NATIONAL Assessment Centre Services

| | Job description | Date & Time Completed | Done by |
|---|---|---|---|
| Date In 13/08/18 | | | |
| Ref No NA/CT/1501467/13 | SAS e-filing | | |
| Veh No SLS5757A | E-mail (within 8hrs, NIC 2hrs) | | |
| DOA 13/08/18 0800 | i-Motor Claim Form | | |
| 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: ( IN GARAGE Tel: Fax: )

TP Particulars: Veh No: JSK9569 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 |
|---|---|
| | |
| | |
| | |
| | |

NA1805017

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

at 1:

at 2 / 3:

| Invoice Preparation Checklist | | Amt ($) 1st Bill | Amt ($) Add Bill |
|---|---|---|---|
| 1) AR : Accident Reporting ($30); | | | |
| 2) DA : Damage Assessment ($100); | INC ($80) | | |
| 3) TF : Towing Fee | $40/$45 | | |
| 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 : Idao DA + SMRT Survey | $160 | | |
| 8) 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 | | |
| 9) N12: Idao 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 witholding 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 | 13/08/2018 18:44 |
| Date Of Accident | 13/08/2018 08:00 |
| Exact Location Of Accident | PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SLS5757A |
| **Insured/Policyholder** | |
| Name Of Registered Owner | YONG ZHI JIE CALVIN |
| NRIC No | S8619042G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84907111 |
| Alternative Phone No | OTHERS-84907111 |
| **Vehicle Particulars** | |
| Manufacturer | MERCEDES-BENZ |
| Model | GLA 200 URBAN |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN1752941700 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | YONG ZHI JIE CALVIN |
| NRIC No | S8619042G |
| Date Of Birth | 06/07/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/03/2007 |
| Driving Experience | 11 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84907111 |
| Fax Number | |
| Contact Number | OTHERS-84907111 |
| EMail Address | NOEMAIL |

**National Assessment Centre Services**
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6841 0055 FAX: 6841 6315
Reg. No: 52983356E GST Reg. No. 20-0405911-H

# TAX INVOICE

CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909

INV No. NA1805017
INV Date 23/08/2018
Reference NA/CTI18014671/r3
Code CTI

## PROFESSIONAL SERVICE FEE

Vehicle No. SLS 5757A
Insured Veh.
Claim No.
Policy No. DMPCSN1752941700
Accident Date 13/08/2018
Inspection Date

| Description | Total |
|---|---|
| Accident Reporting | 30.00 |
| **Subtotal** | **30.00** |
| **GST (7%)** | **2.10** |
| **Grand Total** | **32.10** |

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'National Assessment Centre Services'**

**National Assessment Centre Services**

RBW

**National Assessment Centre Services**
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6841 0055 FAX: 6841 6315
Reg. No: 52983356E GST Reg. No. 20-0405911-H

# TAX INVOICE

CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909

INV No. NA1805017
INV Date 23/08/2018
Reference NA/CTI18014671/r3
Code CTI

## PROFESSIONAL SERVICE FEE

Vehicle No. SLS 5757A

Insured Veh.

Claim No.

Policy No. DMPCSN1752941700

Accident Date 13/08/2018

Inspection Date

| Description | Total |
|---|---|
| Accident Reporting | 30.00 |
| **Subtotal** | **30.00** |
| **GST (7%)** | **2.10** |
| **Grand Total** | **32.10** |

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'National Assessment Centre Services'**

**National Assessment Centre Services**

RBW