

**NATIONAL Assessment Centre Services.** [ver 1 Jan 09] **MMA 119000728.**

Date In: <b>21/1/19 17:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 1900080164</b>	SAS e-filing		
Veh No: <b>SL5 3133 MM</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>31/12/18 10:00</b>	I-Motor Claim Form	<b>MT/1026089-001</b>	<b>21/1/19 20:00</b>
OD <b>(TP)</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>G8A 249X</b>	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% P: 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

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Ref. 1: Ref. 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$) <b>30.00</b>	Add'l (\$) Add'l Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 19 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Coordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idao 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 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	02/01/2019 17:56
Date Of Accident	31/12/2018 10:00
Exact Location Of Accident	CHARLTON LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS3133M
Insured/Policyholder	
Name Of Registered Owner	AW LI YING MERYL
NRIC No	S8941482B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96633344
Alternative Phone No	OFFICE-96633344
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA180 A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106057573
Cover Note Number	-
Driver	
Name of Driver	DIONG YAO (ZHANG YAO)
NRIC No	S8121590A
Date Of Birth	21/07/1981
Occupation	INDOOR
Date Of Driving Pass	01/01/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92990999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	59 CHARLTON LANE
Postcode	533997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	GBA249X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

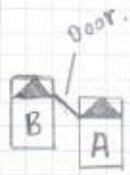
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



A = S2S 3133M.

B = GBA 249X.

Charlton Ln.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

AFTER COME OUT FROM MY HOUSE 59 CHARLTON LANE. WHILE PASS BY  
A PARKED VEH B (BEARING NO GBA249X) ON THE RIGHT SIDE. SUDDENLY  
THE DRIVER OF VEH B OPEN THE RIGHT DOOR WITHOUT CHECKING THE  
BIND SPOT AND HIT ONTO MY VEH LEFT HAND SIDE.



## ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 12 / 2018 (DD/MM/YYYY), TIME: 10 : 20 (HH:MM)

LOCATION: Charlton Lane

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 3133M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
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: Aw Li Ying Meryl (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8941482B CONTACT: 96633344  
c) ADDRESS: 59 Charlton Lane

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

### DRIVER

- a) NAME: Diong Yao (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S81215901A CONTACT: 92990999  
c) ADDRESS: 59 Charlton Lane

\*d) DATE OF BIRTH: 21 / 07 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NO

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: G8A 249X MODEL: Opel

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: \_\_\_\_\_

Email = ck.tan888@live.com.sg

fax =

VIDEO =

warning driving license  
by warning by

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8121590A



Name  
DIONG YAO  
(ZHANG YAO)  
張 耀

Race  
CHINESE

Date of birth  
21-07-1981

Sex  
M

Country of birth  
SINGAPORE





3816825



NRIC No: S8121590A



Date of issue  
07-12-2005

59 CHARLTON LANE  
SINGAPORE 533997  
NRIC No: S8121590A

Date: 09/07/2017





**SINGAPORE  
POLICE FORCE**

**PAYMENT**

**TAX INVOICE**

Invoice No: SPF2019010201000453  
Date/Time: 02/01/2019 17:48:51

Application Paid Via: Visa  
GST Reference No: -

Service Type	Service Fee	aService Reference No	Unit Price (\$\$)	GST (\$\$)	Qty	Amou
1 Qualified Driving Licence	Licence Fee	EQDLQ000027621	25.00	0.00	1	25.00

Total (\$\$)

This is a computer-generated invoice. No signature is required.

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION



02/01/2019

## Your transaction is successful

**Merchant Name** : SINGAPORE POLICE FORCE  
**Reference No** : SPFEQDL2019010200685  
**Amount** : SGD 25.00  
**Card Type** : Visa  
**Approval Code** : 000144  
**Transaction date/time** : 02 January 2019 17:49:40

Please print this page as a reference for your transaction.

To continue, please click 'OK'.

Or you will be automatically redirected to the next page within 20 seconds

Print

OK

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**Enquire Transaction History****Transaction History Details**

Log Date/Time:	20 Dec 2018 / 20:43:24
Receipt No.:	-
Asset Type:	Vehicle
Transaction Amount:	\$0.00
Asset ID:	SMF6184C
Channel:	Internet
Transaction Type:	02.22 Replace with Bid/Retained/Pers Veh No. (Self)
Business Transaction Reference No.:	20181220204324207255

Transaction Type:	Replacement
Change Vehicle No.:	SMF6184C
With Vehicle No.:	SL53133M
Application Date:	29 Oct 2018
IU Label No.:	1126085083
Front Seal No.:	-
Rear Seal No.:	-
Chassis No.:	WDC1569422J058474
Licensing Start Date:	29 Sep 2018
Licensing End Date:	28 Mar 2019

Information displayed is correct as at the log date and time.

[Back to List](#)

Hello, NAC\_PAYA\_UBI\_800601

[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="31/12/2018 12:15"/>
Vehicle No.(For Motor)	<input type="text" value="SMF6184C"/>	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 checked="" type="radio"/>	5106057573		AW LI YING MERYL	S8941482B	GPC	drivo CLASSIC	SMF6184C	SMF6184C	11/12/2018	10/12/2019



Claim Handling

Accident MT/1026089

Policy No.	5106057573	Vehicle No.	SMF6184C	GST Registration No.	
Certificate No.					
Policyholder Name	AW LI YING MERYL			Policyholder NRIC	S89411
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98633344	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	02/01/2019 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/12/2018	Time of Accident hh:mm	10:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHARLTON LANE				
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	59 CHARLTON LANE	Address 2	CHARLTON 18	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53399
Unit No.		Related Policy Number	5106057573		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DIONG YAO (ZHANG YAO)	Driver NRIC	S8121590A	Driver DOB	21/07/
Register Date of Driver License	01/01/2001	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	92990999	Contact No.(Office)		Contact No.(Home)	
Address 1	59 CHARLTON LANE	Address 2	# CHARLTON 18	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53399
Unit No.					
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AW LI YING MERYL
Contact No.(Mobile)	98292255	Contact No. (Home)	NIL
Email Address	mminor_1482@hotmail.com	OI Vehicle Number	SMF6184C
Claim Description	SMF6184C / G8A249X ON 31 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Finalisation		GIA report	Received
Date Registered			02/01/2019 19:58
Report Taken By	LIEW SHAN HUI		
Print AK letter			
Save Submit			

Attachment

Accident No. MT/1026089 Claim No. 001

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

02/01/2019 20:00

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

Category \*

Confidential

Urgency \*

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 02 Jan 2019 20:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 20:00	SAS	Normal	SAS 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:58	Photos	Normal	Photos 2019-1-2

## Video List

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