

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA119168725

Date In: 23/1/19-15:21	Job description	Date & Time Completed	Done by
Ref No: NA119168725	SAS e-filing		
Veh No: 5JW97036	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19-03:45	i-Motor Claim Form	21/1/19 03:45	23/1/19 15:13
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: SMC1547M	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

NA119168725	Invoice Preparation Checklist	Ant (\$) for Bill	Ant (\$) 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		
	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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat. 1:

Pat. 2 / 3:

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	23/12/2019 13:21
Date Of Accident	21/12/2019 03:45
Exact Location Of Accident	JUNC PRINSEP ST & PRINSEP LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9703G
Insured/Policyholder	
Name Of Registered Owner	ZHANG JIAYANG MICHAEL
NRIC No	SXXXX973E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91278855
Alternative Phone No	OFFICE-91278855

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098803050-01
Cover Note Number	

Driver

Name of Driver	BEH CHUN HOWE
NRIC No	SXXXX833I
Date Of Birth	11/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93200344
Fax Number	
Contact Number	OFFICE-93200344
Email Address	NOEMAIL

Address	BLK 19 CHAI CHEE ROAD #05-338
Postcode	461019
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 - CHANGE/CROSS LANE
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?	YES
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

REFER TO 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	SMC1547M
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)	1

DETAILS OF INJURED PERSON 1

Name	BEH CHUN HOWE
------	---------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJW9703G

YES

NO


SKETCH PLAN


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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:

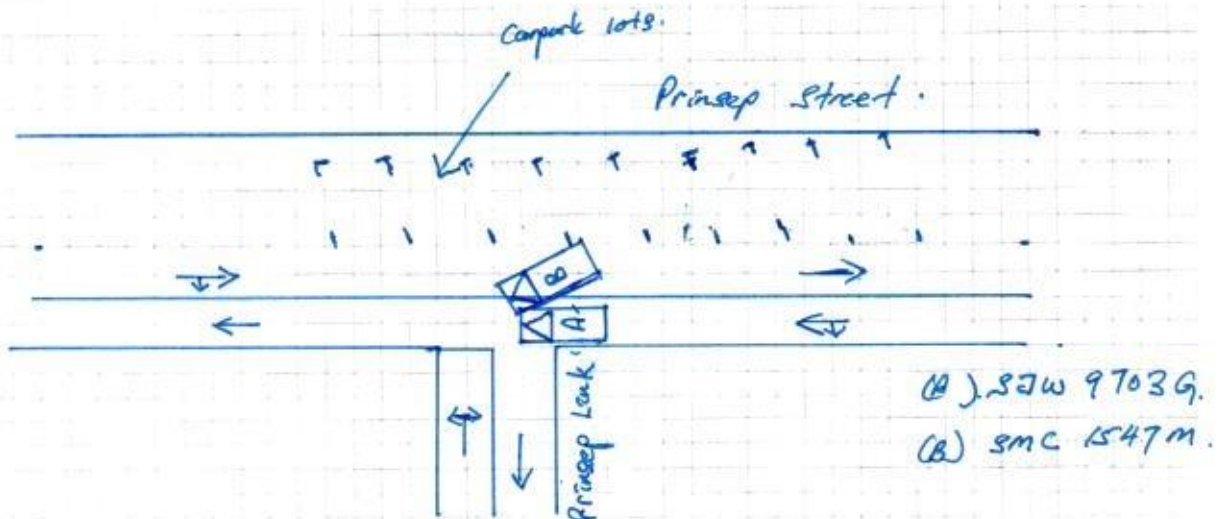
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

On 21/12/19 at @ 0345hrs, I was travelling in my vehicle (SJW 9703G) along Prinsep Street before the junction of Prinsep Link on a dual traffic single lane. I saw the vehicle (SMC 1547M) in front of me signal right and drove to the opposite direction and I overtook the said vehicle. As I was overtaking the said vehicle, suddenly the said vehicle make a right turn and collided onto the front right side of my vehicle.

