APR 2005		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	OWNER
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	ZHANG BAOSHENG 8808 8754		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJC 6033E	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SHA 9731P	Any Passengers :	
Vehicle D No.	SKX 574D	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT / REAR		
Camera Recorder	Yes / No		
Email Address	clanuu84@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTG LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		
Waiting for Certificate			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8420273H



Name

DANIAL ZHANG BAOSHENG

张堡胜

Race

CHINESE

Date of birth

06-07-1984

Sex

M

Country of birth

SINGAPORE

S8420273H

4742587



NRIC No. S8420273H

Date of issue

06-07-2011

APT BLK 187B RIVERVALE DRIVE #11-858
SINGAPORE 542187

NRIC No: S8420273H

Date: 19/12/2012

No: 7260345

OWNER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8420273H**

Name **ZHANG BAOSHENG**

Birth Date **06 Jul 1984**

Issue Date **27 Apr 2005**

001337854A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS-DATE
Class 3 Motor cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	27 Apr 2005
Class 4A Omnibuses	06 Apr 2009

S / No. 9000112406

S8420273H

NP 428A

Licence No: S8420273H



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00102607/04
Type of Coverage / Driver Plan	: Low Mileage Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: S3L9055B
Chassis No.	: JMYSRCY2A9U002292
2) Name of Policy Holder	: Danial Zhang, Baosheng
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 16/12/2016 00:00
4) Date/Time of Expiry of Insurance	: 15/12/2017 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 900.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: DBS Bank Ltd
Main driver	: Danial Zhang, Baosheng
Named driver	: None
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 16/11/2016

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer