

NATIONAL Assessment Centre Services: [ref: 1 Jan 2005] MINA 118057170

Date In: 21/5/18 14:01	Job description	Date & Time Completed	Done by
Ref No: MA11MC180079741A4	SAS e-filing		
Veh No: YP 18975	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 30/4/18 14:40	i-Motor Claim Form	MT10992715 001	21/5/18 19:13
OD: TP / Repairing Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBC 8305 D	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

Claimant's Particulars:-	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 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:- Q1* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Coordination \$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	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:		30.00	
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments:-			
Dat 1:	Invoice dated	Fee Charged	
Dat 2 / 3:	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	02/05/2018 14:01
Date Of Accident	30/04/2018 14:40
Exact Location Of Accident	BOON LAY SHOPPING CENTRE CARPARK (221 BOON LAY PL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1897S
Insured/Policyholder	
Name Of Registered Owner	HOLI FASHION
Co Reg No	52850447M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67484235

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083318848-01
Cover Note Number	-

Driver

Name of Driver	ZHAO JIFANG
NRIC No	G8145280L
Date Of Birth	17/06/1984
Occupation	INDOOR
Date Of Driving Pass	23/10/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97582027
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	512 CHAI CHEE LANE #04-15
Postcode	469028
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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

WHEN REVERSING INTO AN EMPTY LOT ALONG THE BOON LAY SHOPPING CENTRE CARPARK (221 BOON LAY PL). I MISJUDGED AND ACCIDENTALLY HIT ONTO A PARKED VEHICLE.

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	GBC8305D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD ALIFF BIN ZAINAL
NRIC/Passport Number	S8723157G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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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.:

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HOLI FASHION

Sector: **SERVICE**

Name:
ZHAO JIFANG
Occupation:
SHOP SALES ASSISTANT

Work Permit No.
0 57980192

Date of Application
29-07-2014

Date of Issue
11-07-2016

Date of Expiry
30-07-2018

L7003004




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 8145280L**

Name
ZHAO JIFANG

Birth Date **17 Jun 1984**

Issue Date **23 Oct 2014**

Valid Till **22 Oct 2019**




VISIT PASS
Immigration Regulations

Name
ZHAO JIFANG

Date of Birth **17-06-1984** Sex **M** Nationality **CHINESE**

FIN **G8145280L** Date of Issue **11-07-2016** Date of Expiry **30-07-2018**

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(ES)

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$

EFFECTIVE DATE **23 Oct 2014**

NP 428A

Licence No. **G8145280L**



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

30/04/2018 13:47

Vehicle No.(For Motor)

YP1897S

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5083318848-01	HOLI FASHION	52850447M	GFT	Comprehensive	YP1897S	YP1897S	01/07/2017	

▼ Policy Information

Policy No.	5083318848-01	Policyholder Name	HOLI FASHION	Policyholder NRIC	52850447M
Address	512 CHAI CHEE LANE #04-15 SINGAPORE 469028				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/06/2017	Effective Date	01/07/2017 00:00	Expiry Date	30/06/2018 23:59
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TAN SI MIN	Agent Tel.	67468204	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	512 CHAI CHEE LANE	Address 2	#04-15	Address 3	SINGAPORE 469028
Address 4		Address Type	Singapore address	Post Code	469028
Unit No.		Related Policy Number	5083318848-01		

▶ Insured Object: YP1897S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/08/2017 00:00	Basic Information Endorsement	000001286625405	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YP4129G 22-09-2017 \$742.53 In view of this amendment, an additional premium of \$742.53 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/0992715

Policy No.	5083318848-01	Vehicle No.	YP18975	GST Registration No.	M90005784E
Policyholder Name	HOLI FASHION	Cover Type	Comprehensive	Policyholder NRIC	52850447M
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67484235	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	02/05/2018 19:07	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	30/04/2018	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY SHOPPING CENTRE CARPARK (221 BOON LAY PL)				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	M90005784E	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	512 CHAI CHEE LANE	Address 2	#04-15	Address 3	SINGAPORE 469028
Address 4		Address Type	Singapore address	Post Code	469028
Unit No.		Related Policy Number	5083318848-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/06/1984
Unnamed driver Name	ZHAO JIFANG	Driver NRIC	G8145280L	Driving Experience	3
Register Date of Driver License	23/10/2014	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	97582027	Contact No.(Office)		Address 3	SINGAPORE 469028
Address 1	512 CHAI CHEE LANE	Address 2	#04-15	Post Code	469028
Address 4		Address Type	Singapore address		
Unit No.	04-15			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
Declaration					
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	HOLI FASHION	Insured NRIC	52850447M
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	67484235
Email Address		01 Vehicle Number	YP18975	TP Vehicle Number	GBC8305D
Claim Description	YP18975 / GBC8305D ON 30 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2018 19:11	Claim Close Date		Date Received	02/05/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0992715	Claim No.	001			
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2018 19:13			
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	

5/2/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	SAS	Normal	SAS 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:13	Photos	Normal	Photos 2018-5-2

Video List

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

Scan and uploading