

NATIONAL Assessment Centre Services

29NA417161909

Date In: 09/12/2017 09:48	Job description	Date & Time Completed	Done by
Ref No: NBR/INC17034004	SAs e-filing		
Veh No: 5429354L	E-mail (within 2hrs. Aft. 2hrs)		
D.O.A: 08/12/2017 16:05	i-Motor Claim Form	mt10972969	09/12/2017
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O* (Within OD 2hrs. TP 4hrs)		10:57
	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: 4N6477Z	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

NAT707598	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$15		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$30		
	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 ability.
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 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	09/12/2017 09:48
Date Of Accident	08/12/2017 16:05
Exact Location Of Accident	FROM BRADDELL TURNING RIGHT INTO CTE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS9354L
Insured/Policyholder	
Name Of Registered Owner	WONG SHARON (HUANG SHARON)
NRIC No	S7335469B
Email Address	SHARONWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96888360
Alternative Phone No	OTHERS-82013222

Vehicle Particulars

Manufacturer	SUZUKI
Model	VITARA
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
If No, Please state action to be taken	THIRD PARTY
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	5064824625-03
Cover Note Number	

Driver

Name of Driver	ONG LAI HUA @WONG LAI HUA
NRIC No	S0932175F
Date Of Birth	20/06/1941
Occupation	INDOOR
Date Of Driving Pass	10/11/1965
Driving Experience	52 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82013222
Fax Number	
Contact Number	OTHERS-96888360
Email Address	SHARONWONG@GMAIL.COM

Address	BLK 140 JALAN BUKIT MERAH #25-1150
Postcode	160140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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
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.	NO
Number of Passengers (Including Driver)	4

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	YN6477Z
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Name of Driver	S.SELVAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN


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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:


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


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

From BRADDELL ROAD To CTE (AT THE BRND)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/12/2017 at about 1605 hrs. While I was driving out from Bishan St. 11 towards Braddell Rd. to CTE to city. My vehicle SGS 9354L was in inner lane towards city. A white Lorry YN 6477Z on the middle lane swerve into my inner lane and crash my vehicle left side mud-guard costing a deep cut on the vehicle body. The Indian driver seems to be sleepy as his eyes were red. The driver is one S. Sel Van Tel 89672481 refuse to provide his driving licence. His said his construction Company is one - GRX. That's all.

DECLARATION

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

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.:

Claim Handling

Accident MT/0972969

Policy No.	5064824625-03	Vehicle No.	SGS9354L	GST Registration No.	
Policyholder Name	WONG SHARON (HUANG SHARON)			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96888360	Contact No.(Office)		Contact No.(Home)	
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(%)	30		

▼ Accident Details

Report Date	09/12/2017 10:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sa
Date of Accident	08/12/2017	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FROM BRADDELL TURNING RIGHT INTO CTE CITY				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 140 #25-1150	Address 2	JALAN BUKIT MERAH	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	25-1150	Related Policy Number	5064824625-03		

▼ OI Driver Info

Driver Name	ONG LAI HUA@WONG LAI HUA	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S0932175F	Driving Experience	
Register Date of Driver License	01/01/1980	Driver Age	76	Contact No.(Home)	
Contact No.(Mobile)	82013222	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGS9354L	Driver Insurer Company	

Declaration

Breathalyser 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-MX	Insured Name	WONG SHARON (HUANG SHARON)	Insured NRIC		
Contact No.(Mobile)	96888360	Contact No.(Home)	66331156	Contact No.(Office)		
Email Address	sharonwong@gmail.com	OI Vehicle Number	SGS9354L	TP Vehicle Number		
Claim Description	SGS9354L / YN6477Z ON 8 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	09/12/2017 10:56	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0972969	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2017 10:57
Path *	Category * Confidential Urgency		
	Browse... Clear	Please Select	NO Normal

Attachment List

Attachment List

▼ Video List

☐ Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 12 / 2017) (DD/MM/YYYY), TIME: (1605) (HH:MM)

LOCATION: From Braddell Road to CTE (Accident at Bending)

1. DETAILS OF VEHICLE Suzuki Vataru
 - a) VEHICLE NUMBER: S&S 9354L
 - b) INSURANCE COMPANY: _____
 - c) POLICY NUMBER: 5064824625-03
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: comprehensive
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Private usage
 - 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: * Wong Sharon (Huang) (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 57335469B CONTACT: 96888360
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(including driver)
(4)

- DRIVER
 - a) NAME: Ong Lai Hui (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 0932175-F CONTACT: 8201-3222
 - c) ADDRESS: BLK 140-#25-1150, Jln. Bukit Merah (160140)

* d) DATE OF BIRTH: (20 / 6 / 1944) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 10.11.1965

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
b) ROAD SURFACE: (DRY / WET / OTHERS) Dry
6. WAS ANYBODY INJURED (YES / NO)
7. c) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

* No of passenger
(including driver)
(1)

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: YN 6477Z MODEL: Suzuki (white)
 - b) DRIVER'S NAME: ISUZU S. SEA Yam
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = sharonwong@gmail.com

fax =

V1020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0932175F



Name

ONG LAI HUA
@WONG LAI HUA

黄礼华

Race

CHINESE

Date of Birth

20-06-1941 M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0932175F

Name

ONG LAI HUA

Birth Date 20 Jun 1941

Issue Date 09 Oct 2004



1820048



NRIC No. S0932175F



Blood Group

Date of issue

A+

23-03-1994

Address

APT BLK 140 JALAN BUKIT MERAH 025-1150
SINGAPORE 0319

NRIC No:

S0932175F

Date:

01-06-1994

No:

1887267

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles =< 200 cc
Class 3 Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg

21 Jan 1982
10 Nov 1986



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5064824525-03	WONG SHARON (HUANG SHARON)	S73354698	GPC	drive CLASSIC	SGS9354L	SGS9354L	26/05/2017	27/03/2018