

# NATIONAL Assessment Centre Services

Date In: <b>22/12/17</b>	Job description	Date & Time Completed	Done by:
Ref No: <b>NA/INC/7024264/13</b>	SAS e-filing		
Veh No: <b>5JF42124</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>20/12/17</b> <b>2300</b>	i-Motor Claim Form	<b>MI/0974859</b>	
OD / TP: <b>Reporting Only</b>	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: <b>5049799A</b>	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

<b>NA1707896</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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 JNC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	22/12/2017 11:40
Date Of Accident	20/12/2017 23:00
Exact Location Of Accident	ESPLANADE CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4322U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHAN YANG
NRIC No	S26996751
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97938171
Alternative Phone No	OTHERS-97938171

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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	REPORTING ONLY
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	5088502939
Cover Note Number	

#### Driver

Name of Driver	ZHAN MOMO
NRIC No	S89731111
Date Of Birth	24/12/1989
Occupation	INDOOR
Date Of Driving Pass	21/06/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91599407
Fax Number	
Contact Number	
EMail Address	RAPHEAL.Z@CHAGALL3D.COM

Address	BLK 230 HOUGANG AVE 1 #06-224
Postcode	530230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NATHANIEL ZHAN GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY9799R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DORIS TEE MEEI YUEN
NRIC/Passport Number	S7128154Z
Contact Number	97576742
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:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing backward to go out of a car park when I hit a car parking beside. The car bumper got a slight dent. My car was ok.

## DECLARATION

I/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:

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



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S89731111**

Name: **ZHAN MOMO**

Birth Date: **24 Dec 1989**

Issue Date: **21 Jun 2010**

001867145K

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES**

**EFFECTIVE DATE**

**Class 3** Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **21 Jun 2010**

NP 428A

License No: S89731111

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S26996751**

Name: **ZHAN YANG**

唐 仰

Race: **CHINESE**

Date of birth: **22-12-1982**

Sex: **M**

Country/Place of birth: **CHINA**

94374

NRIC No: **S26996751**

Nationality: **CHINESE**

Date of issue: **21-03-2017**

Address: **APT BLK 230 HOUGANG AVENUE 1  
#06-224  
SINGAPORE 530230**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S89731111**

Name: **ZHAN MOMO**

唐 墨 墨

Race: **CHINESE**

Date of birth: **24-12-1989**

Sex: **F**

Country of birth: **CHINA**

9664

NRIC No: **S89731111**

Nationality: **CHINESE**

Date of issue: **10-01-2005**

Address: **APT BLK 230 HOUGANG AVENUE 1  
#06-224  
SINGAPORE 530230**

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/12/2017 23:00"/>						
Vehicle No.(For Motor)	<input type="text" value="SJF4322U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088502939	ZHAN YANG	S26996751	GPC	drive CLASSIC	SJF4322U	SJF4322U	13/03/2017	28/05/2018
<input type="button" value="Continue"/>									

## Claim Handling

Accident MT/0974859

Policy No.	5088502939	Vehicle No.	SJF4322U	GST Registration No.	
Policyholder Name	ZHAN YANG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97938171	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(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	22/12/2017 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	20/12/2017	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ESPLANE CARPARK				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 230 #06-224	Address 2	HOUGANG AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088502939		
<b>OI Driver Info</b>					
Driver Name	ZHAN MOMO	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S89731111	Driving Experience	
Register Date of Driver License	21/06/2010	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	91599407	Contact No.(Office)	0	Address 3	
Address 1	BLK 230	Address 2	HOUGANG AVENUE 1	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-224	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ZHAN YANG	Insured NRIC		
Contact No.(Mobile)	97938171	Contact No.(Home)	62862985	Contact No.(Office)		
Email Address		OI Vehicle Number	SJF4322U	TP Vehicle Number		
Claim Description	SJF4322U / SDY9799R ON 20 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	22/12/2017 17:04	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSINDA	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/0974859	Claim No.	001	Confidential	Urgency
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/12/2017 00:00		
Path *		Category *	Please Select	NO	Normal



		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Message (1/1)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:04	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:02	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 17:02	Photos	Normal	Photos

## Video List

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

Scan and uploading