

NATIONAL Assessment Centre Services [ref: Jan05] MMA 118116102

Date In: 7/19/18 15:21	Job description	Date & Time Completed	Done by
Ref No: NA1INC18016366/h4	SAS e-filing		
Veh No: G2 66092K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 7/19/18 10:30	i-Motor Claim Form	6MT/1010527 <sup>001</sup>	7/19/18 16:18
OD:  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: ( ) Tot: ( ) Fax: ( )

TP Particulars: Vch No: SJJ 5264B 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

WA1805718

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Est Bill	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			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against JNC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Cat 2/3:	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: Idac 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	07/09/2018 15:21
Date Of Accident	07/09/2018 10:30
Exact Location Of Accident	CAPITOL PIAZZA CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ6609K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHILLI PADI NONYA CATERING PTE LTD
Co Reg No	200301091K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62460163

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5021883344-11
Cover Note Number	-

### Driver

Name of Driver	ZARNI HTAT KYAW
NRIC No	G5062833M
Date Of Birth	11/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82309033
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 92 BEDOK NORTH AVE 4 #05-1493  
 Postcode 460092  
 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 CHAIN COLLISION  
 Weather Conditions CLEAR  
 Road Surface WET

**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) 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**

I WAS ENTER TO THE CARPARK OF CAPITOL PIAZZA. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SJJ5264B) FROM BEHIND HIT ONTO MY VEH REAR PORTION.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJJ5264B  
 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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	UNKNOWN
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.
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.

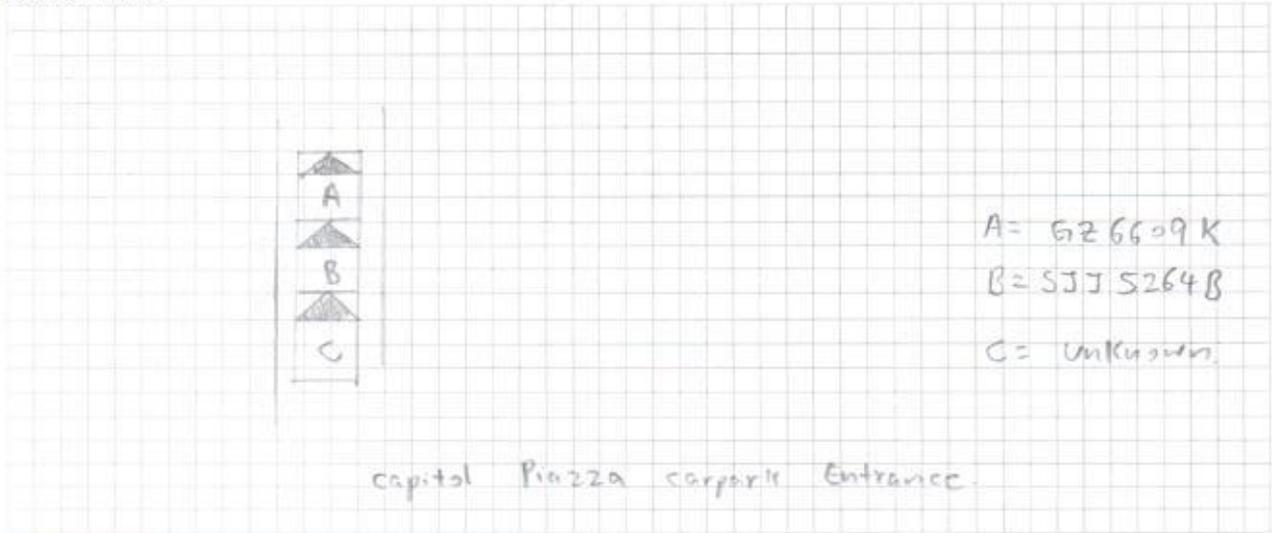


Policyholder's Signature  
Date & Time

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



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

*[Handwritten Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5062833M**

Name: **ZARNI HTAT KYAW**

Birth Date: **11 Oct 1983**  
 Issue Date: **04 Oct 2016**  
 Valid Till: **03/10/2021**

002616278B



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

Employer: **CHILLI API CATERING PTE. LTD.**

Sector: **MANUFACTURING**

Name: **ZARNI HTAT KYAW**  
 Occupation: **DELIVERY MAN**

S Pass No. **0 92649490**

Date of Application: **14-09-2017**  
 Date of Issue: **06-11-2017**  
 Date of Expiry: **30-08-2019**

0 92649490



**L8425133**

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

Class	Description	Effective Date	Count
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Jan 2018	3

G5062833M

S / No. 9000304600

NP 428A

Licence No: G5062833M



**VISIT PASS**  
 Immigration Regulations

Name: **ZARNI HTAT KYAW**

Date of Birth: **11-10-1983** Sex: **M** Nationality: **MYANMAR**

FIN: **G5062833M** Date of Issue: **06-11-2017** Date of Expiry: **30-08-2019**

**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.**



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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5021883344-11		CHILLI PADI NONYA CATERING PTE LTD	200301091K	GCV	Third Party	GZ6609K	GZ6609K	24/07/2018	23/07/2019

Continue

**Claim Handling**

**Accident MT/1010527**

Policy No.	5021883344-11	Vehicle No.	GZ6609K	GST Registration No.	20030
Certificate No.					
Policyholder Name	CHILLI PADI NONYA CATERING PTE LTD			Policyholder NRIC	20030
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	62460163	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

**Accident Details**

Report Date	07/09/2018 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	07/09/2018	Time of Accident hh:mm	10:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAPITOL PIAZZA CARPARK ENTRANCE				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	200301091K	GST Status Verified	No

Modification History

**Policyholder Mailing Address**

Address 1	3015 BEDOK NORTH STREET 5	Address 2	#06-15/27 SHIMEI E/KITCHEN	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	486351
Unit No.		Related Policy Number	5030661490-10		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZARNI HTAT KYAW	Driver NRIC	G5062833M	Driver DOB	11/10/
Register Date of Driver License	03/01/2018	Driver Age	34	Driving Experience	0
Contact No.(Mobile)	82309033	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 92 #05-1493	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46009
Unit No.	05-1493				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

**Claim 001** New

Claim Type *	OD-MX	Insured Name	CHILLI PADI NONYA CATERING
Contact No.(Mobile)	NIL	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	GZ6609K
Claim Description	GZ6609K / SJJ5264B ON 7 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	07/09/2018 16:16
			LIEW SHAN HUI

Print AK letter

Save Submit

**Attachment**

Accident No. MT/1010527 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

07/09/2018 16:18

Path \*

Category \*

Confidential

Urgency \*

- Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	SAS	Normal	SAS 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:17	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:16	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:16	Photos	Normal	Photos 2018-9-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2018 16:16	Photos	Normal	Photos 2018-9-7

Video List

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