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.:

Vehicle No.	SJW 9T03 G		Model / Make	Toyota Vios.
Date of Accident	21 / 12 / 19.			
Time of Accident	0345 HRS			
Location of Accident	Prinsip Street junction Prinsip Link.			
Exact purpose use during accident	Chauffeur.			
Name of Owner	Zhang Jirayang, Michael.			
Telephone No.	H/P: 9127 8855	Home:	Office:	
NRIC	S 9040973E.			
Address	BLK 52, Chai Chee Street #07-326 (S) 460052.			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5098803050-01.			
Name of Driver	As Above If No, Beh Chun Howe			
NRIC	S 8788833I.	Any Passengers: N-A.		
Date of birth	11 / 04 / 1987.			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	20 / 10 / 2009			
Gender	Male	/	Female	
Contact No.	H/P: 93200344	Home:	Office:	
Address	BLK 19, Chai Chee Road #05-338 (S) 561019.			
Driver have any own vehicle	No.	If yes, Reg No.		
Relationship	Employee,	If no, state Friend.		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No.	If Yes, Who?		
Name And Contact No.	Beh Chun Howe (H/P: 93200344)			
Name And Contact No.				
Police Report	No.	If Yes, Where?		
Vehicle B No.	SMC 1547 M.		Any Passengers:	N-A.
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	N-A.		Witness Contact:	N-A.
Accident Portion	Right front side.			
Camera Recorder	Yes / No	Over R-side.		
Email Address	shirobeh@gmail.com			
PARTICULAR WORKSHOP	AEST Twincen			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zc Teng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

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: 5098803050-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJW9703G**
Chassis Number : **MR053HY9305161189**
2. Name of Policyholder : **ZHANG JIAYANG, MICHAEL**
3. Effective Date of Insurance : **03 May 2019**
4. Expiry Date of Insurance : **02 May 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZHANG JIA YANG MICHAEL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : KA-HUP VEHICLES TRADING (00000572059)
Date of Issue : 26 Apr 2019 16:00 hrs
Reprint : 26 Apr 2019 16:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098803050-01		ZHANG JIAYANG MICHAEL	S9040973E	GPC	drive CLASSIC	SJW9703G	SJW9703G	03/05/2019	02/05/2020

 Policy Information

Policy No.	5098803050-01	Policyholder Name	ZHANG JIAYANG MICHAEL	Policyholder NRIC	S9040973E
Certificate No.					
Address	BLK 52 #07-326 CHAI CHEE STREET SINGAPORE 460052				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/04/2019	Effective Date	03/05/2019 00:00	Expiry Date	02/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 52 #07-326	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	5098803050-01		

 Insured Object: SJW9703G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1076829

Policy No.	509803050-01	Vehicle No.	SIW9703G	GST Registration No.	
Certificate No.					
Policyholder Name	ZHANG JIAYANG MICHAEL	Cover Type	drive CLASSIC	Policyholder NRIC	99040973E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	91276855	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	23/12/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/12/2019	Time of Accident (h:mm)	03:45	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JUNC PRINSEP ST & PRINSEP LINK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable			
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 52 #07-326	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	509803050-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/04/1987
Unnamed driver Name	BEH CHUN HOWE	Driver NRIC	SXXXX833E	Driving Experience	10
Regular Date of Driver License	20/10/2009	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	93200344	Contact No. (Office)	0	Address 1	PING-AN GARDENS
Address 1	BLK 19	Address 2	CHAI CHEE ROAD	Post Code	461019
Address 4	SINGAPORE 461019	Address Type	Singapore address		
Unit No.	05-338				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	ZHANG JIAYANG MICHAEL	Insured NRIC	99040973E
Contact No. (Mobile)	91276855	Contact No. (Home)		Contact No. (Office)	
Email Address	miczy95@gmail.com	OT Vehicle Number	SIW9703G	TP Vehicle Number	SMC1547M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIW9703G / SMC1547M ON 21 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/12/2019 00:00
Date Registered	23/12/2019 15:13	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1076829	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/12/2019 15:14
Path *	Category *	Confidential	Urgency *

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:14	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:14	SAS	Normal	SAS 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 23 Dec 2019 15:13	Photos	Normal	Photos 2019-12-23	

Video List

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