

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MAN 48085909**

Date In: 03/07/2018 18:31	Job description	Date & Time Completed	Done by
Ref No: NBA/mic/0012097/y	SAS e-filing		
Veh No: FBG 1882D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/07/2018 17:40	i-Motor Claim Form	mic/001498-001	03/07/2018 20:02
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **XD 1222P** 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%; F: 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 repairer

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

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

Remarks:- (INC hotline: 6788 6616)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$30			
	Invoice dated	Fee Charged		
	Invoice dated	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	03/07/2018 18:31
Date Of Accident	02/07/2018 17:40
Exact Location Of Accident	JURONG ROAD EXIT TO BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1882D
Insured/Policyholder	
Name Of Registered Owner	ONG CHEE CHANG
NRIC No	S1540822G
Email Address	AIYOYO2010@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81230013
Alternative Phone No	OTHERS-81230013
Vehicle Particulars	
Manufacturer	BMW
Model	K1600GTL
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	MOTORCYCLE
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	5053863812-06
Cover Note Number	
Driver	
Name of Driver	ONG CHEE CHANG
NRIC No	S1540822G
Date Of Birth	21/05/1962
Occupation	INDOOR
Date Of Driving Pass	02/08/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81230013
Fax Number	
Contact Number	OTHERS-81230013
Email Address	AIYOYO2010@YAHOO.COM

Address	BLK 124 PENDING ROAD #02-02
Postcode	670124
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?	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)	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	XD1222P
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PURA SINGH S/O CHAWDRY SINGH
NRIC/Passport Number	S1635341H
Contact Number	91021413
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	ONG CHEE CHANG
------	----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBG1882D

NO

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:


03/10/2018
15:21 a

Driver's Signature

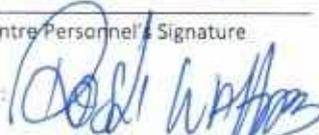
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


03/10/2018


Claim Handling

Accident MT/1001498

Policy No.	5053863812-06	Vehicle No.	FBG1882D	GST Registration No.	
Policyholder Name	ONG CHEE CHANG			Policyholder NRIC	S1540822G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91230013	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	03/07/2018 19:59	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/07/2018	Time of Accident (hr:min)	17:40	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICH No.	
Accident Location	JURONG ROAD EXIT TO BUKIT BATOK ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 124 #02-02	Address 2	PENDING ROAD	Address 3	SINGAPORE 670124
Address 4		Address Type	Singapore address	Post Code	670124
Unit No.		Related Policy Number	5053863812-06		

01 Driver Info

Driver Name	ONG CHEE CHANG	Driver Type	Main Driver		
Unnamed Driver Name		Driver INDC	S1540833G	Driver DOB	21/05/1962
Register Date of Driver License	24/10/1990	Driver Age	56	Driving Experience	27
Contact No.(Mobile)	91230013	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 124 #02-02	Address 2	PENDING ROAD	Address 3	SINGAPORE 670124
Address 4		Address Type	Singapore address	Post Code	670124
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBG1882D	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	ONG CHEE CHANG	Insured NRIC	S1540822G
Contact No.(Mobile)	91230013	Contact No.(Home)	97931300	Contact No.(Office)	NIL
Email Address	ALVOYD2018@YAHOO.COM.SG	OT Vehicle Number	FBG1882D	TP Vehicle Number	XD1222P
Claim Description	FBG1882D / XD1222P ON 2 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/07/2018 20:03	Claim Close Date		Date Received	03/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1001498	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/07/2018 20:03
Path *		Category *	
Choose File	No file chosen	Confidential	Urgency *
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Choose File	No file chosen	NO	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CB)	Actio
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) 03 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) 03 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) 03 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:02	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	Photos	Normal	Photos 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	NKIC/ Driving License	Normal	NKIC/ Driving License 2018-7-3	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 20:01	SAS	Normal	SAS 2018-7-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (02/07/2018) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: Jurong Road Exit To St. Barts Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG1P82D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5055867812-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FIAT KT21600
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ONG CHEE CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1540522E CONTACT: 81230013
c) ADDRESS: Blk 124 PONDING ROAD
#C202 C67012F

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (21/05/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02081993

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

- a) VEHICLE NUMBER: XD1222P MODEL: TRAILER
b) DRIVER'S NAME: PURA SINGH S/O CHANNA SINGH
c) NRIC/FIN/PASSPORT: S1635341H CONTACT: 91021413

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
(01)

* No of passenger
(Including driver)
()

email = aiyoyo2018@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1540822G



Name
ONG CHEE CHANG

王志强

Race
CHINESE

Date of birth
21-05-1962

Sex
M

Country/Place of birth
SINGAPORE



5747688



NRIC No. S1540822G



Date of issue
26-05-2017

Address
**APT BLK 124 PENDING ROAD
#02-02
SINGAPORE 670124**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1540822G**

Name
ONG CHEE CHANG

Birth Date: **21 May 1962**
Issue Date: **12 Mar 2003**

000292406E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	EXPIRES DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Oct 1990
Class 2A	Motorcycles between 201 cc and 400 cc	10 Apr 1992
Class 2	Motorcycles exceeding 400 cc	02 Aug 1993
Class 2	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	14 Mar 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	12 Mar 2003
Class 5	Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg	06 May 2003

S / No. 900000402

S1540822G

Licence No. S1540822G

NP 428A

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 type="radio"/>	5053863812-06	ONG CHEE CHANG	S1540822G	GMC	Third Party, Fire & Theft	FBG1882D	FBG1882D	25/04/2018	24/04/2019

Continue