

MAC4801147

Date In: 23/01/2018 09:41	Job description: SAS e-illing	Date & Time Completed: 23/01/2018 11:09	Done by:
Ref No: NBA/INC/8001843/Y	E-mail (with 3hrs, A/C 3hrs)		
Veh No: KW 103 M	1-Motor Claim Form	mt/09/19003	
D.O.A: 21/01/2018 13:15	1-Motor W/O (with 3hrs, TP 3hrs)		
OD TP / Reporting City	1-Photo Uploaded		
TP insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )

TP Particulars: Yeh No: SEN 7898 M INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 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 repaler.

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

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

Remarks	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	Action

Human's Description	Invoice Preparation Check List	Value	Unit/Qty	Unit/Qty (for Bill)
Driver/Owner	1) AR: Accident Reporting (\$30)			
Police No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$40		
	4) FT: Follow Through Survey	\$150		
	5) PT: Follow Through Survey (Resurvey)	\$20		
	6) TR: Post Repair Inspection	\$15		
	7) NI: (4x) DA + SMRT Survey	\$160		
	8) NTUC Additional Services			
	Oil			
C. Checked by (Ungr-In-Charge):	9) NI: Courtesy Car / Tol Allowance	\$3		
	10) NI: Repair Coordination	\$10		
	11) NI: Post Repair Inspection	\$15		
	12) NI: DY / Collect Quoted Quotation	\$2		
	TP (NI) + TP (Non-INC) + print INC	\$20		
	13) NI: 1 day mobilis	\$10		
	Invoice dated	Not Charged		
	Invoice dated	Not Charged		

NA1800562

### 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 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	23/01/2018 09:41
Date Of Accident	21/01/2018 13:15
Exact Location Of Accident	BKE TOWRDS CITY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EQ103M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHEE KHEONG
NRIC No	S1527592H
Email Address	TOMTOM03@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98260303
Alternative Phone No	OTHERS-98260303

#### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	5088298654
Cover Note Number	

#### Driver

Name of Driver	WONG CHEE KHEONG
NRIC No	S1527592H
Date Of Birth	28/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1986
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98260303
Fax Number	
Contact Number	OTHERS-98260303
EEmail Address	TOMTOM03@HOTMAIL.COM

Address	1P PINE GROVE #06-77
Postcode	591401
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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: : YEO LAY HOON GENDER: : FEMALE

#### 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	SJN7898M
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THOMAS
NRIC/Passport Number	
Contact Number	81867256
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHB7694X
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KONG HOCK BENG
NRIC/Passport Number	S1163068I
Contact Number	91257997
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

**DETAILS OF INJURED PERSON 1**

Name	WONG CHEE KHEONG
Approximate Age	
Injuries Sustain	INJURED
Injured person in which vehicle?	EQ103M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	YEO LAY HOON
Approximate Age	
Injuries Sustain	INJURED
Injured person in which vehicle?	EQ103M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

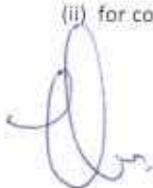
### IMPORTANT NOTICE

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)

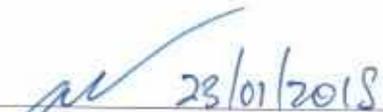
I understand, acknowledge, agree and consent that:

- (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.

