

NATIONAL Assessment Centre Services

Date In: 21/08/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC 20008821/13	SAS e-filing		
Veh No: SLC80810	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/08/20 1550	i-Motor Claim Form	NT/1100765-001	
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: SFC3348B	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

NA2004364	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/n INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	21/08/2020 17:38
Date Of Accident	20/08/2020 15:50
Exact Location Of Accident	AMOY STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8082D
Insured/Policyholder	
Name Of Registered Owner	CHAN ZHAOFENG
NRIC No	SXXXX764H
Email Address	ZHAOFENG84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98501400
Alternative Phone No	OTHERS-98501400

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5104744448-01
Cover Note Number	

Driver

Name of Driver	CHAN ZHAOFENG
NRIC No	SXXXX764H
Date Of Birth	29/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98501400
Fax Number	
Contact Number	OTHERS-98501400
Email Address	ZHAOFENG84@GMAIL.COM

Address	BLK 18C CIRCUIT RD #09-240
Postcode	373018
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	SIDE SWIPE
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

I WAS DRIVING ALONG AMOY STREET, SAW VEH B INCH OUT FROM THE PARKING LOT FROM MY RIGHT. I HONKED AT TO WARN THE DRIVER BUT THE VEH B CONTINUED TO MOVED OUT AND HER FRT LEFT SIDE PORTION GRAZED ALONG MY FRT RIGHT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

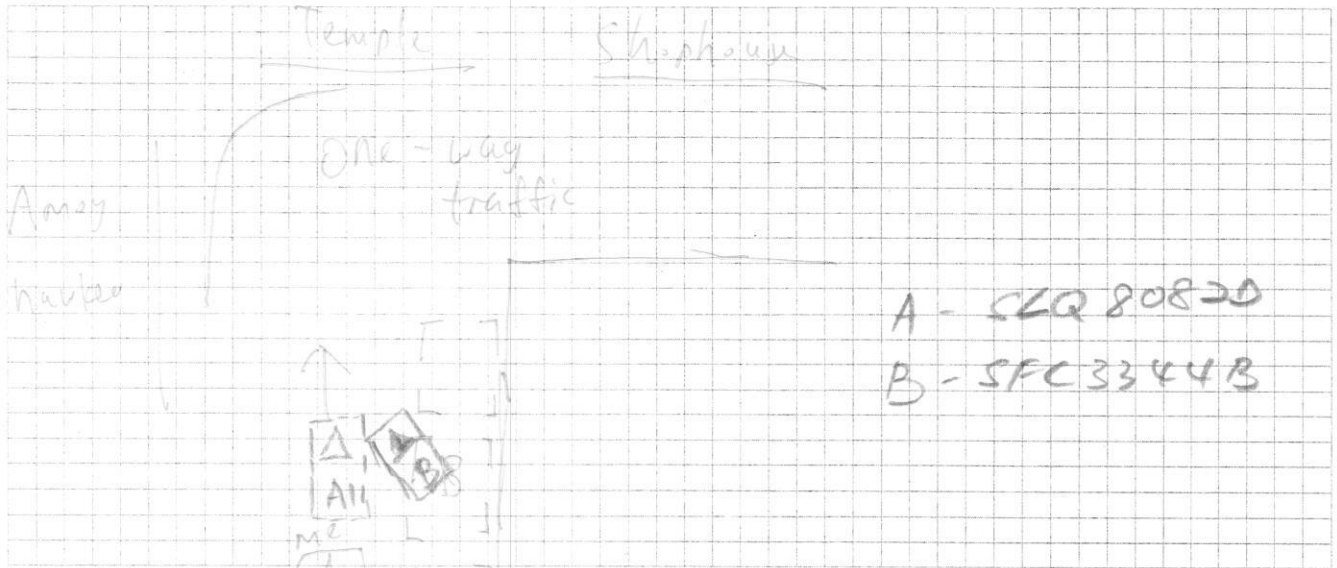
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFC3344B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CAROL
NRIC/Passport Number	
Contact Number	96912607
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

AMOY STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Amoy Street. Saw vehicle B inch out from the parking lot from my right. I honked B but B continued to move out: and her front left side portion grazed along my front right side door.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/08/2020 1220.

