

NATIONAL Assessment Centre Services		[Ref: 1 Jan 2019]		MNA/19092330	
Date In: 15/07/2019 15:18	Job description	Date & Time Completed	Done by		
Ref No: MNA/19092330	SAS e-filing				
Veh No: FBK 5664B	E-mail (within 4hrs, A/C 2hrs)				
D.O.A: 13/07/2019 17:20	I-Motor Claim Form	M7/1052435001	15/07/2019		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:50		
TP Insurer:	i-Photo Uploaded				
	Assessment/Survey Report				
	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SML 4343B	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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$10);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) RT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claimant against INC Only (wef 10 Jan 2019)		
Cal. 2/3:	6) TR: Re-inspection \$75		
1 / 1	7) N1: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N2: Courtesy Car / Tpl Allowance \$5		
	10) N6: Repair Co-ordination \$10		
	11) N7: Post Repair Inspection \$25		
	12) N8: DV / Collect Express Coordination \$5		
	13) TR (N1): TP (Non INC) against INC \$20		
	14) N12: Idem Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2019 16:18



## 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	15/07/2019 15:18
Date Of Accident	13/07/2019 17:20
Exact Location Of Accident	ADAM ROAD TOWARDS DUNEARN ROAD INTERSECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5664B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUAN ZHENLIANG
Passport No/FIN	G2031538K
Email Address	G19930707ZL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82806696
Alternative Phone No	OTHERS-82806696

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088158753-02
Cover Note Number	

### Driver

Name of Driver	GUAN ZHENLIANG
Passport No/FIN	G2031538K
Date Of Birth	07/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82806696
Fax Number	
Contact Number	OTHERS-82806696
Email Address	G19930707ZL@GMAIL.COM

Address	982 RACE COURSE ROAD #05-329
Postcode	
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	COLLISION - HEAD TO REAR
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

PLEASE REFER TO SKETCH PLAN

#### 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	SML4343S
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. LIM
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: 15/07/2019

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

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





## Claim Handling

## Accident HT/1053435

Policy No.	508818753-02	Vehicle No.	FR856645	GST Registration No.	
Certificate No.					
Policyholder Name	GUAN ZHENGLIANG	Cover Type	Third Party	Policyholder NRIC	Q2031538K
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82806696	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	15/07/2019 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/07/2019	Time of Accident (hh:mm)	17:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ADAM ROAD TOWARDS DUNNARD ROAD INTERSECTION				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YSD OD Excess	0.00	YSD TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 682 #05-329	Address 2	RACE COURSE ROAD	Address 3	SINGAPORE 210982
Address 4		Address Type	Singapore address	Post Code	210682
Unit No.	08-241	Related Policy Number	508818753-02		

## OI Driver Info

Driver Name	GUAN ZHENGLIANG	Driver Type	Main Driver	Driver DOB	07/07/1993
Unnamed driver Name		Driver NRIC	Q2031538K	Driving Experience	5
Register Date of Driver License	17/07/2012	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	82806696	Contact No.(Office)		Address 3	SINGAPORE 210982
Address 1	BLK 682 #05-329	Address 2	RACE COURSE ROAD	Post Code	210682
Address 4		Address Type	Singapore address		
Unit No.	08-241				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FR856645	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

## Claim 001

## New

Claim Type *	OD-RX	Insured Name	GUAN ZHENGLIANG	Insured NRIC	Q2031538K
Contact No.(Mobile)	82806696	Contact No.(Office)	NTU	Contact No.(Home)	
Email Address	g199307072@gmail.com	TP		Vehicle Number	SM43435
Claim Description	FR856645 / SM43435 ON 13 Jul 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at fault	GIA report	Received
Report no. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	15/07/2019 15:50
Date Registered				Date Received	15/07/2019 00:00
Report Taken By	RDSJ WAHAB				
<input checked="" type="checkbox"/> Print A4 letter					

Save Submit

## Attachment

Accident No.	HT/1053435	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/07/2019 15:50
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photo	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photo	Normal	Photos 2019-7-15	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	Photos	Normal	Photos 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	SAS	Normal	SAS 2019-7-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 15:50	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-7-15

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 07 / 2019) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Adam Road and Dunearn Road intersection

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FDG5664B  
 b) INSURANCE COMPANY: Inche  
 c) POLICY NUMBER: 5088158753-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA 8135  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working in delivery  
 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: Guan Zhenhang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: A2031538K CONTACT: 82806696  
 c) ADDRESS: 682 Race Course Road 05-329

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

### DRIVER

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

\* d) DATE OF BIRTH: (07 / 07 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/07/2012

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: SML4343S MODEL: Subaru  
 b) DRIVER'S NAME: Mr Lim  
 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)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email =  
 VIDEO

919930707.zl@gmail.com



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
PIZZA HUT SINGAPORE PTE LTD (FULL TIME STAFF)

**For LKK/NAC Use Only**

Name  
GUAN ZHENLIANG

Work Permit No.  
D 74858015

Sector  
SERVICE

 K1080491

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number  
G2031538K

Name  
GUAN ZHENLIANG

**For LKK/NAC Use Only**

Birth Date: 07 Jul 1993  
Issue Date: 20 Jun 2017  
Valid Till: 15/07/2022

 002695593J

**VISIT PASS**  
Immigration Regulations

28-01-2019

Name  
GUAN ZHENLIANG

**For LKK/NAC Use Only**

File  
G2031538K

Date of Birth  
07-07-1993

Sex  
M

Nationality  
CHINESE

 Download SGWorkPass App to check status

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.



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

EFFECTIVE DATE  
17 Jul 2012

Class 2B Motorcycles <= 200 cc

**For LKK/NAC Use Only**

NP 428A

License No: G2031538K



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5088158753-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBE5664B

Chassis Number

: 5YP012336

2. Name of Policyholder

: GUAN ZHENLIANG

3. Effective Date of Insurance

: 04 Jun 2019

4. Expiry Date of Insurance

: 03 Jun 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: GUAN ZHENLIANG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KIMBERLEY INSURANCE AGENCY (00000571380)

Date of Issue : 28 May 2019 13:30 hrs

Reprint : 28 May 2019 13:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive