

NATIONAL Assessment Centre Services (M11 17000)

Date In: 30/5/2018 17:12	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009768/ky	SAS e-illing		
Veh No: SGZ9382T	E-ill (within 24hrs, AIC 24hrs)		
D.O.A: 28/05/2018 14:25	Motor Claim Form	MT/0996558	31/5/18 09:45
QC (TP/Response Only)	Motor W/O (within 24hrs, AIC 24hrs)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/VWise		

Preferred Wksp / INC Assign Wksp / OWI:	Tell	Fax
TP Particulars	Yell No: SGW5098G, INC(,) / Non-INC(,)	
Owner / Driver:	Tell:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: BIC Status (WO): N: 0.29%; P: 21.79%; P: 30.100%)	
Year of Registration: ()	Warranty: YES() / NO()	
Excess: (\$)	Loading: \$1,000() / \$2,000()	

General Remarks:	
() Work-in-Customer: Customer's information strictly Confidential & strictly NO (order 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 Recovery Photo (Repair Cost > \$3000) ()	

Injury:	
Date/Time:	Action:

NA1803397	Invoice/Preparation Checklist
Customer's Particulars:	1) AR Accident Report Only (300)
Driver/Owner:	2) DA Damage Assessment (3100) INC (40)
Policy No:	3) TP/Towing Fee (120/12)
Assigned Position:	4) FT/Follow Through Survey (110)
	5) FT/Follow Through Survey (Recovery) (110)
	6) TR Assessment (110)
	7) NTUC Additional Survey (100)
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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	30/05/2018 17:12
Date Of Accident	28/05/2018 14:25
Exact Location Of Accident	BALESTIER RD HEADING TWDS LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9382T
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN MENG
NRIC No	S8224826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91195647
Alternative Phone No	OTHERS-91195647

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	5096080880
Cover Note Number	

Driver

Name of Driver	ONG CHIN MENG
NRIC No	S8224826I
Date Of Birth	09/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91195647
Fax Number	
Contact Number	OTHERS-91195647
Email Address	NOEMAIL

Address	BLK 470C UPPER SERANGOON CRESCENT #04-352
Postcode	533470
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180528/2100

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW5098G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

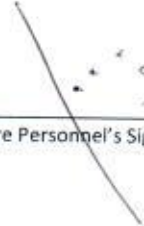
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:


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


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

SKETCH PLAN

BALESTIER RD
HEADING
TOWARDS
LAVENDER
STREET



A - SGZ9382T
B - SGW5098G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls Refer to the Police Report
T/20180528/2100*

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.:



SINGAPORE POLICE FORCE



T/20180528/2100

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20180528/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 17:11		Vide Report No.:		Station Diary No.: 103	
Informant's Particulars					
Name of Informant: ONG CHIN MENG			Address: APT BLK 470C UPPER SERANGOON CRESCENT #04-352 SINGAPORE 533470		
ID Type / ID No.: NRIC NO / S82248261			Contact No.: Home/Office: Mobile: 91195647		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 09/08/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OUTDOOR SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2018 14:25	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD				
HEADING TOWARDS LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: HIT THE RIGHT SIDE MIRROR - SAME DIRECTION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW5098G	Car					0
SGZ9382T	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ9382T	NTUC Income Insurance Co-Operative Limited	5096080880	21/11/2017	22/11/2018



**SINGAPORE
POLICE FORCE**



T/20180528/2100

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3
Report No. T/20180528/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN MENG	ID No.	S8224826I
Related Vehicle	SGZ9382T (Car)	Contact No.	91195647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/05/2018 at around 1425hrs, I was driving my vehicle, SGZ9382T along Balestier Road heading towards Lavender Street. While I was driving along the road on the middle lane, the traffic was coming to a stop. I started to slow down my vehicle. At this point of time, there was one vehicle, SGW5098G which was travelling on the right lane had hit my vehicle's right side mirror. This caused it to be damaged. The vehicle had seemed to pause to a second or two.

However, the other vehicle then proceed to speed off even when I horned at him. I am not injured. I am lodging this report to claim insurance against the other driver.



**SINGAPORE
POLICE FORCE**



T/20180528/2100

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180528/2100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/05/2018 17:11

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG


Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S82248261



Name
ONG CHIN MENG
(WANG ZHENMING)
王振明

Race
CHINESE

Date of birth
09-08-1982

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S82248261

Name
ONG CHIN MENG
(WANG ZHENMING)

Birth Date: 09 Aug 1982

Issue Date: 07 Feb 2017

002654453E

4594532



NRIC No. S82248261



Date of issue
14-06-2010

APT BLK 470C UPPER SERANGOON CRESCENT #04-352
SINGAPORE 533470

NRIC No. S82248261 Date: 03/06/2016

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

EFFECTIVE DATE
07 Feb 2017

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

NP 428A

Licence No: S82248261

Policy Query

Policy No.

Date of Accident

28/05/2018 14:25

Vehicle No.(For Motor)

SGZ9382T

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096080880	ONG CHIN MENG	S82248261	GPC	drivo CLASSIC	SGZ9382T	SGZ9382T	21/11/2017	22/11/2018

Continue

▼ Policy Information

Policy No.	5096080880	Policyholder Name	ONG CHIN MENG	Policyholder NRIC	S8224826I
Address	BLK 470C #04-352 UPPER SERANGOON CRESCENT HOUGANG PARKVIEW SINGAPORE 533470				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/11/2017	Effective Date	21/11/2017 00:00	Expiry Date	22/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TAI THONG LEE TRADING PTE L		Agent Tel.	NIL	GST Flag Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 470C #04-352	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW
Address 4	SINGAPORE 533470	Address Type	Singapore address	Post Code	533470
Unit No.	04-352	Related Policy Number	5096080880		

► Insured Object: SGZ9382T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0996558

Policy No.	5096080880	Vehicle No.	SGZ9382T	GST Registration No.	
Policyholder Name	ONG CHIN MENG	Cover Type	drive CLASSIC	Policyholder NRIC	S82
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91195647	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	31/05/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	28/05/2018	Time of Accident hh:mm	14:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD HEADING TWDS LAVENDER STREET				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	600.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 470C #04-352	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOL
Address 4	SINGAPORE 533470	Address Type	Singapore address	Post Code	533
Unit No.	04-352	Related Policy Number	5096080880		

▼ OI Driver Info

Driver Name	ONG CHIN MENG (WANG ZHEMING)	Driver Type	Main Driver	Driver DOB	09/0
Unnamed driver Name		Driver NRIC	S82248261	Driving Experience	1
Register Date of Driver License	07/02/2017	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	91195647	Contact No.(Office)	0	Address 3	
Address 1	BLK 470C	Address 2	UPPER SERANGOON CRESCENT	Post Code	533
Address 4		Address Type	Singapore address		
Unit No.	#04-352	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG CHIN MENG	Insured NRIC	S82
Contact No.(Mobile)	91195647	Contact No.(Home)	62524286	Contact No.(Office)	
Email Address		OI Vehicle Number	SGZ9382T	TP Vehicle Number	SGW
Claim Description	SGZ9382T / SGW5098G ON 28 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/0
Date Registered	31/05/2018 09:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

