

# NATIONAL Assessment Centre Services

Unit 1 Jan 2001

MA/4/14319

Date In: 29/01/2018 17:22	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/80017567	SAS e-Mailing		
Veh No: SKS 9689Z	E-mail (within 24hrs, A/C 3hrs)		
D.O.A: 27/01/2018 09:55	1-Motor Claim Form	mt/0979969	29/01/2018
OD: TP / Reporting Only	1-Motor W/O (Within 60 days, TP claim)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeli No: SKS 9220D	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%; P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Work-In Custom: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

Remarks:

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Priority:

Actions:

Human's Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (\$20)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee (\$40)
	4) FT: Follow-Through Survey (\$120)
	5) RT: Follow-Through Survey (Resurvey) (\$10)
	6) TR: Re-inspection (\$10)
	7) NI: (DA + SMRT Survey) (\$160)
	8) NTUC Additional Services:
	9) NI: Courtesy Car / Trip Allowance (\$1)
	10) NI: Repair Coordination (\$10)
	11) NI: Post Repair Inspection (\$10)
	12) NI: DV / Collect Unsettled Coordination (\$10)
	13) NI: (TP/INC) against INC (\$20)
	14) NI: (Inc) Mobile (\$10)
	Invoice dated
	Invoice paid
	Fee charged
	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 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	29/01/2018 17:22
Date Of Accident	27/01/2018 09:55
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9689Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG YEE PING
NRIC No	S1801022D
Email Address	SANNYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96864362
Alternative Phone No	OTHERS-96864362

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	5071615396-02
Cover Note Number	

### Driver

Name of Driver	ONG YEE PING
NRIC No	S1801022D
Date Of Birth	13/03/1967
Occupation	INDOOR
Date Of Driving Pass	02/11/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96864362
Fax Number	
Contact Number	OTHERS-96864362
EMail Address	SANNYONG@GMAIL.COM



Address	124 SHELFORD ROAD
Postcode	288498
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)	2
Passenger 1	NAME: : ZOEY LIEW(DAUGHTER)
	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	SJS9220D
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN YONG FENG
NRIC/Passport Number	
Contact Number	97329081
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.

Policyholder's Signature  
Date & Time:

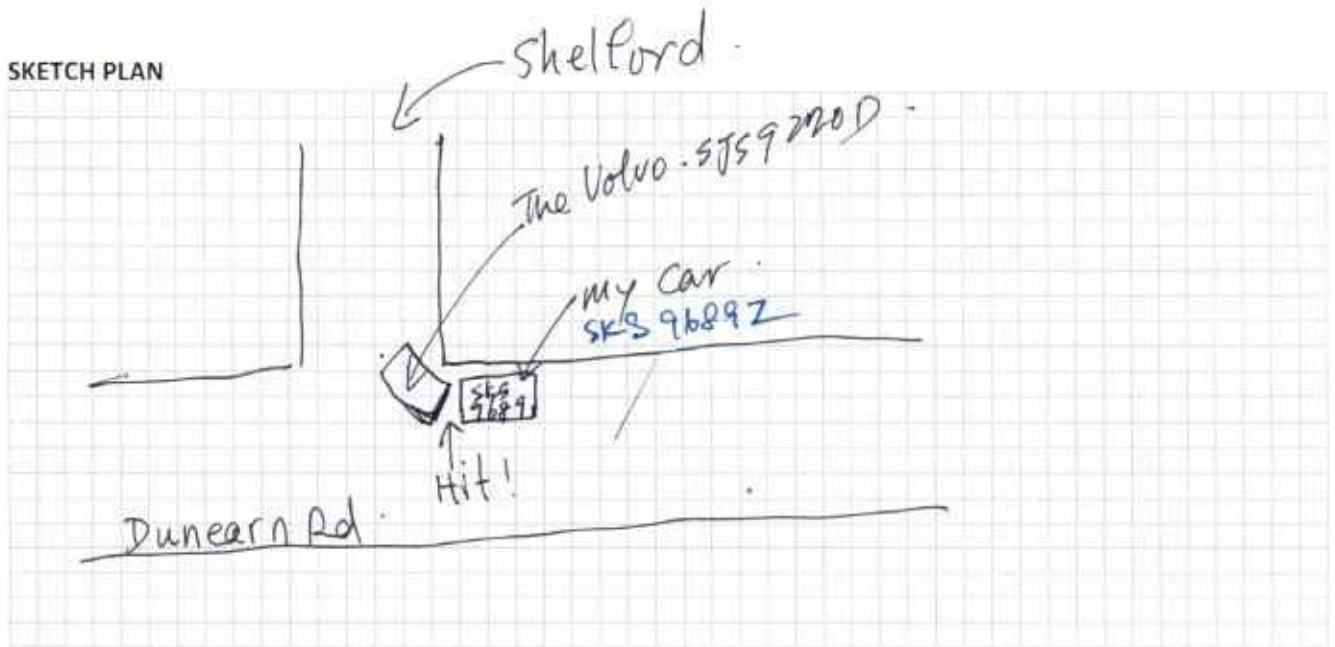
29/1/18

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

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

29/01/2018  
Roshni Wadhvani

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Jan 2018 9:55am, I was on Dunearn Road after coming out of Shelford Rd. The road was congested. The Volvo SJS 9220D was very close behind me and hit my car on the bumper with a "thud".

