

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 02/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009982/13	SAS e-filing		
Veh No: SKN1613X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/06/18 2130	i-Motor Claim Form	MT/0996904 - 001	
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: ( SM AUTOMOTIVE Tel: Fax: )

TP Particulars:	Veh No: SIM9304C	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

NA/803 442

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- OD\*
- 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
- N12: Idac Mobile 30

Invoice dated

Invoice dated

Fee Charged

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	02/06/2018 09:04
Date Of Accident	01/06/2018 21:30
Exact Location Of Accident	PIE TWDS AIRPORT B4 EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1613X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AH FONG FISHING
Co Reg No	53355292C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97555219

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	5088041093-01
Cover Note Number	

### Driver

Name of Driver	ZHANG DENGKE
NRIC No	S8809616I
Date Of Birth	29/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97555219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 214 TAMPINES ST 23 #12-65
Postcode	520214
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	COLLISION - HEAD TO REAR
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?	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)	5
Passenger 1	NAME: : YEO XUAN LI EILEEN GENDER: : FEMALE
Passenger 2	NAME: : KOH BOON LOONG GENDER: : MALE
Passenger 3	NAME: : LIM JUN MING JOVIAN GENDER: : MALE
Passenger 4	NAME: : PHUA WEE LONG 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	SJM9304C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD9760P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ZHANG DENGKE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SKN1613X  
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.

ONG FISHING  
Co Reg No: 53355292C

Policyholder's Signature  
Date & Time:

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

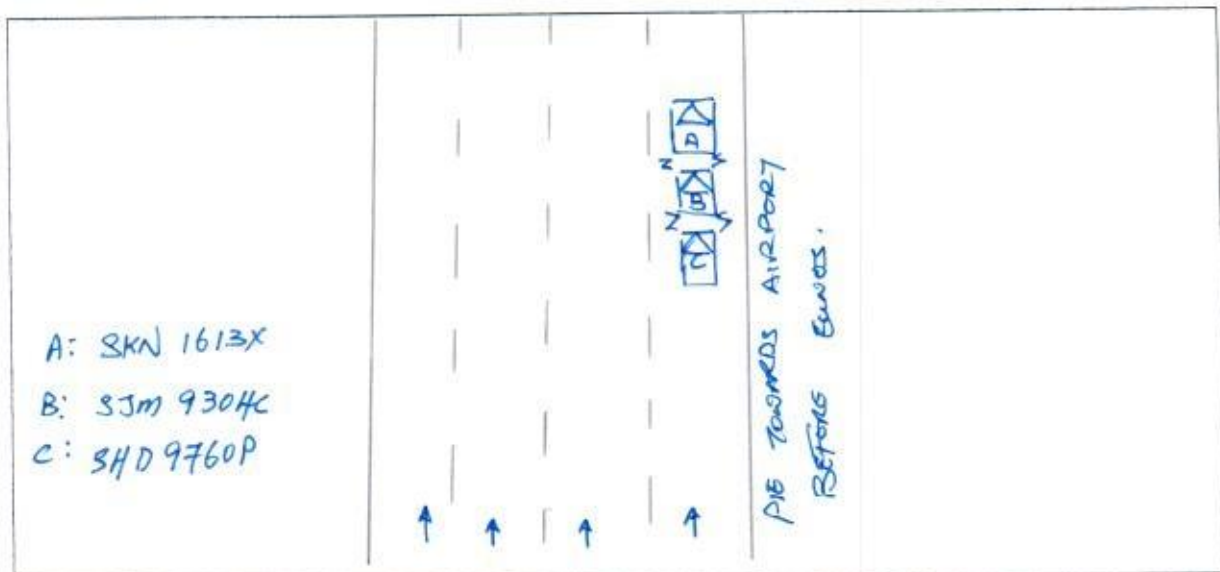
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

AH FONG FISHING  
Co Reg No: 53355292C

313(RM) SketchForm\_v3

02/06/18

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS AIRPORT ON THE RIGHT MOST LANE OF 4 LANES, AS I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT BRAKE AND STOPPED AND I ALSO APPLIED MY BRAKE AND STOPPED WHEN SUDDENLY ONE M/CAR SJM 9304C CAME FROM MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE, AFTER THE ACCIDENT, I CAME OUT OF MY VEHICLE AND RELEASED THAT THERE WAS A TOTAL OF 3 VEHICLES INVOLVED IN THE ACCIDENT. THERE WERE 4 PASSENGERS IN MY VEHICLE AT THE TIME OF ACCIDENT. PASSENGER 1) YEO XUAN LI EILEEN S8839246J  
2) KOH BOON LOONG S8833871E  
3) LIM JUN MING JOUAN S8827105Z  
4) PHUA WEE LONG S8812644J.

