

NATIONAL Assessment Centre Services. [part 1 Jan'05] MA 120100979

Date In: 16/11/20 10:35	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 20012549/14	SAS e-filing		
Veh No: SKD 708 R	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 13/11/20 20:00	I-Motor Claim Form	MA111-459-02	17/11/2016:28
TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Vch No: SLG 575D. 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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Location

MA 2006096	1) AR: Accident Reporting (\$30)	70.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	80.00
Contact No:	3) TP: Towing Fee 540/543	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Architect's Comments:	For claiming against INC Only (wef 10 Jan 2005)	
Est. 1:	6) TR: Re-inspection \$75	
Est. 2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	10.00
	*NI: Post Repair Inspection \$25	
	*NR: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI2: Idao 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	16/11/2020 10:35
Date Of Accident	13/11/2020 20:00
Exact Location Of Accident	CTE TWDS WOODLANDS NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD708R
Insured/Policyholder	
Name Of Registered Owner	FRANK MARINE SERVICES PTE LTD
Co Reg No	2XXXXX767W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65789011

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095111957-03
Cover Note Number	

Driver

Name of Driver	TEO ZIYANG (ZHAO ZIYANG)
NRIC No	SXXXX913F
Date Of Birth	01/08/1990
Occupation	INDOOR
Date Of Driving Pass	11/11/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96159368
Fax Number	
Contact Number	
EMail Address	TEOZIYANG.AEKI@GMAIL.COM

Address	35 LENGKOK MARIAM
Postcode	509136
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	COLLISION - HEAD TO REAR
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

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	SLG575D
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)	

SKETCH PLAN

IMPORTANT NOTICE

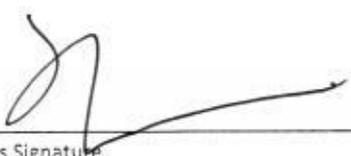
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

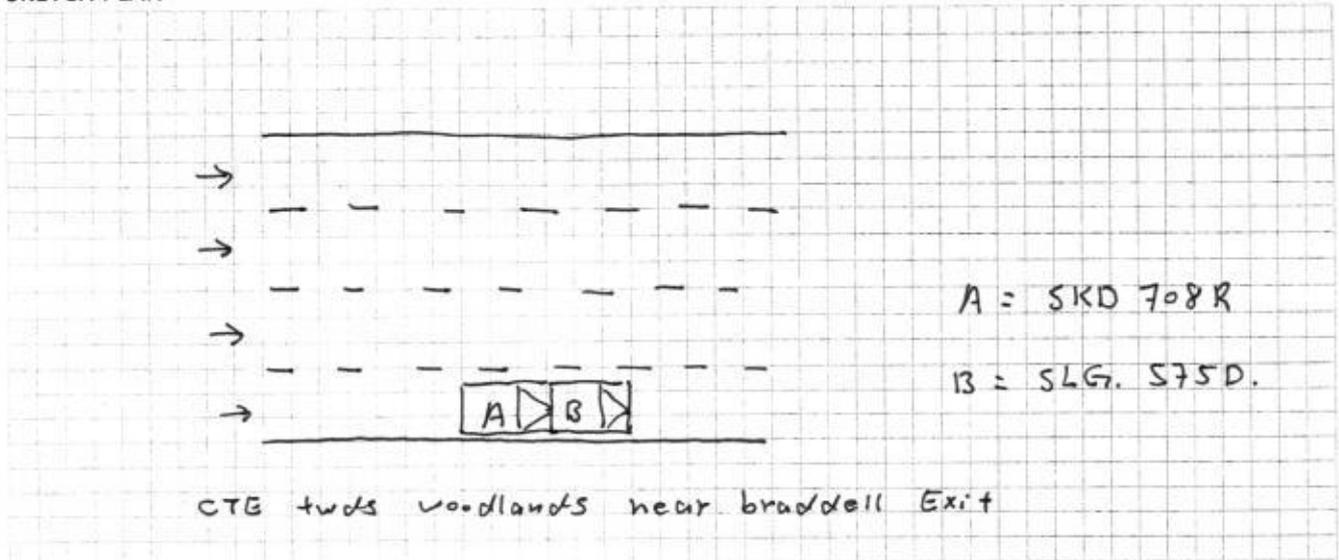
FRANK MARINE SERVICES PTE LTD
CO. REG. NO. 20004757V
NO. 5 JOYANG WALK
SINGAPORE 50788
TEL: 65-6339-8844 6543-0021

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

I was travelling along CTE twds woodlands near braddell Exit on the first lane. Suddenly veh B which was in front of me jammed brake. I manage to brake but cannot stop in time and hit onto veh B rear portion. After the incident, A BMW appear at the accident location and approach Driver of Veh A, they took my driving license and * Afte that both veh drove off without providing me any detail. My veh oil leaking after the accident.