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 29/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 29/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*



## Claim Handling

Accident MT/0979969

Policy No.	5071615396-02	Vehicle No.	SKS9689Z	GST Registration No.	
Policyholder Name	ONG YEE PING	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96864362	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

**Accident Details**

Report Date	29/01/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	27/01/2018	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DUNEARN 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 Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	124 SHELFORD ROAD	Address 2	SINGAPORE 288498	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5071615396-02		

**01 Driver Info**

Driver Name	ONG YEE PING	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S1801022D	Driving Experience	
Register Date of Driver License	01/01/1981	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	124 SHELFORD ROAD	Address 2	SINGAPORE 288498	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKS9689Z	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

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 *	OD-MX	Insured Name	ONG YEE PING	Insured NRIC	
Contact No.(Mobile)	96864362	Contact No.(Home)	64669328	Contact No.(Office)	
Email Address		01 Vehicle Number	SKS9689Z	TP Vehicle Number	
Claim Description	SKS9689Z / SJS92200 ON 27 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	29/01/2018 17:44	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

















Attachment

Accident No.	MT/0979969	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2018 17:46
Path *		Category *	Confidential
		Urgency	Normal

Browse Clear Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	NO	▼	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:46	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:44	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Jan 2018 17:44	Photos	Normal	Photo

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/1/2008 (DD/MM/YYYY), TIME: 09.55 am (HH:MM)  
LOCATION: Dunearn Rd.

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKS 9689 Z  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5071 6153 96-02  
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Mercedes C200  
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

A) NAME: ONG YEE PING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1801022D CONTACT: 96864362  
c) ADDRESS: 124 SHELFORD RD.  
50288498

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

## DRIVER

a) NAME: ONG AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 13/03/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS 1991

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 CLEAR  
b) ROAD SURFACE: (DRY) / WET / OTHERS DRY

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: SJS 9220 D MODEL: volvo  
b) DRIVER'S NAME: Chen Yong Feng  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9732 9081

## 9. THIRD PARTY VEHICLE

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

email: sannyong@gmail.com

fax: \_\_\_\_\_

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1801022D



Name

ONG YEE PING



翁翊賓

Race

CHINESE

Date of Birth

Sex

13-03-1967

F

Country of Birth

SINGAPORE

1815051



NRIC No. S1801022D



Blood Group Date of issue

O+

22-03-1994

124 SHELFORD ROAD  
SINGAPORE 288498

NRIC No. S1801022D

Date: 18-01-2006 No: 5294879

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1801022D**  
Name:

**ONG YEE PING**



Birth Date: **13 Mar 1967**

Issue Date: **30 Jan 2018**



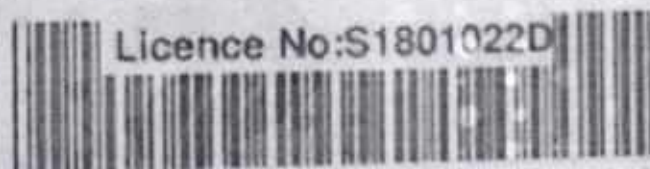


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

EFFECTIVE DATE

Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	02 Nov 199
---------	--	------------

NP 428A





eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/01/2018 17:21"/>						
Vehicle No. (For Motor)	<input type="text" value="SKS9689Z"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071615396-02	ONG YEE PING	S1801022D	GPC	drive PREMIUM	SKS9689Z	SKS9689Z	16/05/2017	15/05/2018
<input type="button" value="Continue"/>									

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: N1MAY18014319 Vehicle Registration No: SKS 9689Z  
Name (as shown in NRIC): ONK YUE PINH NRIC/FIN/Passport No: S1801022D  
(\*Vehicle Driver / Vehicle Owner (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96864362  
Email Address: \_\_\_\_\_  
Date of Accident: 27/01/2018 Time of Accident: 09:55  
Place of Accident: ALONG DUNKARN ROAD  
Insurance Company: MMU

### (B) ADDITIONAL INFORMATION & AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF DRIVER'S LICENSE TO 02/11/1991

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Kohli wong  
NRIC/FIN No.:  
Date: 13/02/2018