

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA18074056**

| | | | |
|---------------------------------|------------------------------------------|-----------------------|----------------------|
| Date In: 12/3/18-14:32 | Job description | Date & Time Completed | Done by |
| Ref No: NA/NC18004634/24 | SAS e-filing | | |
| Veh No: 5H5310L | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 11/3/18-02:15 | i-Motor Claim Form | MT/0985670 | 12/3/18 15:16 |
| 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: **SFR9417** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1801620

| Invoice Preparation Checklist | Ant (\$) Int Bill | Ant (\$) Add Bill |
|-------------------------------------------------|----------------------|----------------------|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 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:- | | |
| QJ* | | |
| *N5: Courtesy Car / Tpl 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 \$0 | | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

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 | 12/03/2018 14:32 |
| Date Of Accident | 11/03/2018 02:15 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 BESIDE BLK 133 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJH5310L |
| Insured/Policyholder | |
| Name Of Registered Owner | CARZONRENT PTE LTD |
| Co Reg No | 201605659R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8X A |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5091716769 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | WANG CHUNG JIANG, JOWETT |
| NRIC No | S8121951F |
| Date Of Birth | 22/07/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/04/2005 |
| Driving Experience | 12 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84996776 |
| Fax Number | |
| Contact Number | OFFICE-84996776 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|--------------------------------------|
| Address | BLK 269A YISHUN STREET 22 #08-509 |
| Postcode | 761269 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| Insurance Company of Driver's Own Vehicle | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| 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: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BEDOK NORTH AVE 3 BESIDE BLK 133 HEADING TOWARDS NEW UPPER CHANGI RD. VEHICLE B FAILED TO STOP AT STOPPING LINE AND DASH OUT FROM BLK 133 BEDOK NORTH AVE 3 CARPARK ENTRANCE. MY VEHICLE TRYING TO AVOID COLLISION, TRIED TO STEER LEFT. MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

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 Witness 1

| | |
|---------------|----------|
| Name | JOHN |
| Phone Number | 91504287 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SFR941T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HANG YONGHUA |
| NRIC/Passport Number | G6618790Q |

| | |
|-------------------------------------|----------|
| Contact Number | 86084845 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|--------------------------|
| Name | WANG CHUNG JIANG, JOWETT |
| Approximate Age | |
| Injuries Sustain | NECK & SHOULDER |
| Injured person in which vehicle? | SJH5310L |
| Were seat belts worn? | YES |
| Was this 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:

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

SKETCH PLAN

BEDOK NTH
AVE 3

A: SJH5310L
B: SFR941T

[illegible]

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

DECLARATION
I/We declare the foregoing to be true and correct.

are true in every respect

Reporting Centre Personnel's Signature

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8121951F**

Name
WANG CHUNG JIANG, JOWETT

Birth Date **22 Jul 1981**
Issue Date **04 Apr 2005**

001332847H




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8121951F**

Name
WANG CHUNG JIANG, JOWETT

王 崇 江

Race
CHINESE

Date of birth **22-07-1981** Sex **M**

Country of birth
SINGAPORE






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

Class 3 Motor cars \leq 3500 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
04 Apr 2005

Licence No: **S8121951F**

NP 429A



4771089

NRIC No: **S8121951F**

Date of issue
15-09-2011

APT BLK 269A YISHUN STREET 22 #08-508
SINGAPORE 761269

NRIC No: **S8121951F** Date: **19/12/2016**




eBaoTech

GeneralClaim

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="11/03/2018 02:15"/> | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SJH5310L"/> | | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | |
| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5091716769 | CARZONRENT PTE LTD | 201605659R | GPC | drive CLASSIC | SJH5310L | SJH5310L | 06/06/2017 | 11/08/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|-------------------------------------------------------------|-----------------------------|--------------------|-------------------|------------------|
| Policy No. | 5091716769 | Policyholder Name | CARZONRENT PTE LTD | Policyholder NRIC | 201605659R |
| Address | 61 UBI AVENUE 2 #04-10 AUTOMOBILE MEGAMART SINGAPORE 408898 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 07/06/2017 | Effective Date | 06/06/2017 00:00 | Expiry Date | 11/08/2018 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | |
| Agent | GI-SHOP | Agent Tel. | 68411279 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 61 UBI AVENUE 2 | Address 2 | #04-10 AUTOMOBILE MEGAMART | Address 3 | SINGAPORE 408898 |
| Address 4 | | Address Type | Singapore address | Post Code | 408898 |
| Unit No. | 04-10 | Related Policy Number | 5097695269 | | |

► Insured Object: SJH5310L

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

- Exit

Accident MT/0985670

| | | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|----------------------|
| Policy No. | S091716709 | Vehicle No. | SJH5310L | GST Registration No. | |
| Policyholder Name | CARZONRENT PTE LTD. | Cover Type | drive CLASSIC | Policyholder NRIC | 201605659R |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Yes |

Accident Details

| | | | | | |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 12/03/2018 15:13 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| Date of Accident | 11/03/2018 | Time of Accident hh:mm | 02:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BEDOK NORTH AVE 3 BESIDE BLK 133 | | | | |

Benefits

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |

GST Registered Information

| | | | |
|----------------------|----|-----------------------|----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | No |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 61 UBI AVENUE 2 | Address 2 | #04-10 AUTOMOBILE MEGAMART | Address 3 | SINGAPORE 408898 |
| Address 4 | | Address Type | Singapore address | Post Code | 408898 |
| Unit No. | 04-10 | Related Policy Number | S097695269 | | |

Q1 Driver Info

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 22/07/1981 |
| Unnamed driver Name | WANG CHUNG JIANG, JOWETT | Driver NRIC | S8121951F | Driving Experience | 12 |
| Register Date of Driver License | 04/04/2005 | Driver Age | 36 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 84996776 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 761269 |
| Address 1 | BLK 269A | Address 2 | YISHUN STREET 22 | Post Code | 761269 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 08-509 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| 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 | CARZONRENT PTE LTD. | Insured NRIC | 201605659R |
| Contact No.(Mobile) | 91557911 | Contact No.(Home) | | Contact No.(Office) | NIL |
| Email Address | | Q1 Vehicle Number | SJH5310L | TP Vehicle Number | SFR941T |
| Claim Description | SJH5310L / SFR941T ON 11 Mar 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 12/03/2018 15:16 | Claim Close Date | | Date Received | 12/03/2018 00:00 |
| Report Taken By | Jackson | | | | |

☐ Print AX letter

Save Submit

Attachment

| | | | |
|--------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No. | MT/0985670 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/03/2018 15:17 |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? Action (CO) |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|-----------|---------------------------------|-----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:17 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-3-12 | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:17 | SAS | Normal | SAS 2018-3-12 | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:16 | Photos | Normal | Photos 2018-3-12 | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:16 | Photos | Normal | Photos 2018-3-12 | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:16 | Photos | Normal | Photos 2018-3-12 | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 15:16 | Photos | Normal | Photos 2018-3-12 | Edit |
| Video List | Uploaded By/Date | Folder Date | File Name | Source | Action |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | |