

NATIONAL Assessment Centre Services

(As of Jan 2005)

Date In: 09/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012420/13	SAS e-filing		
Veh No: SGF66427	E-mail (within 8hrs, AIC 2hrs)		
DOA: 07/07/18 1700	i-Motor Claim Form	MT/1000244-001	
OD: TP: <u>Reporting Only</u>	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: SKD948P	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

NA1804393

Invoice Preparation Checklist

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

Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
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 -		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	09/07/2018 11:52
Date Of Accident	07/07/2018 17:00
Exact Location Of Accident	UPP SERANGOON RD TWDS KOVAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF6642T
Insured/Policyholder	
Name Of Registered Owner	EDMUND ZHOU JIAYI
NRIC No	S9031860H
Email Address	EDMUNDZHOU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81802492
Alternative Phone No	OTHERS-81802492

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS
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	5095523448
Cover Note Number	

Driver

Name of Driver	EDMUND ZHOU JIAYI
NRIC No	S9031860H
Date Of Birth	02/09/1990
Occupation	INDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81802492
Fax Number	
Contact Number	OTHERS-81802492
Email Address	EDMUNDZHOU@HOTMAIL.COM

Address	BLK 130A LOR 1 TOA PAYOH #28-508
Postcode	311130
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 - CHANGE/CROSS LANE
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?	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)	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

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	SKD948P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOON KIA YONG
NRIC/Passport Number	S7930475A
Contact Number	90239456
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

9/7/18.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHED



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement

DECLARATION

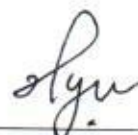
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 09/07/18

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

 09/07/18

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

ENDLESS LUNCH SELECTIONS

streetdirectory.com

Serangoon Secondary School, 11 Upper Serangoon View 534237

Location or Company

Location or Company

Serangoon Secondary School
 11 Upper Serangoon View
 (5)534237

Map Directions

Map

Building Directory

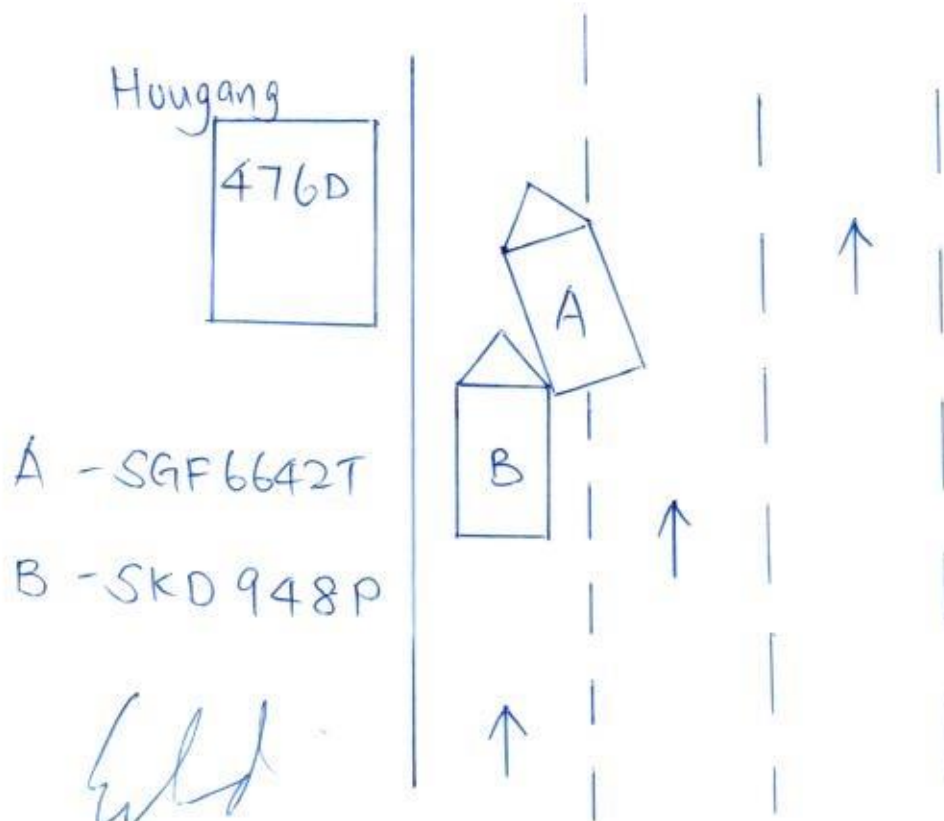
Photos

What's Nearby

Get Tips

Getting Here

Keep Your Car Safe in Singapore With real-time 24hrs tracking & sms alert. Free 3 days trial available!



