

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

MMA118096614.

Date In	26/7/18 14:26	Job description	Date & Time Completed	Done by
Ref No.	MMA118013604164.	SAS e-filing		
Veh No.	G0A 4665B	E-mail (within 3hrs, A/C 2hrs)		
D.O.A.	25/7/18 15:40	i-Motor Claim Form	M7/1004796-001	27/7/18 00:00.
OD / TP / Reclaiming 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 / GW: (Tel:	Fax:
TP Particulars:	Veh No: G2 2423E	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

MMA1804338		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$90)			
Contact No:		3) TF : 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)			
Pat. 1:		6) TR : Re-inspection \$75			
Pat. 2 / 3:		7) N1 : Idan DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
		QJ:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (N-in INC) against INC \$20			
		9) N12: Idan Mobile \$0			
		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	26/07/2018 14:26
Date Of Accident	25/07/2018 15:40
Exact Location Of Accident	UPP CHANGI RD E B4 ENTER TO SLIP RD TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA4665B
Insured/Policyholder	
Name Of Registered Owner	ADONE IMAGE PTE LTD
Co Reg No	201700720R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96681775
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	5097404446
Cover Note Number	-
Driver	
Name of Driver	CHANG YONGHU
NRIC No	G5361172P
Date Of Birth	08/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90852067
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1026 TAI SENG AVE #04-3536
Postcode	534413
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?	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: : 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

I WAS TRAVELLING ALONG UPPER CHANGI RD EAST HEADING TO PIE (TUAS). BEFORE ENTER TO THE SLIP RD, VEH B (BEARING NO GZ2423E) SUDDENLY JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME AND COLLIDED ONTO THE VEH B REAR RIGHT PORTION.

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	GZ2423E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIM LEANG EIAK
NRIC/Passport Number	S1312967C
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.
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.

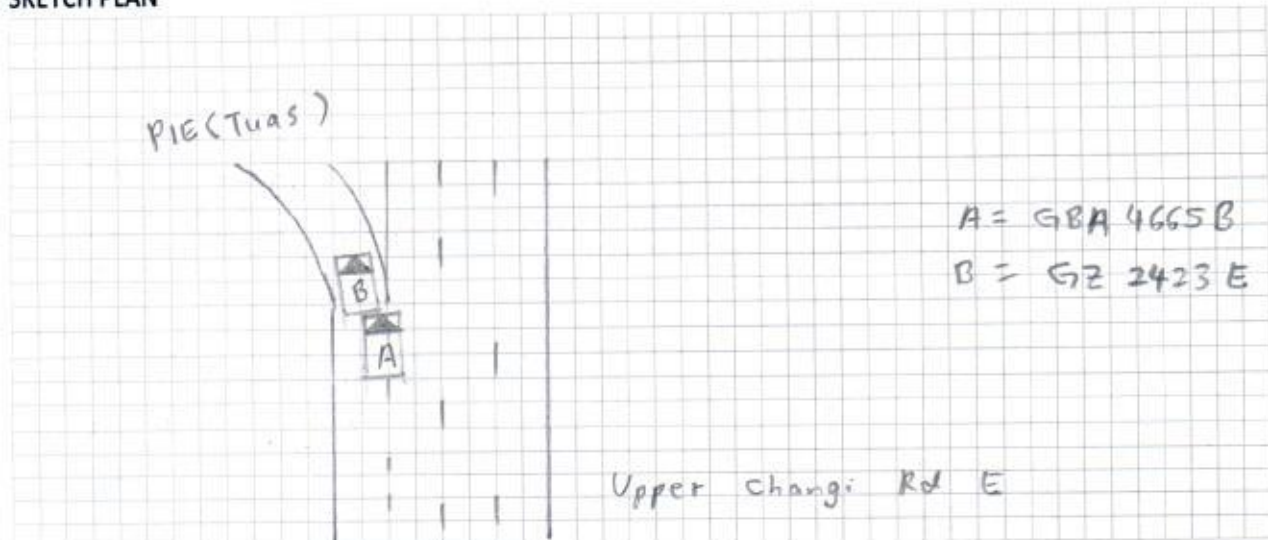
adone
image Pte Ltd

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.

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image Pte Ltd

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.:

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ADONE IMAGE

Sector: **MANUFACTURING**

Name
CHANG YONGHU

Occupation
ASSISTANT OPERATION MANAGER

S Pass No.
O 75383150

Date of Application
28-09-2016

Date of Issue
18-10-2016

Date of Expiry
19-12-2018

L7302928



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **G5361172P**

CHANG YONGHU

Class Date: **08 Jan 1975**

Issue Date: **02 Mar 2018**

Valid Till **01/03/2023**

002778636F



VISIT PASS
Immigration Regulations

Name
CHANG YONGHU

Date of Birth: **08-01-1975** Sex: **M** Nationality: **CHINESE**

PN: **G5361172P** Date of Issue: **18-10-2016** Date of Expiry: **19-12-2018**

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)

EFFECTIVE DATE


Class	Description	Effective Date
Class 2B	Motorcycles <= 100 CC	19 Feb 2013
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Mar 2018

G5361172P

S / No. 9000306004

NP 428A

Licence No: G5361172P



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"/>	5097404446	ADONE IMAGE PTE LTD	201700720R	GCV	Comprehensive	GBA4665B	GBA4665B	23/01/2018	22/01/2019

Claim Handling

Accident MT/1004796

Policy No.	5097404446	Vehicle No.	GBA4665B	GST Registration No.	
Certificate No.					
Policyholder Name	ADONE IMAGE PTE LTD			Policyholder NRIC	2017/
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96681775	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	27/07/2018 09:26	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	25/07/2018	Time of Accident hh:mm	15:40	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	VPP CHANGI RD E B4 ENTER TO SLIP RD TWDS PIE(TUAS)				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.0
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		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	1026 TAI SENG AVENUE	Address 2	#04-3536	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5344
Unit No.	04-3536	Related Policy Number	5097404446		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHANG YONGHU	Driver NRIC	G5361172P	Driver DOB	08/01
Register Date of Driver License	23/03/2018	Driver Age	43	Driving Experience	0
Contact No.(Mobile)	90852067	Contact No.(Office)		Contact No.(Home)	
Address 1	1026 TAI SENG AVENUE	Address 2	#04-3536	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5344
Unit No.	04-3536				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	ADONE IMAGE PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBA4665B
Claim Description	GBA4665B ON 25 Jul 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	27/07/2018 09:40
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1004796
Yes No

Claim No.
Upload Date

001
27/07/2018 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

Confidential

Urgency *

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NO

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NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	SAS	Normal	SAS 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:40	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:39	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:39	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:39	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:39	Photos	Normal	Photos 2018-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2018 09:39	Photos	Normal	Photos 2018-7-27

Video List

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