DECLARATION

We declare the foregoing particulars are true in every respect.

FRANKLIN SERVICES PTE LTD
 CO. REG NO. 200004767W
 NO 5 LOYANG WALK
 SINGAPORE 50878H

Policyholder's Signature 6543 0021
 Date & Time: 31/01/2018 10:31:00 AM
 Email: franklin@franklin.com.sg

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. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095111957-03		FRANK MARINE SERVICES PTE LTD	200004767W	GPC	drive CLASSIC	SKD708R	SKD708R	01/11/2020	31/10/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 11 / 20) (DD/MM/YYYY), TIME: (20 : 00) (HH:MM)

LOCATION: CTE tuols woodland near bradefell Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 708 R.
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
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: Work
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: Frank Marine Services pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6578 9011
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Zi Yang. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9615 9368.
c) ADDRESS: _____

*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: SLG 575D. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)
()

Email = teoziyang.aeki@gmail.com

fax =

VIDEO =

ASSIGNMENT (IDAC)

By CSO- Nature of Accident:

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
 - a) Motorcar () a) Pedestrian ()
 - b) M/cycle () b) Animal ()
 - c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
 - a) Govm. Property () b) Road Work Object ()
(Eg: signboard, barrier, tree etc)
 - c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
 - a) Fallen Object () b) Flood ()
 - c) Other, _____
- 6) Parked & Found Damaged:
 - a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
 - a) Stolen () b) Damage found ()
when recovered.
- 8) Fire
 - a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

By Assessor- 1) Vehicle Information

Veh No: SKD708R Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or _____
 Make & Model: _____ c.c _____
 Colour _____ Transmission Type: Auto / Manual
 Eng/No: _____ Sp.Reading: _____
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt or _____
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: _____
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____
 Front / Rear
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. _____ mm L/Bal. _____ mm
 Parallel Import: Yes / No Towed-In: Yes / No
 Repair Type: LS / I.B.I Towing Required: Yes / No
 No of Repair Days: 6 Vehicle in Idac: Yes / No
 D.O.I. 17/11/2020 Time: 8:30pm

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
 - a.Vehicle () b.Motorcycle () c.Bicycle () d.Pedestrian ()
 - e.Animal () f.Govm Object () g.Road Work Object ()
 - h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
 - a.Fallen Object () b.Flood () c.Vandalism () d.Fire ()
 - e.Moving Object () f.Stolen () g.Stolen & Recovered ()

Time Started: _____ Time completed: _____
 1) CSO _____
 2) ASS _____
 3) Entire Operation Completed Time: _____

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

MOTOR CAR (Fit)

Front Portion

Vehicle No: *4277081K*

NAC	INC	Item	CON	AC	Qty
1001	991886	Frnt Number Plate			
1002	991887	Frnt Number Plate Base			
1003	991889	Frnt Number Plate Garnish			
1004	991300	Frnt Bumper			
1005	992341	Frnt Bumper Clips			
1006	991325	Frnt Bumper Bracket <i>Nozzle</i>			
1007	991462	Frnt Bumper Side Retainer			
1008	991433	Frnt Bumper Reinforcement			
1009	991318	Frnt Bumper Beam			
1010	991468	Frnt Bumper Sponge			
1011	991427	Frnt Bumper Protector			
1012	991420	Frnt Bumper Pad			
1013	991363	Frnt Bumper Grille			
1014	991301	Frnt Bumper Moulding			
1015	991407	Frnt Bumper Lower Spoiler			
1016	991438	Frnt Bumper Sensor			
1017	995100	Frnt LH Bumper Fog Lamp Cover			
1018	991355	Frnt RH Bumper Fog Lamp Cover			
1019	995079	Frnt LH Bumper Fog Lamp			
1020	995080	Frnt RH Bumper Fog Lamp			
1021	991793	Frnt Grille			
1022	991328	Frnt Grille Emblem			
1023	991799	Frnt Grille Chrome Moulding			
1024	991222	Frnt Apron Panel			
1025	992013	Frnt Support Panel			
1026	992025	Frnt Support Panel Top Garnish Cover			
1027	992416	Horn			
1028	991277	Frnt Brace Panel			
1029	995153	Frnt LH Headlamp Assy			
1030	991821	Frnt RH Headlamp Assy			
1031	995088	Frnt LH Side Lamp			
1032	995089	Frnt RH Side Lamp			
1033	990248	Bonnet			
1034	991328	Bonnet Emblem			
1035	990287	Bonnet Lock			
1036	990285	Bonnet Insulator			
1037	990273	Bonnet Flange			
1038	990261	Bonnet Damper			
1039	990305	Bonnet Rubber			
1040	990252	Bonnet Cable			
1041	990311	Bonnet Stand			
1042	990119	Air Con Condenser			
1043	990122	Air Con Fan Assy			
1044	990134	Air Con Suction Pipe (Low Pressure)			
1045	990118	Air Con Suction Hose			
1046	990133	Air Con Discharge Pipe (High Pressure)			
1047	990114	Air Con Discharge Hose			
1048	990149	Air Con Liquid Pipe			
1049	995066	Air Con Receiver Drier			
1050	990111	Air Con Compressor Assy			
1051	995294	Air Con Belt			
1052	995074	Radiator			
1053	992738	Radiator Cowling			
1054	992742	Radiator Fan Assy			
1055	992745	Radiator Fan Clutch			
1056	992758	Radiator Hose Top <i>Side Garnish</i>			
1057	992757	Radiator Hose Bottom			
1058	992741	Radiator Expansion Tank			
1059	990151	Air Duct			
1060	990070	Air Cleaner Assy			
1061	990056	Air Cleaner Hose			
1062	990089	Air Cleaner Resonator			
1063	991712	Frnt Exhaust Manifold			
1064	991713	Frnt Exhaust Manifold Cover			
1065	991054	Frnt Exhaust Manifold Sensor (Oxygen)			
1066	991714	Front Exhaust Pipe			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
1070	990229	Battery Tray			

