

# NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118032254

Date In: 7/13/18 17:14	Job description	Date & Time Completed	Done by
Ref No: MAL INC 18004435164	SAS e-filing		
Veh No: SJD 8306B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 7/13/18 16:40	i-Motor Claim Form	MT10985157	7/13/18 17:49
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: Unknown	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

MNA 1801484		<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
				1st Bill	Add Bil
<b>Claimant's Particulars :-</b>		1) AR : Accident Reporting (\$30);		30.00	
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:-			
		OD*			
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
<b>Auditors' Comments :-</b>		TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:		9) N12: Idac Mobile 30			
Cat. 2 / 3:		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 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	07/03/2018 17:14
Date Of Accident	07/03/2018 16:40
Exact Location Of Accident	INFORNT NO 2 CT HUB KALLANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8306B
<b>Insured/Policyholder</b>	
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 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86825188
Fax Number	
Contact Number	OFFICE-86825188
Email Address	NOEMAIL

Address	BLK 504 BEDOK NORTH ST 3 #06-114
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	COLLISION - MAJOR/MINOR RD
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 WAS EXITING FROM THE NO 2 CT HUB KALLANG AVE TO THE MAIN ROAD, THE VEH ON MY RIGHT SIDE ALL WAS STATIONARY DUE TO THE JUNCTION INFRONT, I INTEND TO TURNING RIGHT TO THE MAIN ROAD THEN I SLOWLY INCHED OUT TO THE YELLOW BOX AND STOP TO CHECK ON THE TRAFFIC COMING ON MY LEFT SIDE. ALL OF A SUDDEN, VEH B COME FROM THE LEFT SIDE AND HIT ONTO MY VEH LEFT FRONT PORTION.

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LONG FOO WANG
NRIC/Passport Number	S1444246D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1




## 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



A = 53D 8306B  
B = Unknown.

## 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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

00275980581 F7927937N

**ZHANG GUANGLIANG**

Birth Date: 19 Jul 1967  
Issue Date: 03 Jan 2018  
Valid Till 09-04-2022

00275980581

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

Employer  
**MLAN 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

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

**EFFECTIVE DATE**

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



NP 428A

**VISIT PASS**  
Immigration Regulations

Name  
**ZHANG GUANGLIANG**



Date of Birth Sex Nationality  
**19-07-1967 M CHINESE**  
FIN Date of Issue Date of Expiry  
**F7927937N 24-11-2015 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.**



Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5072571562-01	ZHANG GUANGLIANG	F7927937N	GPC	drive CLASSIC	SJD8306B	SJD8306B	07/10/2016	03/04/2018

Hello, NAC\_PAYA\_UBI\_800601

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[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/03/2018 17:04"/>
Vehicle No.(For Motor)	<input type="text" value="SJD8306B"/>		

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	drivo CLASSIC	SJD8306B	SJD8306B	07/10/2016	03/04/2018



Claim Handling

Accident MT/0985157

Policy No.	5072571562-01	Vehicle No.	SJD8306B	GST Registration No.	
Policyholder Name	ZHANG GUANGLIANG	Cover Type	drive CLASSIC	Policyholder NRIC	F7927937N
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86825188	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	07/03/2018 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	07/03/2018	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INFORNT NO 2 CT HUB KALLANG AVE				
<b>Benefits</b>					
<b>Excess</b>					
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		
<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 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		
<b>OI Driver Info</b>					
Driver Name	ZHANG GUANGLIANG	Driver Type	Main Driver	Driver DOB	19/07/1967
Unnamed driver Name		Driver NRIC	F7927937N	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	86825188	Contact No.(Office)		Address 3	KAKI BUKIT VILLE
Address 1	BLK 504 #06-114	Address 2	BEDOK NORTH STREET 3	Post Code	460504
Address 4	SINGAPORE 460504	Address Type	Singapore address		
Unit No.	03-03			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 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	zhguiliang@gmail.com	OI Vehicle Number	SJD8306B	TP Vehicle Number	UNKNOWN
Claim Description	SJD8306B / UNKNOWN ON 7 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/03/2018 00:00
Date Registered	07/03/2018 17:48	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0985157	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2018 17:49
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 17:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 17:49	SAS	Normal	SAS 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 17:49	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 17:49	Photos	Normal	Photos 2018-3-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 17:49	Photos	Normal	Photos 2018-3-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	