

# NATIONAL Assessment Centre Services

Ref: 1-Jan-2005

May 18/31/97

Date by: 08/06/08 17:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 001832819	SAS e-filing		
Veh No: SKH 581 A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/06/08 19:05	i-Motor Claim Form	M/10/000000	08/06/08 8:37
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: SKJ 3540E 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

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

1) AR: Accident Reporting (\$10);

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*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

10/10/08

10/10/08

## 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 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. 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	09/10/2018 17:38
Date Of Accident	08/10/2018 19:05
Exact Location Of Accident	ALONG HOLLAND ROAD BEFORE HOLLAND AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5281A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG XUE OU
Passport No/FIN	G3971769I
Email Address	WC2010SET@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97765171
Alternative Phone No	OTHERS-97765171

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	BLACK
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	5094834460
Cover Note Number	

### Driver

Name of Driver	ZHOU ZINAN
Passport No/FIN	S7069503J
Date Of Birth	01/07/1970
Occupation	INDOOR
Date Of Driving Pass	04/07/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97765171
Fax Number	
Contact Number	OTHERS-97765171
Email Address	WC2010SET@HOTMAIL.COM



Address	58 WEST COAST ROAD #05-72
Postcode	126835
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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)	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

PLEASE REFER TO SKETCH PLAN (PHOTOS ONLY FROM DRIVER HANDPHONE)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ3540E
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RYOTARO SUGAYA
NRIC/Passport Number	G3340709U
Contact Number	90609227
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

⊗ 100 RED LIGHT



THIRD PARTY  
SKJ3540E

OWN CAR  
SKH5271A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/10/2018 19:05 HRS I WAS TRAVELLING ALONG  
HOLLAND ROAD TOWARDS AYK - AT THE JUNCTION OF HOLLAND  
AVENUE ALL CAR STOP. BUT I SLIP MY LAG & MY CAR  
MOVE FORWARD AND HIT THE CAR SKJ3540E THAT ALL

## 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.:



## Claim Handling

Accident MT/1015002

Policy No.	504834460	Vehicle No.	SKH5281A	GST Registration No.	
Certificate No.				Policyholder NRIC	G39717955
Policyholder Name	WANG YUE OU	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97765171	Special Remark		eCode	No *
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
WPA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	09/10/2018 18:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	08/10/2018	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG HOLLAND ROAD BEFORE HOLLAND AVENUE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
Coverage	Sum Insured				
Excess Waiver	55999999.99				
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	58 WEST COAST ROAD	Address 2	#05-72 VARSITY PARK CONDO	Address 3	SINGAPORE 125835
Address 4		Address Type	Singapore address	Post Code	125835
Unit No.	05-72	Related Policy Number	504834460		
<b>01 Driver Info</b>					
Driver Name	ZHOU ZINAN	Driver Type	Named Driver	Driver DOB	01/07/1970
(Unnamed driver Name)		Driver NRIC	S70695033	Driving Experience	8
Register Date of Driver Licence	04/07/2012	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	97765171	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SKH5281A		

## Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes ☒ No ☐

## Modification History

Claim 001 **NEW**

Claim Type *	OO-MX	Insured Name	WANG YUE OU	Insured NRIC	G3971
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		CI		TP	
Claim Description	SKH5281A / SK33460 ON 8 Oct 2018			Vehicle Number	SK33460
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Repaired	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Workshop Name unknown			
Date Registered		GIA report	Received	Claim Close Date	09/10/2018 18:38
Report Taken By				Date Received	09/10/2018
<input checked="" type="checkbox"/> Print AX letter					

Save Submit








## Attachment

Accident No.	MT/1015002	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/10/2018 18:37
Path *			
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			


## Attachment List



Attachment	Uploaded By/Date	Category	Urgency	Description	th



NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:37	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:37	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:37	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:38	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:38	Photos	Normal	Photos 2018-10-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:38	SAS	Normal	SAS 2018-10-9
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 18:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9

 Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/10/2013 (DD/MM/YYYY), TIME: 7:05 (HH:MM)

LOCATION: ~~Alor Gajah~~ ~~Ulu~~ ~~1~~ ~~Highway~~ ~~ROAD~~  
Jalan Road Traffic Light

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 5281A  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5094834460  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: LAND ROVER  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: WANG YUE QI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G39717691 CONTACT: 97765171  
c) ADDRESS: 58 WEST COAST ROAD, VASITY

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: ZHOU ZINAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97765171  
c) ADDRESS: 58 WEST COAST ROAD VASITY

\* d) DATE OF BIRTH: 01/07/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04 JULY 2012

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

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: SKT 3540E MODEL: TOYOTA COROLLA  
b) DRIVER'S NAME: RYOTARO SUGAYA  
c) NRIC/FIN/PASSPORT: G33407094 CONTACT: 90609227

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = wcy2010set@hotmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7069503J



Name

ZHOU ZINAN

周子楠

Race

CHINESE

Date of birth

01-07-1970

Sex

F

Country of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7069503J

ZHOU ZINAN

Birth Date 01 Jul 1970

Issue Date 04 Jul 2012



9115268

NRIC No. S7069503J



Nationality

CHINESE

Date of issue

18-01-2011

Address

58 WEST COAST ROAD  
#05-72  
SINGAPORE 126835

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 04 Jul 2012



NP 428A

Hello, NAC\_BUKIT\_MERAH\_800676

[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="08/10/2018 17:01"/>
Vehicle No.(For Motor)	<input type="text" value="SKH5281A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094834460		WANG XUE OU	G39717691	GPC	drive CLASSIC	SKH5281A	SKH5281A	07/10/2017	17/12/2018