

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

Date In: 07/09/2000 18:34	Job description	Date & Time Completed	Done by
Ref No: N/A/20009560/N	SAS e-illing		
Veh No: 85173	E-mail (Egula 2hrs, AIG 2hrs)		
O.O.A. 05/09/2000 15:40	I-Motor Claims Form	07/11/2000 00:00	07/09/2000 19:02
OID TP Reporting Only	I-Motor W/O (W/Incl: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Particulars: Vch No: SKA 95173 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 ()		

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Driver/Owner:	1) ALT Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: 1 day DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*Not Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*NS: DV / Collect Excess Coordination \$3	
	TE (H1) TP (H1) INC (H1) against INC \$20	
	2) NI: 1 day Mobile	
	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	07/09/2020 18:34
Date Of Accident	05/09/2020 15:40
Exact Location Of Accident	ALONG CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8297G
Insured/Policyholder	
Name Of Registered Owner	ZHUANG ENGINEERING PTE. LTD.
Co Reg No	2XXXXX103W
Email Address	GIYUAN4321@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90903039
Alternative Phone No	OFFICE-90903039

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	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	5112458200
Cover Note Number	

Driver

Name of Driver	ZHUANG KAI
NRIC No	SXXXX250D
Date Of Birth	21/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-90903039
Fax Number	
Contact Number	OTHERS-90903039
Email Address	GIYUAN4321@GMAIL.COM

Address	13 PASIR RIS RISE #10-26
Postcode	518086
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : WORKER GENDER: : MALE

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	SKU9517B
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH MAY WAN
NRIC/Passport Number	SXXXX639C
Contact Number	91381000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW5684E

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO JUN REN JERRY JAY

NRIC/Passport Number

SXXXX325A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

ZHUANG ENGINEERING PTE. LTD.
(UEN: 201907103W)
1085 EUNOS AVENUE 7A

#01-22 EUNOS INDUSTRIAL ESTATE
SINGAPORE 409535

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) QRT 8297G

C) SLN 5684E

B) SKU 9517B

10

10

10



AWAY CTE TOWARDS ANG MO KIO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I going on CTE to Ang Mo Kio front vehicle. SKU 9517B slow down I follow same slow down.

Then back car saw 5684E bang my car hard and my car go bang car SKU 9517B.

All say claim insurance.

DECLARATION

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

ZHUANG-ENGINEERING PTE. LTD.

(UEN: 201907103W)

1085 EUNOS AVENUE 7A

#01-22 EUNOS INDUSTRIAL ESTATE

SINGAPORE 409535

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE:

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ACCIDENT STATEMENT

Date Of Report: 07 SEPT 20
Date Of Accident: 05 SEPT 20 1540hrs
Exact Location Of Accident: CTE TO ANG MO KIO
Country/State Of Loss:

DETAILS OF OWN VEHICLE

Vehicle Registration Number: GBT8297G
Insured/Policyholder:
Name Of Registered Owner: ZHUANG ZENGR A/L.
Co Reg No:
Email Address:
Mobile Phone No: 90903039
Alternative Phone No:
Vehicle Particulars:
Manufacturer: TOYOTA
Model: HIACE
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: CLAIM THIRD PARTY.
Vehicle Category:
Insurance Company:
Name of Insurance Company: NTUC
Type Of Coverage: COMPREHENSIVE.
Fleet Policy:
Policy Number: 5112458200
Cover Note Number:
Driver:
Name of Driver: ZHUANG KAI
NRIC No: S2717250D
Date Of Birth: 2103 1961
Occupation: MANAGER
Date Of Driving Pass:
Driving Experience: 0110 1998
Gender: MALE.
Mobile Number: AS ABOVE.
Fax Number:
Contact Number: 1
Email Address: giyuan4321@gmail.com

Address 13 PASIR RIS RISE
Postcode #0-26 58086

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

NA

General Information of the Accident

Type Of Accident

CHAIN
DRIZZLE

Weather Conditions

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

02

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

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?

Was there any video captured by Car Camera?

Remarks/ Reasons

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

(1) SKU9517B

Vehicle Make/Model/Colour

PEUGEOT BROWN

Details Of Properties

Name of Driver

GOH MAY WAY

NRIC/Passport Number

S7129639C

Contact Number

91381000

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

01

Details of Witness

Name

Phone Number

Email Address

(3) SLW 5684E

KIA BLUE

FRONT

YEO JUN REN

JERRY JAY

S9808325A

FRONT

01

Claim Handling

Policy No.	5112458200	Vehicle No.	G8J8297G	GST Registration No.	
Certificate No.					
Policyholder Name	ZHUANG ENGINEERING PTE. LTD.			Policyholder NRIC	201907103W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90903039	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	07/09/2020 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/09/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS ANG MO KIO				

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	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

 Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	07/09/2020 18:51:50 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 1085 #01-22	Address 2	EUNOS AVENUE 7A	Address 3	EUNOS INDUSTRIAL ESTATE
Address 4	SINGAPORE 409535	Address Type	Singapore address	Post Code	409535
Unit No.	01-22	Related Policy Number	5112458200-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZHUANG KAI	Driver NRIC	S27172500	Driver DOB	21/03/1961
Register Date of Driver License	01/10/1998	Driver Age	59	Driving Experience	21
Contact No.(Mobile)	90903039	Contact No.(Office)		Contact No.(Home)	
Address 1	13 PASIR RIS RISE	Address 2	#10-26 SEA HORIZON	Address 3	SINGAPORE S16086
Address 4		Address Type	Foreign address	Post Code	S16086
Unit No.	10-26				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	G8J8297G	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No
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Modification History

Claim 001	New
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Claim Type *	DD-MK	Insured Name	ZHUANG ENGINEERING PTE. LT	Insured NRJC	201907103V
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		Vehicle Number	GBJ8297G	TP Number	SKU9517B
Claim Description	GBJ8297G / SKU9517B ON 5 Sept 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Refused No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	07/09/2020 19:00	Date Received	07/09/2020
Agent Name	ROSLI WAHAB				

 Print AK letter

Save

Submit

Attachment

Accident No.	MT/1102609	Claim No.	001
Last Date Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/09/2020 19:02

Path *		Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
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<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Se
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S.(BUKIT MERAH)) on 07 Sep 2020 19:02	Photos	Normal	Photos 2020-9-7	(CO



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:02	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:02	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:01	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:01	Photos	Normal	Photos 2020-9-7
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:00	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:00	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:00	Photos	Normal	Photos 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:00	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-7
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 19:00	SAS	Normal	SAS 2020-9-7

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[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="05/09/2020 18:32"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ8297G"/>	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 type="radio"/>	5112458200		ZHUANG ENGINEERING PTE. LTD.	201907103W	GCV	Comprehensive	GBJ8297G	GBJ8297G	09/09/2019	08/09/2020

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA4200 TR44 Vehicle Registration No: GBJ 8297G
Name (as shown in NRIC) : ZHUANG KAI NRIC/FIN/Passport No : XXXXX 2500
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90903039
Email Address : _____
Date of Accident : 05/09/2020 Time of Accident : 15:40
Place of Accident : Along CTE TOWARDS BUKIT MEO KEU
Insurance Company : ANMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SUBMIT SKETCH WITH Cols stamp.

ZHUANG ENGINEERING PTE. LTD.

(UEN: 201907103W)

1085 EUNOS AVENUE 7A

#01-22 EUNOS INDUSTRIAL ESTATE

SINGAPORE 409535

Policyholder / Driver's Signature

Date:

[Signature] 08/09/2020
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

BOON LATHAB