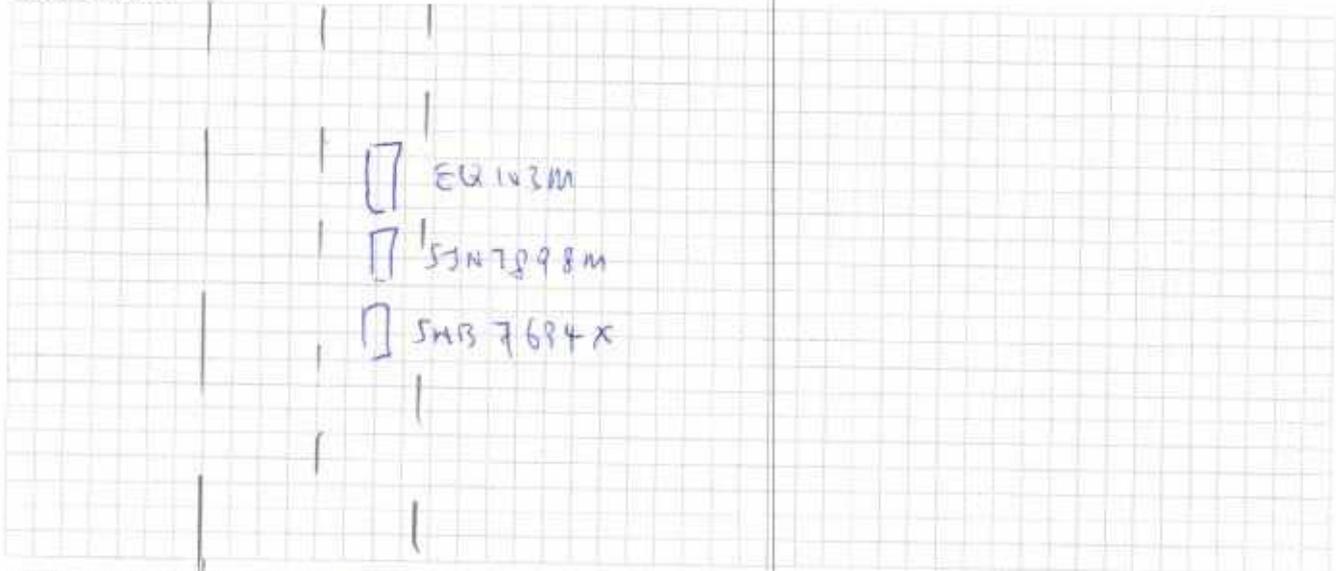


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

These car collision accidents happened on 21/1/2018 along  
 Kerinci expressway.  
 Vehicle SIN 7898M hit back of my car EQ 103M.  
 Last vehicle was SHB 7694X.  
 My front passenger Ms Yeu Lay Hoon 56911477F  
 feel pain in her right knee, likely aggravated by  
 car accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 22/1/2018

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

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

**Claim Handling**

Accident MT/0979003

Policy No.	5088298654	Vehicle No.	S311847X	GST Registration No.	
Policyholder Name	WONG CHEE KHEONG	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	98260303	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
<b>▼ Accident Details</b>					
Report Date	23/01/2018 10:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	21/01/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS CITY				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
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		
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	1P PINE GROVE	Address 2	#06-77 PINE GROVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088298654		
<b>▼ OI Driver Info</b>					
Driver Name	WONG CHEE KHEONG	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1527592H	Driving Experience	
Register Date of Driver License	07/01/1985	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	1P PINE GROVE	Address 2	#06-77 PINE GROVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Driver Vehicle No.	EQ103M	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	WONG CHEE KHEONG	Insured NRIC	
Contact No.(Mobile)	98260303	Contact No.(Home)	84724294	Contact No.(Office)	
Email Address		OJ Vehicle Number	S311847X	TP Vehicle Number	
Claim Description	S311847X / SJN789NM ON 21 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	23/01/2018 11:07	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

**Attachment**

Accident No.	MT/0979003	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2018 11:09
Path *		Category *	Please Select
		Confidential	<input type="checkbox"/>
		Urgency	Normal

Browse...

Clear

Please Select

101

Normal

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:09	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:07	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 11:07	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
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JHMR 1684085204746

OAMKLA  
9.1370820

ACCIDENT STATEMENT

ACCIDENT DATE: (21st Jan 2018) (DD/MM/YYYY), TIME: (1.15) (HH:MM)

LOCATION: BKE Expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ER103M SJJ 1847X
- b) INSURANCE COMPANY: NTUC INSURANCE
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA STREAM
- 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: WONG WAI KUN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1527512 1A CONTACT: 98260303
- c) ADDRESS: 12 PINE GARDEN, #06-77  
5C 591407

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(Including driver)  
( )

- DRIVER
- a) NAME: THOMAS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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) NORMAL

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: SJN 7898M MODEL: MITSUBISHI
- b) DRIVER'S NAME: THOMAS
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81867256

9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

- d) VEHICLE NUMBER: S4B 7694X MODEL: CHEVROLET
- e) DRIVER'S NAME: KONG HUCK BENG
- f) NRIC/FIN/PASSPORT: S1163066I CONTACT: 91257997

email = fontan03@hotmail.com  
fax =  
V1080

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1527592H



Name  
 WONG CHEE KHEONG



黄志强  
 Race  
 CHINESE  
 Date of Birth 28-04-1962 Sex M  
 Country of Birth  
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1527592H  
 Name: WONG CHEE KHEONG



Birth Date: 28 Apr 1962  
 Issue Date: 27 Aug 2005



2938807



NRIC No: S1527592H



NRIC No: S1527592H

NRIC No: S1527592H

1P PINE GROVE #06-77  
 SINGAPORE 591401  
 NRIC No: S1527592H

Date: 29/01/2013

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

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg

RY SE RATE  
 07 Jan 1985

NP 428A

Licence No: S1527592H



eBaoTech

GeneralClaim

Hallo, 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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088298654	WONG CHEE KHEONG	S1527592H	GPC	drive CLASSIC	S111847X	S111847X	09/03/2017	02/09/2018

Continue