

NATIONAL Assessment Centre Services **MMA 118087038.**

Date In: 6/7/18 11:00	Job description: SAS e-filing	Date & Time Completed:	Done In:
Ref No: NA/IMC18012314/64.	E-mail (within 2hrs, A/C 2hrs)		
Veh No: FBE 9256U	i-Motor Claim Form	MT/1002048⁰⁰¹	7/7/18 15:16.
D.O.A: 4/7/18 17:00	i-Motor W/O (Within OD 2hr, TP 4hr)		
OD: 0 Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: **RD 6159C.** 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	Am't (\$)	Am't (\$)
		In Bill	Am't B/L
MA1804291	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idsc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Idsc Mobile		
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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	06/07/2018 11:00
Date Of Accident	04/07/2018 17:00
Exact Location Of Accident	23 SIMON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9256U
Insured/Policyholder	
Name Of Registered Owner	ZHANG KUI FENG
NRIC No	G2031533X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90892924
Alternative Phone No	OFFICE-90892924

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101230152
Cover Note Number	-

Driver

Name of Driver	ZHANG KUI FENG
NRIC No	G2031533X
Date Of Birth	19/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90892924
Fax Number	
Contact Number	OFFICE-90892924
EMail Address	NOEMAIL

Address	23 SIMON RD
Postcode	545909
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

PLEASE REFER TO 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	RD6159C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

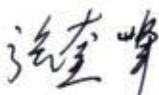
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



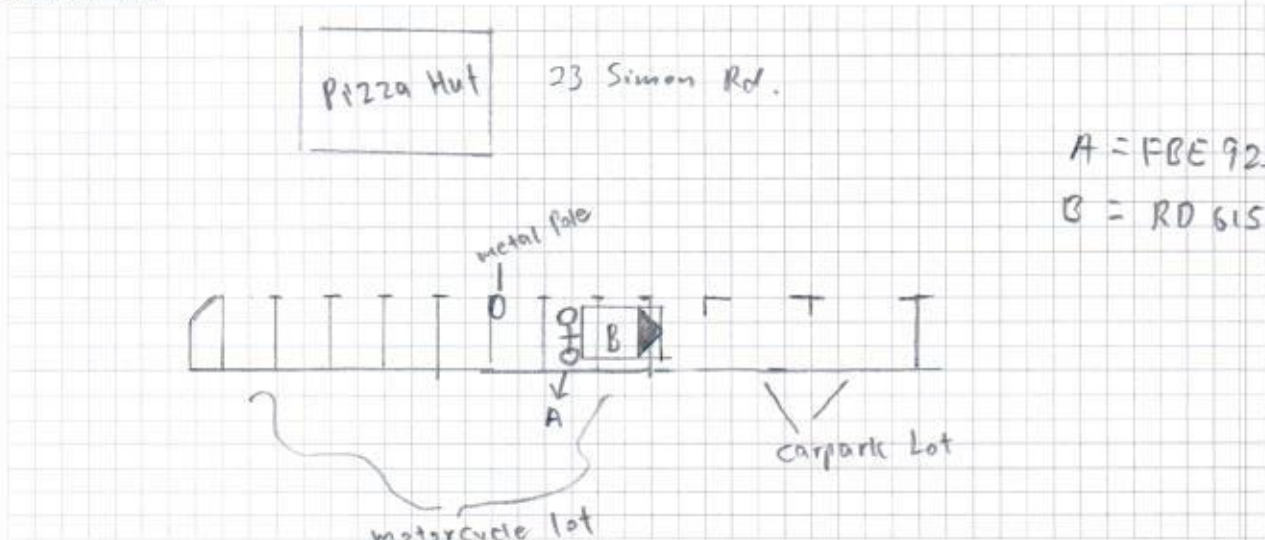
Policyholder's Signature
Date & Time:

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.:

I PARKED MY BIKE AT THE 23 SIMON RD INFRONT THE PIZZA HUT, BEFORE I LEAVE MY BIKE EVERYTHING WAS INTACT. ON THE SAME DAY AROUND 1700HRS, I BEEN INFORM BY COLLEGUAGE SAYING THAT MY BIKE WAS BEEN HIT BY A VEH WHEN THE VEH REVERSING INTO A PARALLEL PARKING LOT. PLEASE REFER TO SCENE PHOTO.

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 7 / 18) (DD/MM/YYYY), TIME: (17 : 00) (HH:MM)

LOCATION: 23 Simon Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 9256 U
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: zhang kui Feng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90892924
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: B# 23 Simon Rd CS 545909

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: RD # 6159C MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
(0)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

6299 8782.

* bike come tomorrow.


* Attach scene photo.

Email = shcycle@Singnet.com.sg

fax =

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


Employer
 PIZZA HUT SINGAPORE PTE LTD (FULL TIME STAFF)



Name
ZHANG KUIFENG

Work Permit No.
0 74057965

Sector
SERVICE



K0183512

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G2031533X**

Name
ZHANG KUIFENG

Birth Date: **19 Jul 1984**

Issue Date: **04 Sep 2017**

Valid Till: **09/09/2022**




002720086J

VISIT PASS
 Immigration Regulations 14-03-2016

Name
ZHANG KUIFENG

FIN
G2031533X

Date of Birth **19-07-1984** Sex **M**

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status




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



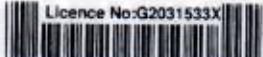
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
10 Sep 2012

NP 428A

Licence No: G2031533X



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

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="checkbox"/>	5101230152	ZHANG KUI FENG	G2031533X	GMC	Third Party	FBE9256U	FBE9256U	05/06/2018	04/06/2019

Claim Handling

Accident MT/1002048

Policy No.	5101230152	Vehicle No.	FBE9256U	GST Registration No.	
Policyholder Name	ZHANG KUI FENG	Cover Type	Third Party	Policyholder NRIC	G2031533X
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90892924	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFk	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	07/07/2018 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/07/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	23 SIMON ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	23 SIMON ROAD	Address 2	SINGAPORE 545909	Address 3	
Address 4		Address Type	Singapore address	Post Code	545909
Unit No.		Related Policy Number	5101230152		

O1 Driver Info

Driver Name	ZHANG KUI FENG	Driver Type	Main Driver	Driver DOB	19/07/1984
Unnamed driver Name		Driver NRIC	G2031533X	Driving Experience	5
Register Date of Driver License	10/09/2012	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	90892924	Contact No.(Office)		Address 3	
Address 1	23 SIMON ROAD	Address 2	SINGAPORE 545909	Address 3	545909
Address 4		Address Type	Singapore address	Post Code	545909
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ZHANG KUI FENG	Insured NRIC	G2031533X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	FBE9256U	TP Vehicle Number	RD6159C
Claim Description	FBE9256U / RD6159C ON 4 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/07/2018 00:00
Date Registered	07/07/2018 15:13	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002048	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/07/2018 15:16

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen

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Message Read

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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 07 Jul 2018 15:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:16	SAS	Normal	SAS 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:16	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:16	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:16	Photos	Normal	Photos 2018-7-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:15	Photos	Normal	Photos 2018-7-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:13	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:13	Photos	Normal	Photos 2018-7-7

Jul 2018 15:13



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:13

Photos

Normal

Photos 2018-7-7

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:13

Photos

Normal

Photos 2018-7-7

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 15:13

Photos

Normal

Photos 2018-7-7

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading