

NATIONAL Assessment Centre Services (M11/1/000)

Date In: 13/06/2018 12:48

Ref No: NA/INC18010771/K4

Veh No: YM E118R

D.O.A: 12/06/2018 14:45

CR: TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

QAS e-tiling

E-mail (vehicle files, NCRs)

1-Motor Claim Form

1-Motor VVO (if/when 100% in, 100% out)

1-Photo Uploaded

Assessment/Survey Report

Assessment Report by PAX/Hand to Owner/VWAP

MT/0998616-001 14/6/18 09:35

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars:

Yell No:

SKQ9319C

INC:

Tel:

Fax:

Owner / Driver:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

% (Notic.Bsl. Slam (WO): N10.20%; P121.79%; P130.100%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$

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

General Remarks:

() Work-In-Progress: Customer's Information strictly Confidential & strictly NO release of report.

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

Drive-In:

Towed-In:

Invoice: YES () / NO ()

Towing Co:

Remarks:

Boilerplate 6788-0016

Date of completion:

Conc:

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Action:

Insurance Policy No:

Driver/Owner:

Policy No:

Assigned Position:

C. Checked by (Bug-In-Charge):

Work for Comment:

U1:

U2:

NA1803709

Invoice Breakdown of Charges:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (40)
3) TP: Towing Fee	\$425.00
4) FT: Follow Through Survey	110
5) PT: Follow Through Survey (Recovery)	110
For details see INC Only (W&S 10 Jan 2018)	
6) TR: Re-inspection	110
7) NTUC: NTUC & SMRT Survey	110
8) NTUC: NTUC & SMRT Survey	110
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100) NTUC: NTUC & SMRT Survey	110

Invoice total

Net Charge

Net Charge

Net Charge

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	13/06/2018 12:48
Date Of Accident	12/06/2018 14:45
Exact Location Of Accident	SIMS AVE TWDS EUNOS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6118R
Insured/Policyholder	
Name Of Registered Owner	TOWNER CONSTRUCTION PTE LTD
Co Reg No	199200490D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97308421
Alternative Phone No	OFFICE-97308421

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5028153849-10
Cover Note Number	

Driver

Name of Driver	ONG BOCK KIM
NRIC No	S1483144D
Date Of Birth	19/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1986
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97308421
Fax Number	
Contact Number	OTHERS-97308421
Email Address	NOEMAIL



Address	BLK 102 ALJUNIED CRESCENT #05-273
Postcode	380102
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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

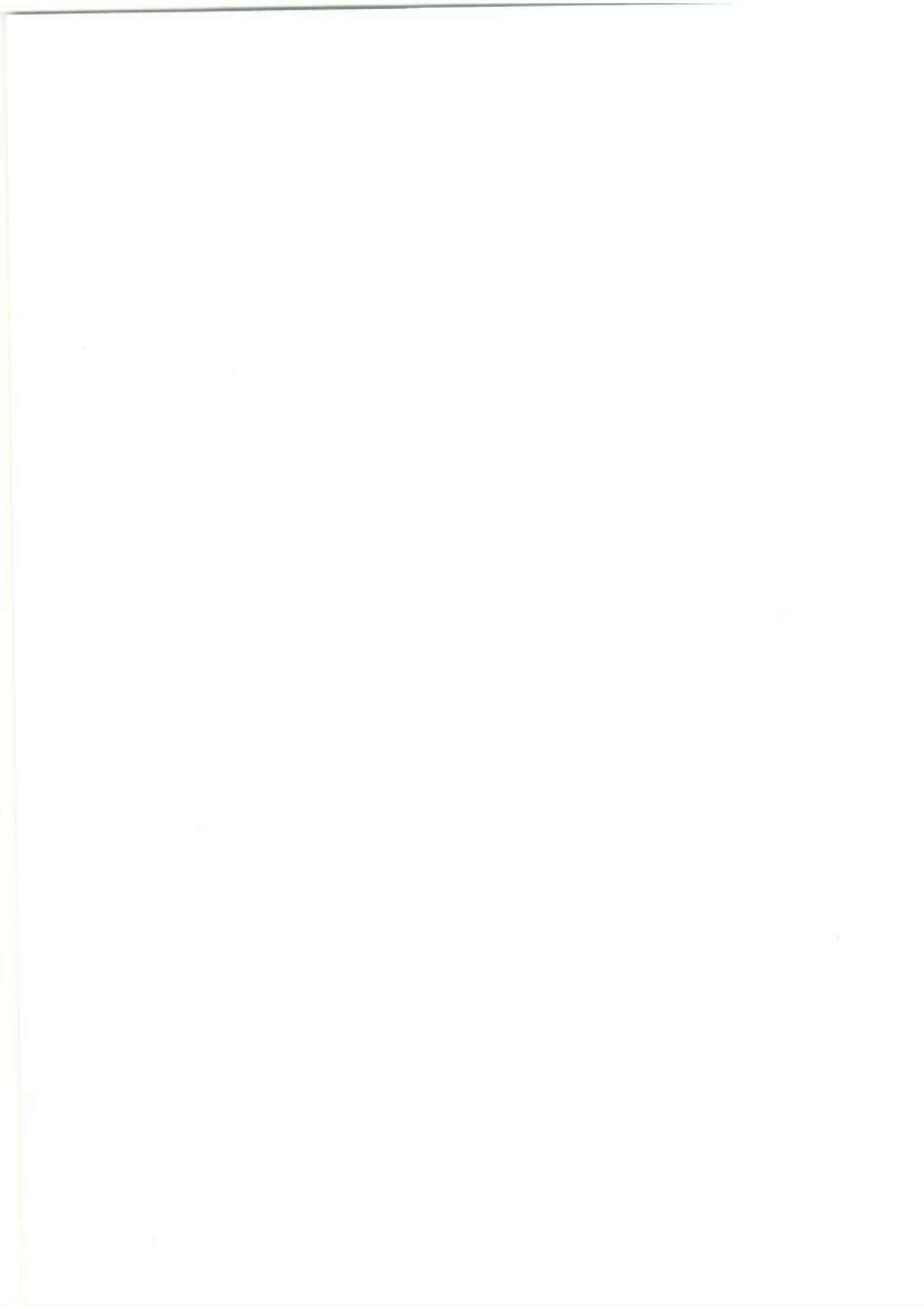
PLS REFER TO THE ATTACHED STATEMENT.

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	SKQ9319C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98470076
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

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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**.
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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.

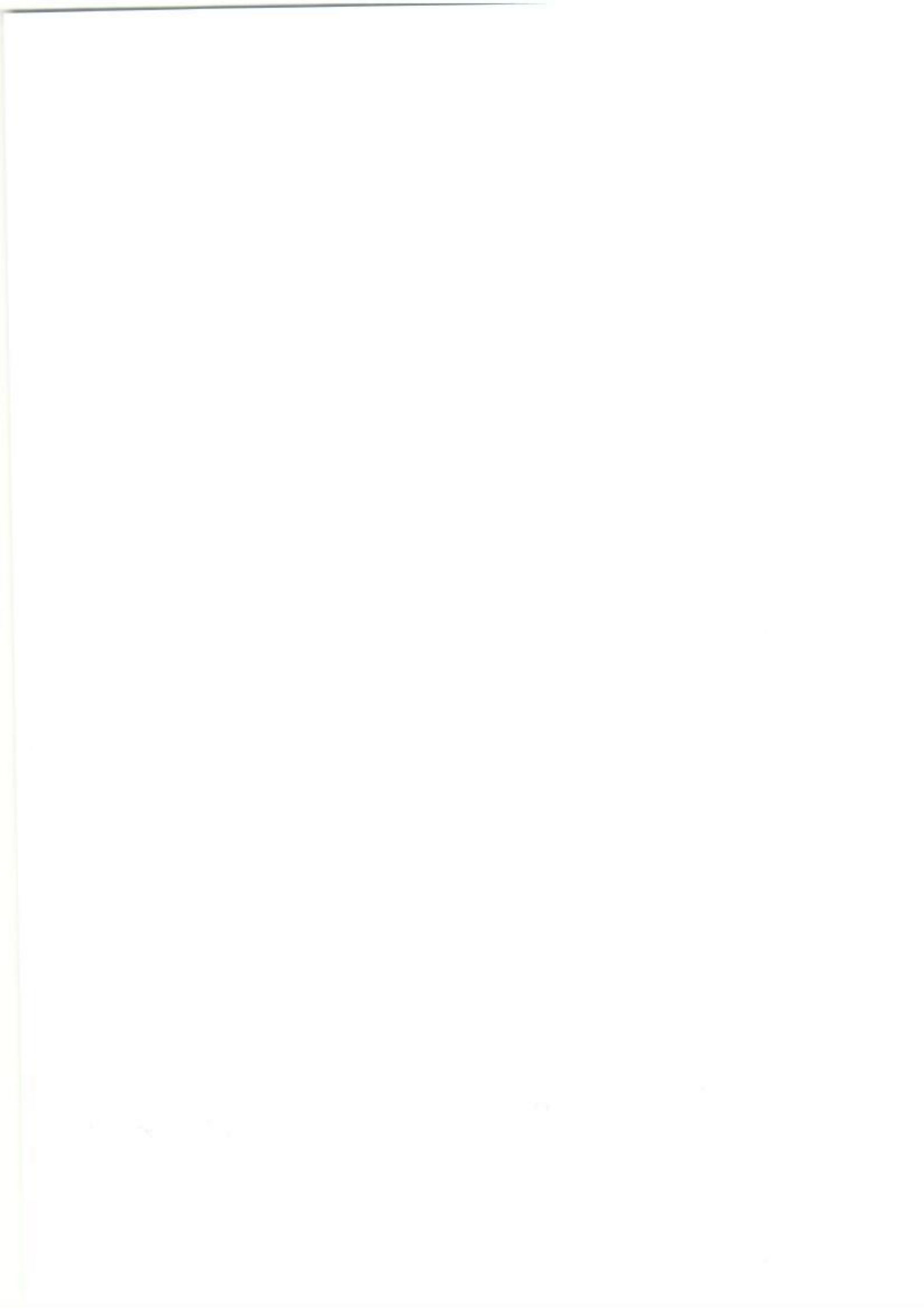


Policyholder's Signature
Date & Time:

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

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

13/6/2018



SKETCH PLAN

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Sim Ave towards
Eunos still Rd. When the traffic light
change to red. Vehicle A stop and suddenly
Vehicle B turn from the back and hit
on the rear of Vehicle A.

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:

 13/6/2018

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

SKETCH PLAN

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 - (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.

X



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.:

12.06.18. 2.46pm.



(Eurus still road) ←



red light on

car park

↑
(Sims Ave.)

~~SKQ9319C~~

B

↑
jubilee

~~SKQ9319C~~

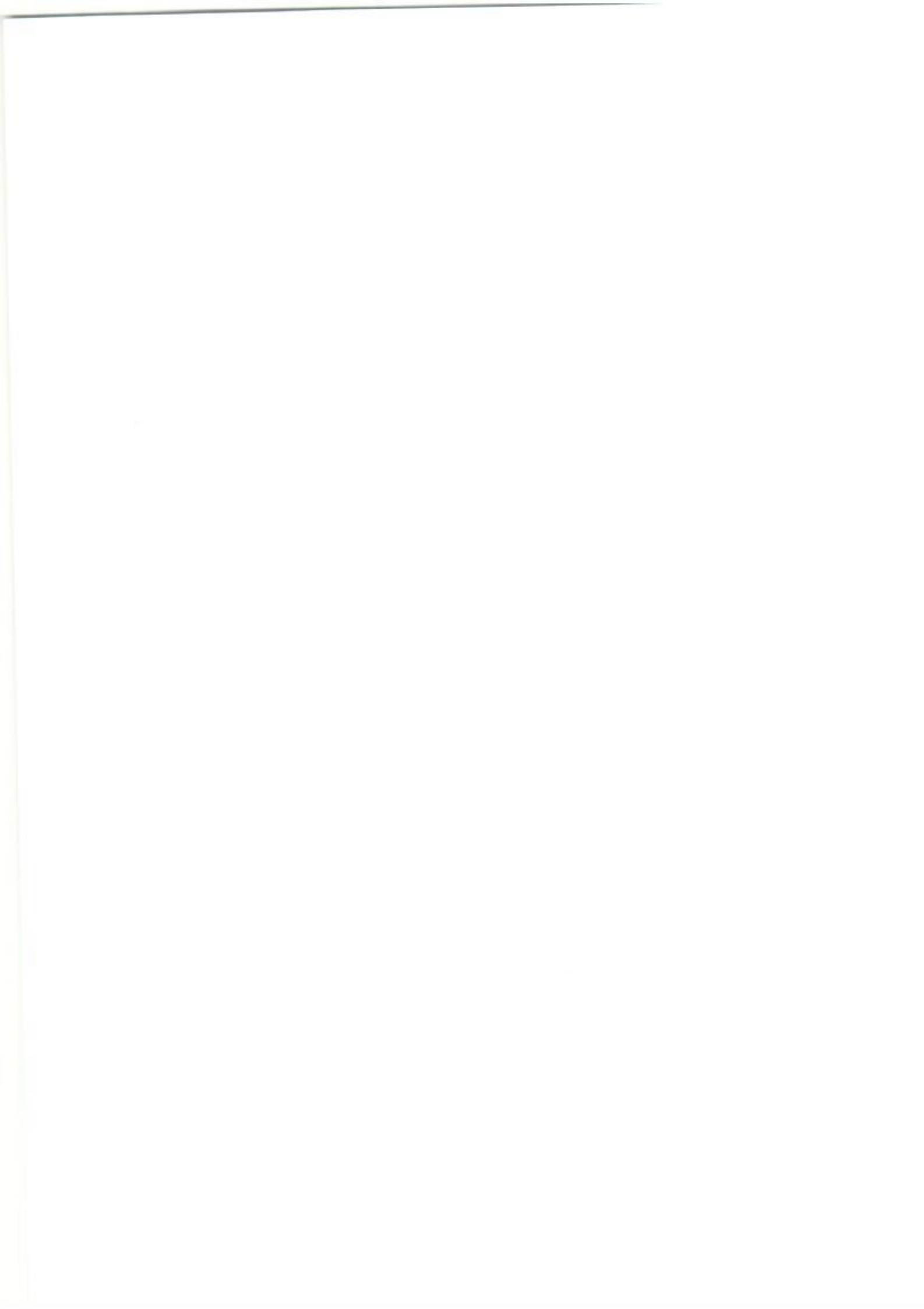
A - YM6118R
B - SKQ9319C

~~SKQ9319C~~

~~SKQ9319C~~

car park

(Ref: QP-04 Project Control)



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1483144D



Name

ONG BOCK KIM

王 木 金

Race

CHINESE

Date of birth

19-04-1961

Country/Place of birth

SINGAPORE

Sex

M

5889885



NRIC No. S1483144D



Date of issue

13-03-2018

Address

APT BLK 102 ALJUNIED CRESCENT
#05-273
SINGAPORE 380102

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S1483144D

Name

ONG BOCK KIM

Birth Date 19 Apr 1961

Issue Date 07 Mar 2014



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

EFFECTIVE DATE

- | | | |
|---------|---|-------------|
| Class 3 | Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg | 08 Nov 1986 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 26 Apr 2001 |
| Class 5 | *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | 07 Aug 2001 |

NP 428A



Licence No: S1483144D



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5028153849-10

Cover : Third Party, Fire & Theft

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : YM6118R |
| Chassis Number | : FE83BEA10006 |
| 2. Name of Policyholder | : TOWNER CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance | : 25 Apr 2018 |
| 4. Expiry Date of Insurance | : 24 Apr 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)


Agency : LOO KENG HONG INSURANCE AGENCY (00000591250)
Date of Issue : 23 Apr 2018 12:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

[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"/>	5026153849-10	TOWNER CONSTRUCTION PTE LTD	199200490D	GCV	Third Party, Fire & Theft	YM6118R	YM6118R	25/04/2018	24/04/2019



▼ Policy Information

Policy No.	5028153849-10	Policyholder Name	TOWNER CONSTRUCTION PTE L	Policyholder NRIC	199200490D
Address	BLK 809 FRENCH ROAD #05-150 KITCHENER COMPLEX SINGAPORE 200809				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/04/2018	Effective Date	25/04/2018 00:00	Expiry Date	24/04/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOO KENG HONG INSURANCE A	Agent Tel.	67445113	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 809 FRENCH ROAD	Address 2	#05-150 KITCHENER COMPLEX	Address 3	SINGAPORE 200809
Address 4		Address Type	Singapore address	Post Code	200809
Unit No.		Related Policy Number	5028153849-10		

▶ Insured Object: YM6118R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



Claim Handling

Accident MT/0996616

Policy No.	5028153849-10	Vehicle No.	YM611BR	GST Registration No.	
Policyholder Name	TOWNER CONSTRUCTION PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	97308421	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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(%)	20	Private Hire	No
Accident Details					
Report Date	14/06/2018 09:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	12/06/2018	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE TWDS EUNOS STILL RD				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	M201047102	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 809 FRENCH ROAD	Address 2	#05-150 KITCHENER COMPLEX	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5028153849-10		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	ONG BOCK KIM	Driver NRIC	S1483144D	Driving Experience	
Register Date of Driver License	08/11/1986	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	97308421	Contact No.(Office)	0	Address 3	
Address 1	BLK 102	Address 2	ALJUNIED CRESCENT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#05-273				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TOWNER CONSTRUCTION PTE L	Insured NRIC		
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	twner@singnet.com.sg	OI Vehicle Number	YM611BR	TP Vehicle Number		
Claim Description	YM611BR / SKQ9319C ON 12 Jun 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	14/06/2018 09:41	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0996616	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2018 09:35
Path *		Category *	Confidential Urgency



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📎 Attachment List

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"/>	

