

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MNA 120000476.

Date In: 21/1/20 15:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref (to): NA/INC 20000053/64	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SJP 296FS.	I-Motor Claim Form	MT/1078198-001	21/1/20 16:15.
ICIA: 21/1/20 13:10.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk331		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YN 3307B.	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: (USC Hotline: 6789 4616)	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

NA 2000098	Invoice Preparation Checklist	Am (\$)	Ad (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	3000	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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 (W/in INC) against INC \$20		
	9) N12: Idno 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	02/01/2020 15:28
Date Of Accident	02/01/2020 13:10
Exact Location Of Accident	TANJONG PAGAR RD JUNC WITH LIM TECK KIM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2968S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG ZHENG AUTO AGENCY
Co Reg No	5XXXX617M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65471511

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108063819
Cover Note Number	

### Driver

Name of Driver	SAVIER CHOW CHEE KIT (ZOU ZIWEI)
NRIC No	SXXXX649I
Date Of Birth	07/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91992621
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 524 BEDOK NORTH ST 3 #10-368
Postcode	460524
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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

I WAS DRIVING ALONG LIM TECK KIM RD ON THE EXTREME LEFT LANE TURNING INTO TG PAGAR RD, WHILE TURNING, SUDDENLY VEH B COME FROM THE RIGHT LANE ALSO MAKE A SHARP LEFT TURN AND HIS VEH LEFT REAR PORTION WENT INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION.

#### 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	YN3307B
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:

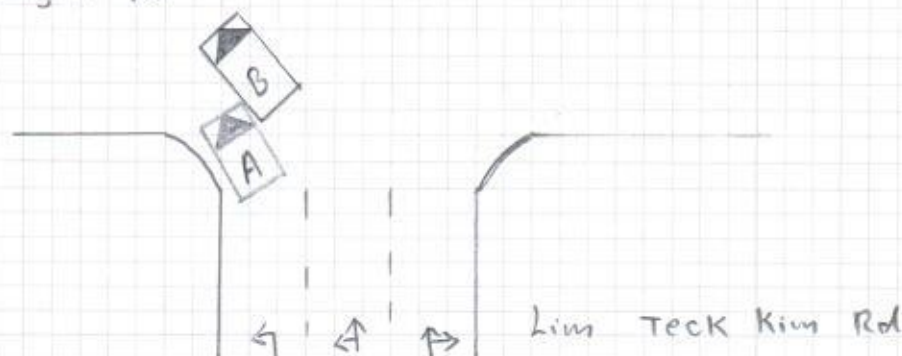
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Tg Pagar Rd

A = SJP 2968S  
B = YN 3307B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

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="02/01/2020 15:25"/>
Vehicle No.(For Motor)	<input type="text" value="SJP2968S"/>	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 checked="" type="radio"/>	5108063819		CHANG ZHENG AUTO AGENCY	52815617M	GPC	drivo CLASSIC	SJP2968S	SJP2968S	11/03/2019	18/03/2020



## Claim Handling

Accident MT/1078198

Policy No.	5108063819	Vehicle No.	SJP2968S	GST Registration No.	
Certificate No.					
Policyholder Name	CHANG ZHENG AUTO AGENCY			Policyholder NRIC	52815617M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	65471511	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		nCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	02/01/2020 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	02/01/2020	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG PAGAR RD JUNC WITH LIM TECK KIM RD				
<b>Total Excess Applicable</b>					
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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 UBI AVENUE 2	Address 2	#04-05 AUTOMOBILE MEGAMARK	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-05	Related Policy Number	5115111802		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAVIER CHOW CHEE KIT (ZOU 2	Driver NRIC	SXXXX649I	Driver DOB	07/06/1973
Register Date of Driver License	08/03/2012	Driver Age	46	Driving Experience	7
Contact No.(Mobile)	91992621	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 524 #10-368	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460524
Address 4		Address Type	Singapore address	Post Code	460524
Unit No.	10-368				
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	CHANG ZHENG AUTO AGENCY	Insured NRIC	52815617M	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	885599	
Email Address		OI Vehicle Number	SJP2968S	TP Vehicle Number	YN330	
Claim Description	SJP2968S / YN3307B DN 2 Jan 2020				Name of Preferred Workshop	0
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	02/01/2020 16:10	Claim Close Date		Date Received	02/01/2020	
Report Taken By	LIEW SHAN HIU					
<input type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1078198	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	02/01/2020 16:15		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read		Please Select	NO	Normal	
<b>Attachment List</b>					

Attachment

Uploaded By/Date

Category

Urgency

Description

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 02 Jan 2020 16:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
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