

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MANV0037937**

Date In: 17/12-15:03	Job description	Date & Time Completed	Done by
Ref No: N9/INC 2009/119/24	SAS e-filing		
Veh No: 6B1C3691D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/12-635	i-Motor Claim Form	17/12/09 6388-001	17/12 15:30
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: YN93304	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Ist Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	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:-		
	QJ)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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	08/07/2020 15:03
Date Of Accident	04/07/2020 16:35
Exact Location Of Accident	BLK 418 YISHUN AVE 11 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3691D
Insured/Policyholder	
Name Of Registered Owner	JILIN QIAN AN JUN ZI IMPORT & EXPORT PTE LTD
Co Reg No	2XXXXX985D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90531163
Alternative Phone No	OFFICE-90531163

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117811163
Cover Note Number	

Driver

Name of Driver	ZHUANG ZHIGANG
Passport No/FIN	GXXXX624U
Date Of Birth	05/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2008
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90531163
Fax Number	
Contact Number	OFFICE-90531163
Email Address	NOEMAIL

Address	BLK 716 BEDOK RESERVOIR ROAD #02-4510
Postcode	470716
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	YN9390U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MURALI S/O TAMILSELVAN
NRIC/Passport Number	SXXXX650J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

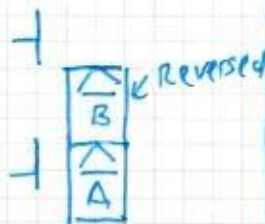
JILIN QIAN AN JUN ZI REPORT
& EXPORT PTE. LTD

Reg No: 1010100
10 Anson Road, Singapore 106925
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: GB1C3691D.
B: YH93904.

Blk 418 Yishun Ave 11
car park.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, my vehicle was stationary parked along the stated venue as my vehicle spoiled. I alighted from my vehicle and call the tow truck. Vehicle B suddenly reversed and hit onto my stationary vehicle front portion. I waited for the other party to private settle. This morning the other party call me to claim his company insurance company.

DECLARATION

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

JIAHONG & EXPORT PTE. LTD

Reg No: 2017200000
10 Anson Road, #10-01, Anson House, Singapore 100030

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 7 / 20) (DD/MM/YYYY), TIME: (16 : 35) (HH:MM)

LOCATION: 418 Yishun Ave 11 carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 3691D
 b) INSURANCE COMPANY: LTVU
 c) POLICY NUMBER: 517811163
 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: Working
 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: Jilin Qian An jia zi import & export (Male / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90531163
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (Male / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 90531163
 c) ADDRESS: Blk 746 Bedok Reservoir Road
 #02-4510

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: YN9390M MODEL:
 b) DRIVER'S NAME: Murali S/o Jaganathan
 c) NRIC/FIN/PASSPORT: SF2176505 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (0)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

email =

fax =

video = X

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"/>	5117811163		JILIN QIAN AN JUN ZI IMPORT & EXPORT PTE. LTD.	200721985D	GCV	Preferred Workshop Plan	GBK3691D	GBK3691D	19/06/2020	18/06/2021

 Policy Information

Policy No.	5117811163	Policyholder Name	JILIN QIAN AN JUN ZI IMPORT & EXPORT	Policyholder NRIC	200721985D				
Certificate No.									
Address	10 ANSON ROAD #05-17 INTERNATIONAL PLAZA SINGAPORE 079903								
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N				
Policy issue Date	16/06/2020	Effective Date	19/06/2020 00:00	Expiry Date	18/06/2021 23:59				
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess		OS Premium	0						
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess					
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

 Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#05-17 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.		Related Policy Number	5117811163		

 Insured Object: GBK3691D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/06/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jun 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HITACHI CAPITAL ASIA PACIFIC PTE LTD CHASSIS NUMBER: JTFAT35Y30K214858 ENGINE NUMBER: 1KDB028156 VEHICLE REGISTRATION NUMBER: GBK3691D ORIGINAL REGISTRATION DATE: 19 Jun 2020

Continue

Cancel

Claim Handling

Accident MT/1096388

Policy No.	5117811163	Vehicle No.	GBK3691D	GST Registration No.	200721985D
Certificate No.					
Policyholder Name	ILIN QIAN AN JUN ZI IMPORT & EXPORT PTE. LTD.	Policyholder NRIC	200721985D		
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No. (Mobile)	90531163	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/07/2020 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/07/2020	Time of Accident hh:mm	16:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 418 YISHUN AVE 11 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2018
GST Registration No.	200721985D	GST Status Verified	Yes
Modification History	08/07/2020 15:31:26 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#05-17 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Address Type	Singapore address	Post Code	079903
Unit No.		Related Policy Number	5117811163		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/11/1975
Unnamed driver Name	ZHUANG ZHIQIANG	Driver NRIC	G0665624U	Driving Experience	12
Register Date of Driver License	28/02/2008	Driver Age	44	Contact No. (Home)	0
Contact No. (Mobile)	90531163	Contact No. (Office)	0	Address 3	SINGAPORE 470716
Address 1	BLK 716	Address 2	BECKON RESERVOIR ROAD	Post Code	470716
Address 4		Address Type	Singapore address		
Unit No.	02-4510				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MR	Insured Name	ILIN QIAN AN JUN ZI IMPORT & EXPORT PTE. LTD.	Insured NRIC	200721985D
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	GBK3691D	TP Vehicle Number	YN9390U
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBK3691D / YN9390U ON 4 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/07/2020 15:32	Claim Close Date		Date Received	08/07/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1096388	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2020 15:33

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CQ)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:33	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:33	SAS	Normal	SAS 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:33	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:33	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:33	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 Jul 2020 15:32	Photos	Normal	Photos 2020-7-8	

Video List

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