

NATIONAL Assessment Centre Services

[Ref: Jan 2005]

MAA 46805413

Date In: 15/08/2008 12:21	Job description	Date & Time Completed	Done by
Ref No: NBA/MAA46801/4820/4	SAS e-filing		
Veh No: SJX 8880 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/08/2008 06:48	i-Motor Claim Form	mtl1007280-001	15/08/2008 12:47
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: (Tel:	Fax:
TP Particulars:	Veh No: SMA 7628Y	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

NA/805101	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	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	15/08/2018 12:21
Date Of Accident	15/08/2018 06:45
Exact Location Of Accident	MALAYSIA CHECKPOINT TOWARDS S'PORE CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8080X
Insured/Policyholder	
Name Of Registered Owner	ZHANG JUNNENG JOHN
NRIC No	S7412293J
Email Address	CUEROOM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96918444
Alternative Phone No	OTHERS-96918444

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	5073488100-02
Cover Note Number	

Driver

Name of Driver	ZHANG JUNNENG JOHN
NRIC No	S7412293J
Date Of Birth	24/04/1974
Occupation	INDOOR
Date Of Driving Pass	12/05/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96918444
Fax Number	
Contact Number	OTHERS-96918444
Email Address	CUEROOM@YAHOO.COM.SG

Address	128 LORONG L TELOK KURAU #02-04
Postcode	425563
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : CO-WORKER 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SMA7623Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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

Woodward's Check Point Towards Malaysia Check Point



A) SJX 8080X

B) SMA 7623Y


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle behind the stop line of the custom. Vehicle B drove and bang me on my right while my vehicle was stationary.

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:

 15/02/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Claim Handling

Accident MT/1007280

Policy No.	5073488100-02	Vehicle No.	SIX8080X	GST Registration No.	
Certificate No.				Policyholder NRIC	S74122932
Policyholder Name	ZHANG JUNNENG JOHN	Cover Type	drive CLASSIC	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96918444	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KPK	No Yes	NCD Entitlement(%)	40	Private Hire	No
NCD Protection	No				

▼ Accident Details

Report Date	15/08/2018 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/08/2018	Time of Accident hh:mm	00:45	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MALAYSIA CHECKPOINT TOWARDS S'PORE CHECKPOINT				

▼ 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	Yes
GST Registration No.		GST Status Verified	
Modification History			

▼ Policyholder Mailing Address

Address 1	73 SOUTH BRIDGE ROAD	Address 2	SINGAPORE 058703	Address 3	
Address 4		Address Type	Singapore address	Post Code	058703
Unit No.		Related Policy Number	5073488100-02		

▼ OI Driver Info

Driver Name	ZHANG JUNNENG JOHN	Driver Type	Main Driver	Driver OGB	24/04/1974
Unnamed driver Name		Driver NRIC	S74122932	Driving Experience	20
Register Date of Driver License	12/05/1998	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96918444	Contact No.(Office)		Address 3	
Address 1	73 SOUTH BRIDGE ROAD	Address 2	SINGAPORE 058703	Post Code	058703
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SIX8080X	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OO-ME	Insured Name	ZHANG JUNNENG JOHN	Insured NRIC	S74122932
Contact No.(Mobile)	96918444	Contact No. (Home)	94433032	Contact No. (Office)	
Email Address	everoom016703@yahoo.com	Vehicle Number	SIX8080X	Vehicle Number	SMA75
Claim Description	SIX8080X / SMA7623Y ON 15 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Report No.	Yes	Repaired	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/08/2018 12:45	Claim Close Date		Date Received	15/08/2018
Report Taken By	ROSLI WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1007280	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/08/2018 12:47
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:47		Photos	Normal	Photos 2018-8-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:47	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:47	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:47	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	Photos	Normal	Photos 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	SAS	Normal	SAS 2018-8-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 12:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-15

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15 APR 18 (DD/MM/YYYY), TIME: 06:45 (HH:MM)

LOCATION: Malayasia Interlink Street, Johor

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55C80802C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: C200
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ZHONG JUNN ENG JIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7412293J CONTACT: 96918444
 c) ADDRESS: 2F Lor 1 Telok Kurau #2204 S423553

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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: 3NA7623Y 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 passenger
 (including driver)
2

*No of passenger
 (including driver)
1

*No of passenger
 (including driver)
1

Email = caerom@yaho.com.sg

VIDEO = NIL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7412293J



ZHANG JUNNENG JOHN
张竣能
Race
CHINESE
Date of Birth 24-04-1974 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7412293J
ZHANG JUNNENG JOHN
Date of Birth 24 Apr 1974
Issue Date 28 Sep 2003




NRIC No. S7412293J



Short Circuit Date of issue
03-03-2003

128 LORONG TELOK KURAU #02-04
SINGAPORE 425683
NRIC No: S7412293J Date: 05/10/2014


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1B	Motorcycles <= 200 CC	22 Sep 1996
Class 1A	Motorcycles between 201 CC and 400 CC	22 Nov 1991
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2000 kg	12 Nov 1996
Class 4	Heavy motor cars and motor tractors > 2000 kg	16 May 2007
Class 6	Motor vehicles > 7250 kg net (unrestricted to carry any load)	18 Nov 2007

S / No. 9000037974

S7412293J

NR 4256A



License No: S7412293J

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073488100-02		ZHANG JUNNENG JOHN	574122931	GPC	drive CLASSIC	SJX8080X	SJX8080X	14/11/2017	13/11/2018