NAC	INC	Item	CON	AC	Qty
1071	992205	Fuse Box			
1072	994011	Relay Box			
1073	995053	Wiper Washer Tank			
1074	995052	Wiper Washer Tank Motor			
1075	990159	Alternator Assy			
1076	990160	Alternator Belt			
1077	992688	Power Steering Pump			
1078	992669	Power Steering Belt			
1079	994431	Power Steering Cooler Pipe			
1080	992692	Power Steering Hose			
1081	990010	ABS Pump Control Unit			
1082	990427	Brake Master Pump Assy			
1083	990403	Brake Booster Pump Assy			
1084	991005	Engine Top Cover			
1085	991011	Engine Under Cover			
1086	990946	Engine Mounting			
1087	990949	Engine Mounting Frt			
1088	990950	Engine Mounting LH			
1089	990952	Engine Mounting RH			
1090	990951	Engine Mounting Rear			
1091	992234	Gear Box Mounting			
1092	991520	Frnt LH Chassis Member			
1093	991520	Frnt RH Chassis Member			
1094	990728	Frnt Vertical Cross Member			
1095	991863	Frnt Lower Cross Member			
1096	995070	Frnt LH Fender			
1097	995072	Frnt LH Fender Inner Panel			
1098	995147	Frnt LH Fender Lamp			
1099	995148	Frnt LH Fender Protector			
1100	991740	Frnt LH Fender Inner Shield			
1101	995179	Frnt LH Mudflap			
1102	995170	Frnt LH Wheel Rim			
1103	994025	Frnt LH Rim Cover			
1104	995065	Frnt LH Tyre			
1105	995071	Frnt RH Fender			
1106	991739	Frnt RH Fender Inner Panel			
1107	991744	Frnt RH Fender Lamp			
1108	991752	Frnt RH Fender Protector			
1109	991740	Frnt RH Fender Inner Shield			
1110	991884	Frnt RH Mudflap			
1111	992087	Frnt RH Wheel Rim			
1112	994025	Frnt RH Rim Cover			
1113	995065	Frnt RH Tyre			
1114	992093	Frnt Windscreen Glass			
1115	992117	Frnt Windscreen Rubber			
1116	992108	Frnt Windscreen Moulding			
1117	992098	Frnt Windscreen Sealant			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
1120	992140	Frnt Wiper Arm			
1121	992142	Frnt Wiper Blade			
1122	995045	Wiper Panel Garnish			
1123	991126	Firewall Panel			
1124	990753	Dashboard Assy			
1125	992282	Glove Box Cover			
1126	992281	Glove Box Compartment			
1127	994483	Steering Wheel Airbag			
1128	994485	Steering Wheel Airbag Sensor			
1129	990749	Dashboard Airbag			
1130	990750	Dashboard Airbag Sensor			
1131	990029	Airbag Control Unit			
1132	990864	Frnt Driver Seat			
1133	991922	Frnt RH Seat Belt Assy			
1134	991899	Frnt Passenger Seat			
1135	995182	Frnt LH Seat Belt Assy			
1136	990247	Sticker			