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

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

SKETCH PLAN

IMPORTANT NOTICE

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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:

21/08/2020 1220

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 08 / 2020) (DD/MM/YYYY), TIME: (15 : 48) (HH:MM)

LOCATION: Amoy Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ8082D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Shuttle Hybrid
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: Chan Zhaofeng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8416724H CONTACT: 98501400
c) ADDRESS: Blk 18C Circuit Rd #09-240 Singapore 373018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (29 / 04 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16

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: SFC 3344B MODEL: Toyota
b) DRIVER'S NAME: Carol
c) NRIC/FIN/PASSPORT: CONTACT: 96912607

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)
()

21/08/20

waiting for
video & photos

Email = zhaofeng84@gmail.com

Fax =

Video = Yes

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5104744448-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLQ8082D**
Chassis Number : GP71115249
2. Name of Policyholder : CHAN ZHAOFENG
3. Effective Date of Insurance : 24 Jan 2020
4. Expiry Date of Insurance : 23 Jan 2021
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	: CHAN ZHAOFENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HENLY ENTERPRISES CO PTE LTD
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 : NEW TIMES MOTOR& INS AGY PL (00000571791)
Date of Issue : 20 Jan 2020 15:56 hrs
Reprint : 20 Jan 2020 15:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1100765

Policy No.	5104744448-01	Vehicle No.	SLQ8082D	GST Registration No.						
Certificate No.										
Policyholder Name	CHAN ZHAOFENG	Cover Type	drive CLASSIC	Policyholder NRIC	S8414764H					
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0					
Contact No.(Mobile)	98501400	Special Remark		Contact No.(Home)	0					
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No					
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		21/08/2020 18:03						
Date of Accident		20/08/2020		Accident Type		Side Swipe				
Reporting Centre		Time of Accident hh:mm		15:50		Country of Accident	Singapore			
Accident Location		AMOI STREET		Orange Force		ICM No.				
Total Excess Applicable		Excess Type		Per Accident						
OD Standard Excess		2,000.00		Windscreen Excess		100.00				
YIED OD Excess		0.00		TP Standard Excess		1,500.00				
Additional Excess		0.00		YIED TP Excess		0.00				
Total OD Excess Applicable		2,000.00		Total TP Excess Applicable		1,500.00				
Benefits		Driver is Covered?		Covered						
GST Registered Information		GST Registered		No		GST Registration Date				
GST Registration No.				GST Status Verified		Yes				
Modification History										
Policyholder Mailing Address		Address 1		BLK 18C #09-240		Address 2		CIRCUIT ROAD		
Address 4		SINGAPORE 373018		Address Type		Singapore address		Address 3	MACPHERS	
Unit No.		09-240		Related Policy Number		5104744448-01		Post Code	373018	
OI Driver Info		Driver Name		CHAN ZHAOFENG		Driver Type		Main Driver		
Unnamed driver Name				Driver NRIC		S8414764H		Driver DOB		29/04/1984
Register Date of Driver License		17/08/2004		Driver Age		36		Driving Experience		16
Contact No.(Mobile)		98501400		Contact No.(Office)		0		Contact No.(Home)		0
Address 1		BLK 18C		Address 2		CIRCUIT ROAD		Address 3		MACPHERS
Address 4		SINGAPORE 373018		Address Type		Singapore address		Post Code		373018
Unit No.		#09-240		Driver Vehicle No.				Driver Insurer Company		
Does he own a Singapore Registered car?		<input checked="" type="radio"/> Yes <input type="radio"/> No								
Declaration		Breathalyser or Blood Test Reading?		0 mg		Any injury?		<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHAN ZHAOFENG	In:	NF
Contact No.(Mobile)	98501400	Contact No.(Home)	64759760	Co	Nc
Email Address	ZHAOFENG84@GMAIL.COM	Vehicle Number	SLQ8082D	TP	Nu
Claim Description	SLQ8082D / SFC3348B ON 20 Aug 2020				
Preferred Workshop	Yes	Insured Liability	Not at Fault	Na	Pr
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	Wk	
Finalisation	Yes	GIA report	Received		
Date Registered	21/08/2020 18:07	Claim Close Date			
Report Taken By	ROSLINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1100765	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2020 00:00	
Path *		Category *	Confidential	Urgency *
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal
Choose File No file chosen		Clear Please Select	<input type="radio"/> NO	<input type="radio"/> Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Sent

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal









Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	SAS	Normal	SAS 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:07	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2020 18:06	Photos	Normal	Photos 2020-8-21

Video List

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