

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 19/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003598/13	SAS e-filing		
Veh No: SJFS606U	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 18/02/21 1440	i-Motor Claim Form 20/03 MT/1025078-001		
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: SJV40674	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

NA2102253	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30	
	2) DA : Damage Assessment (\$100); INC (\$80)		
	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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OP*		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
Auditors' Comments :-	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11) : TP (Non INC) against INC	\$20	
	9) N12: Idac Mobile	30	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 Submission	19/03/2021 14:51 (SGT)
Date of Accident	18/03/2021 14:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF5606U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG HEXIN
NRIC No	SXXXX367F
Email Address	JMARTAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-96221909
Alternative Phone No	+65-96221909

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121339889
Cover Note Number	-

DRIVER

Name of Driver	ZHANG HEXIN
NRIC No	SXXXX367F

Date Of Birth	02/04/1970
Occupation	Indoor
Date Of Driving Pass	23/01/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96221909
Alt. Phone Number	+65-96221909
Email Address	JMARTAUTO@GMAIL.COM
Address	BLK 336B ANCHORVALE CRESCENT
Address complement	#05-30
Postcode	542336
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

FRT CAR STOPPED SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SJV4067Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ZHANG HEXIN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK & BACK
 Injured person in which vehicle? SJF5606U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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.

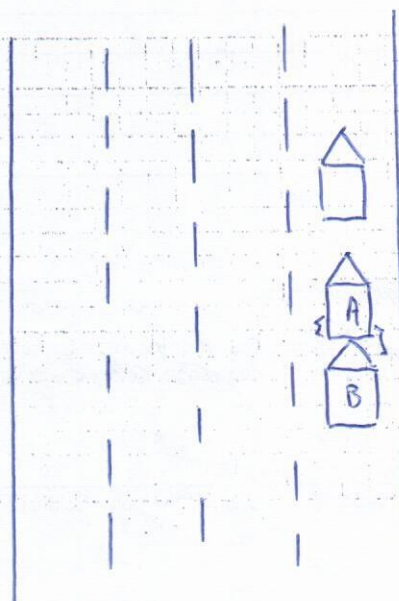
Policyholder's Signature / Date & Time

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

Slym 19/03/21

Witnessed by Reporting Centre Personnel

Sketch Plan



TPE
TWAS
CITY

A: SJF 5006U
B: SJV 4067Y

Personal Particulars

Date of Accident: 18/3/21

Time of Accident: 2.41 pm

Exact Location of Accident: TPE towards City

Owner's Name: Zhang Hexin NRIC No: S7062367F HP No: 96221909

Driver's Name: " NRIC No: " HP No: "

Date of Birth: 2/4/1970 Driving Licence Passing Date: 23/1/2009 Occupation: Indoor / Outdoor

Address: 336B Anchorvale Crescent #05-30 (542336)

Relationship of Driver with Insured: Owner Email Address: _____

Vehicle No: SJF 5606U Make & Model: _____

Insurance Co: NTUC Coverage: _____ Policy No: 5121339889

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+1 C: _____ D: _____
woman

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Zhang Hexin neck & back

*Was The Accident Reported To The Police?

No Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

No Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) Yes

Third Party Driver's Particulars

Vehicle B No: SJV 4067Y Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP 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"/>	5121339889		ZHANG HEXIN	S7062367F	GPC	drive CLASSIC	SJF5606U	SJF5606U	10/03/2021	09/03/2022

Continue

Claim Handling

Accident MT/1125078

Policy No.	5121339889	Vehicle No.	SJF5606U	GST Registration No.	
Certificate No.					
Policyholder Name	ZHANG HEXIN			Policyholder NRIC	S7062367F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96221909	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	20/03/2021 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/03/2021	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CITY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver Is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
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			

Policyholder Mailing Address

Address 1	BLK 336B #05-30	Address 2	ANCHORVALE CRESCENT	Address 3	SINGAPORE 542336
Address 4		Address Type	Singapore address	Post Code	542336
Unit No.	05-30	Related Policy Number	5121339889		

OI Driver Info

Driver Name	ZHANG HEXIN	Driver Type	Main Driver	Driver DOB	02/04/1970
Unnamed driver Name		Driver NRIC	S7062367F	Driving Experience	12
Register Date of Driver License	23/01/2009	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	96221909	Contact No.(Office)	0	Address 3	SINGAPORE 542336
Address 1	BLK 336B	Address 2	ANCHORVALE CRESCENT	Post Code	542336
Address 4		Address Type	Singapore address		
Unit No.	#05-30			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ZHANG HEXIN	Insured NRIC	S7062367F
Contact No.(Mobile)	96221909	Contact No.(Home)	65041364	Contact No.(Office)	
Email Address		OI Vehicle Number	SJF5606U	TP Vehicle Number	SJV4067Y
Claim Description	SJF5606U / SJV4067Y ON 18 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/03/2021 00:00
Date Registered	20/03/2021 16:13	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1125078	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2021 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	SAS		Normal	SAS 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2021 16:12	Photos		Normal	Photos 2021-3-20	

Video List

Uploaded By/Date	Folder Date	File Name		Source
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