

NATIONAL Assessment Centre Services

MANA 4/10/11294

Date In: 23/01/2018 12:45
Ref No: NBO/INC/1800/3587
Veh No: SL9 631/A
D.O.A: 22/01/2018 06:50
OD / TP: Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / QW:

TP Panel Colour: Yeh No: SJR 2652S

Owner / Driver:

Policy No:

Confirmed by:

Insured/Driver Liability:

Year of Registration:

Excess (\$)

Loading: \$1,000 (\$2,000)

General Remarks:

() Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks: WNG Hotline: 6788 6016

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Order/Time:

Actions:

Comments:

Signature:

Date:

Initials:

Signature:

Date:

Initials:

Signature:

Date:

Initials:

Signature:

Date:

Initials:

Signature:

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Initials:

Signature:

Date:

Initials:

MANA 1800560

Human's Particulars:

Driver/Owner:

Contact No:

Assessed Portion:

C Checked by (Engi-In-Charge):

W/16/3/ Commence:

L.I.:

L.2/3:

Invoice:

Invoice:

Invoice:

Job description

SAS e-Milling

E-mail (with this, A/Cs)

I-Motor Claim Form

I-Motor W/O (with this, A/Cs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax / Hand to Owner/Wksp

Date & Time Completed

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Invoice Preparation Checklist	W/16/3/	W/16/3/
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$10/\$12	
4) PT: Follow Through Survey	\$150	
5) YT: Follow Through Survey (Resurvey)	\$50	
For claims against INC Only (W/16/3/ 2018)		
6) TR: Re-inspection	\$15	
7) NI: (for DA + SMRT Survey)	\$180	
8) NTUC Additional Survey		
9) NI: (for DA + SMRT Survey)		
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Invoice dated

Fee Charged

Fee Charged

W/16/3/

W/16/3/

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 12:45
Date Of Accident	22/01/2018 06:50
Exact Location Of Accident	EXIT 41 PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD6311A
Insured/Policyholder	
Name Of Registered Owner	LOUIS ONG JUN LIE
NRIC No	S9236337F
Email Address	LOUISONGJL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97521964
Alternative Phone No	OTHERS-97521964
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.6 SP L (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5081416681-01
Cover Note Number	
Driver	
Name of Driver	LOUIS ONG JUN LIE
NRIC No	S9236337F
Date Of Birth	25/09/1992
Occupation	INDOOR
Date Of Driving Pass	29/10/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97521964
Fax Number	
Contact Number	OTHERS-97521964
Email Address	LOUISONGJL@GMAIL.COM

Address	BLK 427 ANG MO KIO AVENUE 3 #02-2618
Postcode	560427
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	2
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)	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

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	SJR2652S
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WILLIAM HAN
NRIC/Passport Number	S8470953J
Contact Number	98198950
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.

Policyholder's Signature

Date & Time: 23/1/2018
0715H

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

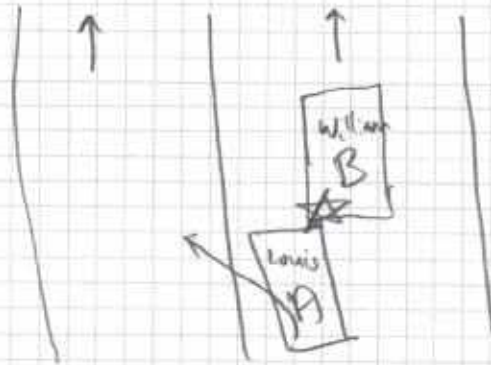
Name:

NRIC/FIN No.:

SKETCH PLAN

PIKE TOWARDS TUGS

EXIT 41



A) SLD6311A

B) SJR 26528

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 4GSPH on 22 Jan 2018, I was driving out of Exit 41 (PSE TUGS) to TUGS Road. While changing lane, William's vehicle stopped and Louis's vehicle could not stop in time and resulted in a collision on the left rear of William's vehicle. ~~William reported police~~ Nobody was injured, pictures and particulars were exchanged and both left.

DECLARATION

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

Policyholder's Signature

Date & Time:

23 Jan 2018

09 2014.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/Jan/2018
Keshi WATAB

Claim Handling

Accident MT/0978850

Policy No.	5081416681-01	Vehicle No.	SLD6311A	GST Registration No.	
Policyholder Name	LOUIS ONG JUN LIE	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	N/A	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	22/01/2018 15:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	22/01/2018	Time of Accident hh:mm	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TUAS ROAD				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 427 #02-2618	Address 2	ANG MO KIO AVENUE 3	Address 3	
Address 4	SINGAPORE 500427	Address Type	Singapore address	Post Code	
Unit No.	02-2618	Related Policy Number	5081416681-01		
O2 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		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?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LOUIS ONG JUN LIE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SLD6311A	TP Vehicle Number	
Claim Description	SLD6311A / SJR2652S ON 22 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	23/01/2018 12:43	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0978850	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2018 12:58	
Path *		Category *	Confidential	Urgency
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="GO"/>	Normal
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Please Select N/A Normal
 Please Select N/A 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 12:58	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 12:58	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 12:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 12:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 12:44	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 23 Jan 2018 12:43	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 01 / 2018) (DD/MM/YYYY), TIME: (0650) (HH:MM)

LOCATION: Exit 41, PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD6311A
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3 1.6L SON (2007)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO 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: LOUIS ONG JIN LIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9236337F CONTACT: 97521964
 c) ADDRESS: AMK, AVE 3, BLK 427, #02-2618, STORE 560427

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(1)

- DRIVER
 a) NAME: LOUIS ONG JIN LIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9236337F CONTACT: 97521964
 c) ADDRESS: AMK, AVE 3, BLK 427, #02-2618, STORE 560427

* d) DATE OF BIRTH: (25 / 09 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29 Oct 2013

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

No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: SJR 2652S MODEL: NISSAN SYLPHY
 b) DRIVER'S NAME: WILLIAM HAN
 c) NRIC/FIN/PASSPORT: S84709533 CONTACT: 9819 8950

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

Email: louisongj1@gmail.com

fax: _____

V1 060

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
LOUIS ONG JUN LIE

NRIC No
S9236337F



This card is the property of the Singapore Armed Forces. Any person holding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9236337F**

Name
LOUIS ONG JUN LIE

Birth Date **25 Sep 1992**
Valid Date **29 Oct 2013**




060A7080PYN04950A912

NRIC No / Colour
S9236337F / PINK

Race
CHINESE

Date Of Birth
25/09/1992

Service Status
REGULAR

Address
**BLK 427 ANG MO KIO AVENUE 3
#02-2618 SINGAPORE 560427**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank Status
OFFICER

Sex
M

00000950150146



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **29 Oct 2012**

NP 428A



eBaoTech

General Claim

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Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

SLD6311A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5081416681-01	LOUIS ONG JUN LIE	S9236337F	GPC	drive CLASSIC	SLD6311A	SLD6311A	25/06/2017	24/06/2018