## 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.:

VEHICLE NO: SKN 1613X

MAKE &amp; MODEL: CITROEN CA

DATE OF ACCIDENT	01 / 06 / 2018	
TIME OF ACCIDENT	9.30 AM/PM	
LOCATION OF ACCIDENT	PIE TOWARDS AIRPORT BEFORE BRUNOS.	
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY HOME	
<b>NAME OF OWNER</b>	AH FONG FISHING.	
TEL NO	97555219	
NRIC	S3355292C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
INSURANCE CO	NTUC	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.		
<b>NAME OF DRIVER</b>	As Above / If No: ZHANG DENGKE	
NRIC	888096161	Any Passengers: A.
DATE OF BIRTH	29 / 03 / 1988	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	15 / 07 / 2010	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Office: Home:	
ADDRESS	BLK 214 TAMPINES ST 23 #12-65 S(520214).	
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:	
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
VEHICLE B NO.	SGM 9304C	Any Passenger: 2.
NAME		
CONTACT NO.		
VEHICLE C NO.	SHD 9760P	Any Passenger: NOT SURE.
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
OWNER/DRIVER EMAIL		
PARTICULAR WORKSHOP	SM AUTOMOTIVE	
	1 Kaki Bukit Ave 6, Blk C #01-43	
	Autobay@Kaki Bukit Singapore 417883	
TEL NO	TEL: 6747 9241	
CONTACT PERSON	Reena / Sukyi	
FAX NO.	FAX: 6741 7276	
EMAIL	reena@nhtmotor.com	
	admin@nhtmotor.com	

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8809616I**



Name

**ZHANG DENGKE**



**張 登 軻**

Race

**CHINESE**

Date of Birth

**29-03-1988**

Sex

**M**

**S8809616I**

Country of Birth

**SINGAPORE**



3351203



NRIC No. **S8809616I**

Blood Group

Date of issue

**01-04-2003**

Address

**APT BLK 214 TAMPINES STREET 23**  
**#12-65**  
**SINGAPORE 520214**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S88096161**

Name:

**ZHANG DENGKE**

Birth Date: **29 Mar 1988**

Issue Date: **15 Jul 2010**



**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** **15 Jul 2010**

NP 428A



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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088041093-01	AH FONG FISHING	53355292C	GCV	Comprehensive	SKN1613X	SKN1613X	19/05/2018	18/05/2019

## Claim Handling

Accident MT/0996904

Policy No.	5088041093-01	Vehicle No.	SKN1613X	GST Registration No.	
Policyholder Name	AH FONG FISHING			Policyholder NRIC	53355292C
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97555219	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	02/06/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	01/06/2018	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS AIRPORT B4 EUNOS				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 214 #12-65	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 520214
Address 4		Address Type	Singapore address	Post Code	520214
Unit No.	12-65	Related Policy Number	5088041093-01		
<b>▼ O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/03/1988
Unnamed driver Name	ZHANG DENGKE	Driver NRIC	S88096161	Driving Experience	7
Register Date of Driver License	15/07/2010	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE 520214
Address 1	BLK 214	Address 2	TAMPINES STREET 23	Post Code	520214
Address 4		Address Type	Singapore address		
Unit No.	#12-65				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AH FONG FISHING	Insured NRIC	53355292C
Contact No.(Mobile)	97555219	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SKN1613X	TP Vehicle Number	SJM9304C
Claim Description	SKN1613X / SJM9304C ON 1 Jun 2018			Name of Preferred Workshop	SM AUTOMOTIVE
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	02/06/2018 00:00
Date Registered	02/06/2018 09:49	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0996904	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/06/2018 00:00		
Path *		Category *		Confidential	Urgency *
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

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

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	SAS	Normal	SAS 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:49	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jun 2018 09:48	Photos	Normal	Photos 2018-6-2

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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