Accident Statement



On 7th July 2018 around 1700Hrs, I was driving my vehicle (SGF6642T) along Upper Serangoon Road(towards Kovan). Suddenly I lost control of my car and cut into the extreme left and hit onto the front right of the third party vehicle (SKD948P). I'm making a report for the purpose of reporting.



Name: Edmund Zhou JiaYi

NRIC: S9031860H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9031860H



Name
EDMUND ZHOU JIAYI

周 佳 逸

Race
CHINESE

Date of birth
02-09-1990

Sex
M

Country of birth
SINGAPORE

S9031860H

3765413



NRIC No. S9031860H

Date of issue
06-09-2005

APT BLK 130A LORONG 1 TOA PAYOH #28-508
SINGAPORE 311130

NRIC No: S9031860H

Date: 14/10/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9031860H**

Name:

EDMUND ZHOU JIAYI

Birth Date: **02 Sep 1990**

Issue Date: **18 Jun 2014**



S9031860H

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 18 Jun 2014

NP 428A





NDVINE INSURANCE AGENCY

62 UBI ROAD 1

OXLEY BIZHUB 2 #06-05

SINGAPORE 408734

TEL: 6834 4432 FAX: 6834 4748



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095523448

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SGF6642T

Chassis Number

: JMYLTZ23VW8Z000408

2. Name of Policyholder

: EDMUND ZHOU JIAYI

3. Effective Date of Insurance

: 02 Nov 2017

4. Expiry Date of Insurance

: 01 Nov 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: EDMUND ZHOU JIAYI

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: AUTO LEASE (PTE) LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HO SEET PENG (00000573621)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1002244

Policy No.	5095523448	Vehicle No.	SGF6642T	GST Registration No.	
Policyholder Name	EDMUND ZHOU JIAYI			Policyholder NRIC	S9031860H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81802492	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	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	09/07/2018 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	07/07/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD TWDS KOVAN				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 130A #28-508	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH CREST
Address 4	SINGAPORE 311130	Address Type	Singapore address	Post Code	311130
Unit No.	28-508	Related Policy Number	5095523448		
01 Driver Info					
Driver Name	EDMUND ZHOU JIAYI	Driver Type	Main Driver	Driver DOB	02/09/1990
Unnamed driver Name		Driver NRIC	S9031860H	Driving Experience	4
Register Date of Driver License	18/06/2014	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	81802492	Contact No.(Office)	0	Address 3	TOA PAYOH CREST
Address 1	BLK 130A	Address 2	LORONG 1 TOA PAYOH	Post Code	311130
Address 4	SINGAPORE 311130	Address Type	Singapore address		
Unit No.	#28-508				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
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	EDMUND ZHOU JIAYI	Insured NRIC	S9031860H
Contact No.(Mobile)	81802492	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SGF6642T	TP Vehicle Number	SKD948P
Claim Description	SGF6642T / SKD948P ON 7 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault ▾		
Require Finalisation	Yes ▾	Preferred Repair Option	Preferred Workshop, Name unknown ▾	GIA report	Received
Date Registered	09/07/2018 17:59	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	ROSINDA				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1002244	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 18:00		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select ▾	NO ▾	Normal ▾	
Choose File	No file chosen	Clear Please Select ▾	NO ▾	Normal ▾	
		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 ▼

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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 09 Jul 2018 18:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 18:00	SAS	Normal	SAS 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 17:59	Photos	Normal	Photos 2018-7-9

Video List

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