

NATIONAL Assessment Centre Services

Date In: 08/05/2019 13:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008089/K4	SAS e-filing		
Veh No: SKP5592K	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/05/2019 12:30	i-Motor Claim Form	MT/1043740-001	9/5/19 15:43
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: SJET011C	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

NA1903257	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
	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:-			
	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			
Cat 1:	Invoice dated	Fee Charged		
Cat 2 / 3:	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	08/05/2019 13:58
Date Of Accident	08/05/2019 12:30
Exact Location Of Accident	TAMPINES HUB / B2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5592K
Insured/Policyholder	
Name Of Registered Owner	ZHOU LAN
NRIC No	S7963908G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82016693
Alternative Phone No	OTHERS-82016693

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5101717752
Cover Note Number	

Driver

Name of Driver	ZHOU LAN
NRIC No	S7963908G
Date Of Birth	07/09/1979
Occupation	INDOOR
Date Of Driving Pass	04/11/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82016693
Fax Number	
Contact Number	OTHERS-82016693
Email Address	NOEMAIL

Address	BLK 340 TAMPINES STREET 33 #09-260
Postcode	520340
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	COLLIDED INTO PARKED 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?	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

PLS REFER TO THE 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	SJE7011C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENG SEOH MUI
NRIC/Passport Number	S1821899B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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:

08. May. 2019
1400

Driver's Signature

(If driver is not the policyholder)

Date & Time:

08. May. 2019
1400

Reporting Centre Personnel's Signature

Name:

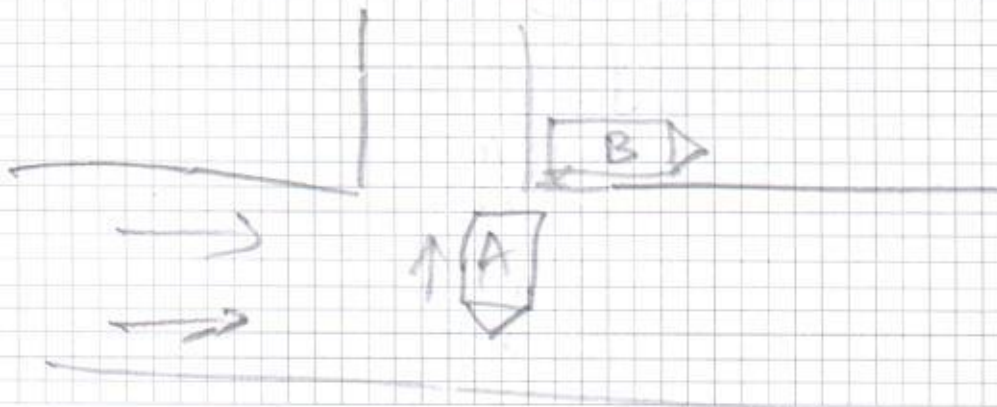
NRIC/FIN No.:

8/5/2019

SKETCH PLAN

Tampines Hub B2
Carpark

A-SKP5592K
B-SJE7011C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Tampines Hub B2 Carpark. When Vehicle A was reversing to park at the lot. Vehicle A slightly hit Vehicle B rear right portions. The Vehicle A damages was slightly damages at the rear portions.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

GIARMC Sketch Plan Form 1/3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/5/2019

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7963908G



Name

ZHOU LAN

周 嵐

Race

CHINESE

Date of birth

07-09-1979

Sex

F

Country of birth

CHINA



S7963908G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7963908G

Name

ZHOU LAN

Birth Date 07 Sep 1979

Issue Date 04 Nov 2008



001672900K



8975624

NRIC No. S7963908G



Nationality

CHINESE

Date of issue

22-10-2008

APT BLK 340 TAMPINES STREET 33 #09-260
SINGAPORE 520340

NRIC No: S7963908G

Date: 17/05/2011

No: 6726982

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 04 Nov 2008



Licence No: S7963908G

NP 428A

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="08/05/2019 12:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKP5592K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101717752		ZHOU LAN	S7963908G	GPC	drive CLASSIC	SKP5592K	SKP5592K	26/06/2018	21/09/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5101717752	Policyholder Name	ZHOU LAN	Policyholder NRIC	S7963908G
Certificate No.					
Address	BLK 340 #09-260 TAMPINES STREET 33 SINGAPORE 520340				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/06/2018	Effective Date	26/06/2018 00:00	Expiry Date	21/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 340 #09-260	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520340
Address 4		Address Type	Singapore address	Post Code	520340
Unit No.	09-260	Related Policy Number	5101717752		

► Insured Object: SKP5592K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/03/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Jun 2018 TO 21 Sep 2019 In view of this amendment, an additional premium of \$161.42 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Claim Handling

Accident MT/1043740

Policy No.	5101717752	Vehicle No.	SKP5592K	GST Registration No.
Certificate No.				
Policyholder Name	ZHOU LAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	82016693	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	09/05/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/05/2019	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES HUB / B2 CARPARK			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	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	BLK 340 #09-260	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-260	Related Policy Number	5101717752	
▼ OI Driver Info				
Driver Name	ZHOU LAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7963908G	Driver DOB
Register Date of Driver License	04/11/2008	Driver Age	39	Driving Experience
Contact No.(Mobile)	82016693	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 340	Address 2	TAMPINES STREET 33	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-260			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ZHOU L
Contact No.(Mobile)	82016693	Contact No. (Home)	NIL
Email Address		Vehicle Number	SKP559
Claim Description	SKP5592K / SJE7011C ON 8 May 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Benefit No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By		Claim Close Date	09/05/2019 15:44
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Attachment



Accident No.	MT/1043740	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2019 15:35
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	Confidential NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:43	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:38	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:36	Photos	Normal	Photos
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