

# NATIONAL Assessment Centre Services

Form 1 (3/2005)

MMA 118094172

Date In: 21/7/18 11:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11MC18013279/64	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SGA 3456 K	i-Motor Claim Form	MT11003973-01	21/7/18 15:34
D.O.A: 20/3/18 19:20	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	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:

GBE 5112 C.

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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	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 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 \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments:-

Pat 1:

Pat 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	21/07/2018 11:18
Date Of Accident	20/07/2018 19:20
Exact Location Of Accident	BISHAN RD AFTER TURNING FROM BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA3456K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHANG SHAOYING
NRIC No	S2675884Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96835365
Alternative Phone No	OFFICE-96835365

### Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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	THIRD PARTY
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	5085184297-01
Cover Note Number	-

### Driver

Name of Driver	ZHANG SHAOYING
NRIC No	S2675884Z
Date Of Birth	23/02/1958
Occupation	INDOOR
Date Of Driving Pass	03/01/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96835365
Fax Number	
Contact Number	OFFICE-96835365
Email Address	NOEMAIL



Address	BLK 61 BISHAN ST 21 #06-03
Postcode	574044
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?	
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: : UNKNOWN
	GENDER: : FEMALE

#### 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

I WAS TRAVELLING ALONG BISHAN RD AFTER TURNING OUT FROM BRADDELL RD ON THE CENTER LANE I INTENDED TO FILTER INTO EXTREME RIGHT LANE, AFTER CHECK THE BLIND SPOT AND CLEAR FOR ME TO FILTERING, WHILE MY VEH MORE HALF BODY INSIDE THE LANE, SUDDENLY VEH B (BEARING NO GBE5112C) COME FROM THE EXTREME RIGHT LANE WITH HIGH SPEED AND COLLIDED ONTO MY VEH RIGHT FRONT PORTION. AFTER THE IMPACT, WE BOTH VEH STOP, THEN SUDDENLY VEH B MOVING FORWARD CAUSING MORE DAMAGE TO MY VEH. AFTER ALIGHTED FROM THE VEH WE EXCHANGE PARTICULAR, I QUESTION THE DRIVER WHY YOU DRIVE SO FAST AND WHY YOU DON'T STOP AFTER IMPACT, HE SAY DUE TO HEAVY LOAD CANNOT STOP IN TIME. I ALSO REALIZED INSIDE THE VAN TOTAL 4 PERSON INCULDE THE DRIVER.

#### 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	GBE5112C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUZAIRI BIN AZMAN
NRIC/Passport Number	S9109711G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3

NAME: : UNKNOWN

GENDER: : FEMALE

## 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

A = SGA 3456 K  
B = GBE 5112 C

Bishan Rd After turning from Braddell Rd,

## 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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2675884Z**



Name  
**ZHANG SHAOYING**  
**张绍颖**

Race  
**CHINESE**

Date of birth  
**23-02-1958**

Country/Place of birth  
**CHINA**

Sex  
**F**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number  
Name  
**S2675884Z**  
**ZHANG SHAOYING**

Birth Date **23 Feb 1958**  
Issue Date **03 Mar 2004**

001144692J



5176352



NRIC No. **S2675884Z**



Date of issue  
**11-05-2013**

APT BLK 61 BISHAN STREET 21 #06-03  
SINGAPORE 574044

NRIC No. **S2675884Z** Date: **11/12/2017**


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
03 Jan 1996

NP 428A

Licence No: **S2675884Z**



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="20/07/2018 11:06"/>
Vehicle No.(For Motor)	<input type="text" value="SGA3456K"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085184297-01	ZHANG SHAOYING	S2675884Z	GPC	drivo CLASSIC	SGA3456K	SGA3456K	22/12/2017	21/12/2018



Claim Handling

Accident MT/1003973

Policy No.	5085184297-01	Vehicle No.	SGA3456K	GST Registration No.	
Policyholder Name	ZHANG SHAOYING			Policyholder NRIC	S2675884Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96835365	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
▼ Accident Details					
Report Date	21/07/2018 15:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	20/07/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN RD AFTER TURNING FROM BRADDELL RD				
▼ 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	61 BISHAN STREET 21	Address 2	#06-03 BISHAN 8	Address 3	SINGAPORE 574044
Address 4		Address Type	Singapore address	Post Code	574044
Unit No.		Related Policy Number	5085184297-01		
▼ OI Driver Info					
Driver Name	ZHANG SHAOYING	Driver Type	Main Driver	Driver DOB	23/02/1958
Unnamed driver Name		Driver NRIC	S2675884Z	Driving Experience	22
Register Date of Driver License	03/01/1996	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	96835365	Contact No.(Office)		Address 3	SINGAPORE 574044
Address 1	61 BISHAN STREET 21	Address 2	#06-03 BISHAN 8	Post Code	574044
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ZHANG SHAOYING	Insured NRIC	S2675884Z
Contact No.(Mobile)	96835365	Contact No.(Home)		Contact No.(Office)	
Email Address	coachxyz@gmail.com	OI Vehicle Number	SGA3456K	TP Vehicle Number	GBE5112C
Claim Description	SGA3456K / GBE5112C ON 20 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	21/07/2018 00:00
Date Registered	21/07/2018 15:31	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1003973	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/07/2018 15:34		
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	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

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Message Read

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 21 Jul 2018 15:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 15:34	SAS	Normal	SAS 2018-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 15:34	Photos	Normal	Photos 2018-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 15:34	Photos	Normal	Photos 2018-7-21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 15:31	Photos	Normal	Photos 2018-7-21

Video List

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