

Date In	4/7/18 14:29	Job description	Date & Time Completed	Done by
Ref No	NAI INC18012155164.	SAS e-filing		
Veh No	SKS 1886X	E-mail (within 5hrs, A/P 2hrs)		
DOB	4/7/18 11:40.	i-Motor Claim Form	MT/100 1623-001	4/7/18 16:10.
QIR	<input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within 500 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

Gw 1211Y.

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

MNA1809214		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Adj Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		30.00	
		2) DA: Damage Assessment (\$100); INC (\$30)			
Driver/Owner		3) TF: Towing Fee \$40/\$45			
		4) FT: Follow-Through Survey \$120			
Contact No:		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR: Re-inspection \$75			
		7) N1: Idas DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
QC Checked by (Engr-In-Charge):		QIR:			
		*N5: Courtesy Car / Tpl Allowance		\$5	
		*N6: Repair Coordination		\$10	
		*N7: Post Repair Inspection		\$25	
		*N8: DV / Collision Excess Coordination		\$5	
Auditors' Comments:-		IP (N1): TP (Non INC) against INC		\$20	
Tel: 1		9) N12: Idas Mobile		\$0	
Tel: 2 / 3		Invoice date:		Fee Charged	
		Invoice date:		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	04/07/2018 14:29
Date Of Accident	04/07/2018 11:40
Exact Location Of Accident	LOR 101 CHANGI EXIT TO CHANGI RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ1886X
Insured/Policyholder	
Name Of Registered Owner	ONG WAH SUAN WATSON
NRIC No	S8008287H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98550212
Alternative Phone No	OFFICE-98550212
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL
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	5094480702
Cover Note Number	-
Driver	
Name of Driver	ONG WAH SUAN WATSON
NRIC No	S8008287H
Date Of Birth	15/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98550212
Fax Number	
Contact Number	OFFICE-98550212
EMail Address	NOEMAIL

Address	271A CHANGI RD
Postcode	419753
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?	
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

I WAS EXITING FROM THE LOR 101 CHANGI TO THE MAIN RD, AFTER THE CHANGI RD TRAFFIC WAS CLEAR, I SLOWLY INCHED OUT TO THE MAIN ROAD, SUDDENLY A LORRY (BEARING NO GW1211Y) COMING FROM THE LOR 101 CHANGI OVERTAKE MY VEH FROM BEHIND, EXITING TO THE MAIN ROAD AND COLLIDED ONTO MY VEH RIGHT FRONT PORTION. I WISH TO STATE, THERE WAS A SINGLE LANE ALONG THE LOR 101 CHANGI. THE LORRY SHOULD NOT OVERTAKE MY VEH AT THE SINGLE LANE TO THE MAIN ROAD.

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	GW1211Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVARASU MATHI
NRIC/Passport Number	G6804778T
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

for 101 Changi

A = SKJ 1886X
B = GW 1211Y

Changi Rd

Changi Rd

Please Refer to statement

Please Refer to statement

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

the foregoing part

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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8008287H



Name
ONG WAH SUAN, WATSON



王 郛 荃

Race
CHINESE

Date of birth
15-03-1980

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8008287H

Name
ONG WAH SUAN, WATSON

Birth Date 15 Mar 1980

Issue Date 01 Dec 2010



4759666




NRIC No. S8008287H

Date of issue
15-08-2011

Address
271A CHANGI ROAD
SINGAPORE 419753


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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	16 May 2000
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Nov 1999
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	09 Nov 2004
	*Motor vehicles which are not constructed to carry load and the unladen weight < 7,500kg	

NP 428A

Licence No: S8008287H



Hello, NAC_PAYA_UBI_800601

[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="04/07/2018 14:27"/>
Vehicle No.(For Motor)	<input type="text" value="SKJ1886X"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094480702	ONG WAH SUAN WATSON	S8008287H	GPC	drive CLASSIC	SKJ1886X	SKJ1886X	22/09/2017	21/09/2018

Claim Handling

Accident MT/1001623

Policy No.	5094480702	Vehicle No.	SKJ1886X	GST Registration No.	
Policyholder Name	ONG WAH SUAN WATSON			Policyholder NRIC	S8008287H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98550212	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	04/07/2018 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/07/2018	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LDR 101 CHANGI EXIT TO CHANGI RD				
▼ Benefits					
Coverage	Sum Insured				
Excess Waiver	99999999.99				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	271 CHANGI ROAD	Address 2	SINGAPORE 419753	Address 3	
Address 4		Address Type	Singapore address	Post Code	419753
Unit No.		Related Policy Number	5094480702		
▼ OI Driver Info					
Driver Name	ONG WAH SUAN WATSON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8008287H	Driver DOB	15/03/1980
Register Date of Driver License	17/11/1999	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	98550212	Contact No.(Office)		Contact No.(Home)	
Address 1	271 CHANGI ROAD	Address 2	SINGAPORE 419753	Address 3	
Address 4		Address Type	Singapore address	Post Code	419753
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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 New

Claim Type *	OD-MX	Insured Name	ONG WAH SUAN WATSON	Insured NRIC	S8008287H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ1886X	TP Vehicle Number	GW1211Y
Claim Description	SKJ1886X / GW1211Y ON 4 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/07/2018 16:08	Claim Close Date		Date Received	04/07/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1001623	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/07/2018 16:10		
Path *					
Choose File No file chosen					
Category *					
Confidential					
Urgency *					
Descr					
Clear Please Select					
Clear					

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Please Select NO Normal

Clear Please Select NO Normal

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Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:10	SAS	Normal	SAS 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:10	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:10	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:09	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:09	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:09	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:09	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:09	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jul 2018 16:08	Photos	Normal	Photos 2018-7-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading