

Date/In:	3/13/18 09:27	Job description	Date/Time Completed	Done by
Ref No.	MA/INC 18004107/h4	SAS e-filing		
Veh No	53D 8306B	E-mail (within 30m A/C time)		
D.O.A	7/2/18 19:35	I-Motor Claim Form	MT/0981738	3/13/18 11:23
OD / TP	Revised Only	I-Motor W/O (within 30 min TP time)		
		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:

FBL 9829E

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

MA1801390

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

H/S

Amt (\$)

Claimant's Particulars:-

1) AR: Accident Reporting (\$50) 3.00

2) DA: Damage Assessment (\$100) INC (\$30)

Driver/Owner:

3) TP: Towing Fee \$40/\$45

Contact No:

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$10

Damaged Portion:

For claiming against INC Only (see 11.2.2.2)

6) TR: Re-inspection 375

7) NI: Ideal DA - SMPT Survey \$150

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

9) NI: NI - Collect Excess Coordination \$1

*NI: Repair Coordination \$10

*NI: Post Repair Inspection \$10

Auditors' Comments:-

*NI: TP - Collect Excess Coordination \$1

Part 1:

TP: NI - TP - Collect Excess Coordination \$10

Part 2/3

9) NI: Ideal DA - SMPT Survey \$150

10) NI: NI - Collect Excess Coordination \$1

Invoice total

Tax Charged

Invoice total

Tax 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 willful 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 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	03/03/2018 09:27
Date Of Accident	07/02/2018 19:35
Exact Location Of Accident	JUNC OF BEDOK NORTH RD & BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8306B
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUANGLIANG
NRIC No	F7927937N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86825188
Alternative Phone No	OFFICE-86825188

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	5072571562-01
Cover Note Number	-

Driver

Name of Driver	ZHANG GUANGLIANG
NRIC No	F7927937N
Date Of Birth	19/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86825188
Fax Number	
Contact Number	OFFICE-86825188
EEmail Address	NOEMAIL

Address	BLK 504 BEDOK NORTH ST 3 #06-114 POSTCODE
Postcode	460504
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	NO COLLISION
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?	
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

I STOP AT THE TRAFFIC JUNCTION OF BEDOK NORTH RD & BEDOK NORTH AVE 1 DUE TO RED LIGHT, A MOTORCYCLE WAS INFRONT OF ME. SUDDENLY THE RIDER COME DOWN AND TOLD ME THAT I HAVE HIT ONTO HIS MOTORCYCLE. I ALIGHTING FROM MY VEH AND CHECK THE BIKE WAS NO DAMAGE AT ALL. I HAVE TOOK PHOTO ON THE BIKE.

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	FBL9829E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAN HAN YONG
NRIC/Passport Number	
Contact Number	
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:

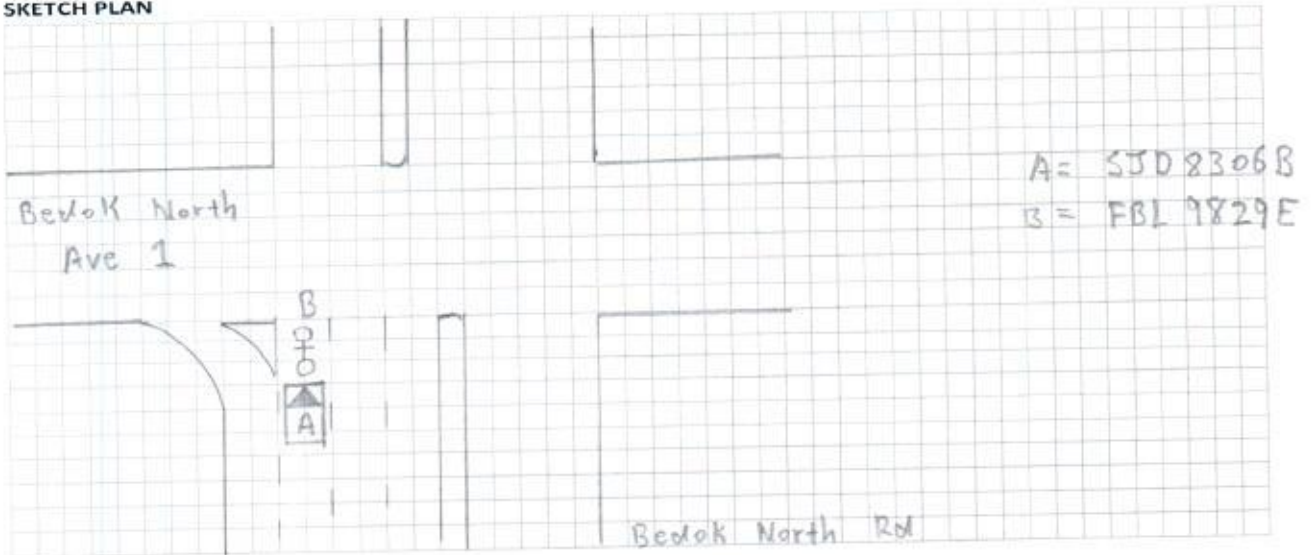
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Please Refer to Statement

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.:

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
MILAN INTERNATIONAL PTE. LTD.

Name
ZHANG GUANGLIANG

Occupation
DIRECTOR

FIN
F7927937N

Date of Application
17-11-2015

Date of Issue
24-11-2015

Date of Expiry
29-12-2018

L8525389

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F7927937N**

Name:
ZHANG GUANGLIANG

Birth Date: **19 Jul 1967**

Issue Date: **03 Jan 2018**

Valid Till **09/04/2022**

0027598058

VISIT PASS
Immigration Regulations

Name
ZHANG GUANGLIANG

Date of Birth: **19-07-1967** Sex: **M** Nationality: **CHINESE**

FIN: **F7927937N** Date of Issue: **24-11-2015** Date of Expiry: **29-12-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **21 Jan 2012**

NP 428A

Licence No: **F7927937N**

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

07/02/2018 09:20

Vehicle No.(For Motor)

SJD8306B

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072571562-01	ZHANG GUANGLIANG	F7927937N	GPC	drive CLASSIC	SJD8306B	SJD8306B	07/10/2016	03/04/2018

Continue

Claim Handling

Accident MT/0981738

Policy No.	5072571562-01	Vehicle No.	SJD8306B	GST Registration No.	
Policyholder Name	ZHANG GUANGLIANG			Policyholder NRIC	F7927937N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available
Accident Details					
Report Date	09/02/2018 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	07/02/2018	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JUNCTION OF BEDOK NORTH ROAD & BEDOK NORTH AVE 1				

Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 3	BLK 504 #06-114	Address 2	BEDOK NORTH STREET 3	Address 3	KAKI BUKIT VILLE
Address 4	SINGAPORE 460504	Address Type	Singapore address	Post Code	460504
Unit No.	03-03	Related Policy Number	5072571562-01		

OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ZHANG GUANGLIANG	Insured NRIC	F7927937N
Contact No.(Mobile)	96435966	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	zhguliang@gmail.com	OI Vehicle Number	SJD8306B	TP Vehicle Number	FBL9829E
Claim Description	SJD8306B / FBL9829E ON 7 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/03/2018 11:23	Claim Close Date		Date Received	03/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Attachment		Claim No. 002		03/03/2018 11:23	
Accident No.	MT/0981738	Upload Date			
Last Doc. Received	Yes No				
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

3/3/2018

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	SAS	Normal	SAS 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 11:23	Photos	Normal	Photos 2018-3-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading