

# NATIONAL Assessment Centre Services

Date In <b>25/08/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18015462/13</b>	SAS e-filing		
Veh No <b>5JM35220</b>	E-mail (within 8hrs, ABC 2hrs)		
D.O.A <b>24/08/18</b> <b>2115</b>	i-Motor Claim Form		
OD <b>(11)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars:	Veh No: <b>SF46739K</b>	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:-	<b>NA1805359</b>	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD*		
		*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 (N7n INC) against INC \$20		
		9) N12: Idac 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 25/08/2018 09:14  
 Date Of Accident 24/08/2018 21:15  
 Exact Location Of Accident BEDOK RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM3522D  
**Insured/Policyholder**  
 Name Of Registered Owner ONG BENG KEONG  
 NRIC No S8105076G  
 Email Address VINONG02@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-88082490  
 Alternative Phone No OTHERS-88082490

### Vehicle Particulars

Manufacturer HYUNDAI  
 Model AVANTE  
 Exact Purpose for which vehicle was being used at time of accident GRAB  
 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 5098273936  
 Cover Note Number

### Driver

Name of Driver ONG BENG KEONG  
 NRIC No S8105076G  
 Date Of Birth 20/02/1981  
 Occupation OUTDOOR  
 Date Of Driving Pass 02/04/2015  
 Driving Experience 3 YEARS AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-88082490  
 Fax Number  
 Contact Number OTHERS-88082490  
 Email Address VINONG02@GMAIL.COM

Address BLK 13 BEDOK SOUTH ROAD  
#07-607  
Postcode 460013  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
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? 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) 2  
Passenger 1 NAME: : UNKNOWN  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180825/2015

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFY6739K  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TAN PANG KIAT  
NRIC/Passport Number S1822559Z  
Contact Number 96777778

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD4346M  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KUEK SUYEN MICHELLE  
NRIC/Passport Number S8021955E  
Contact Number 92376155  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG BENG KEONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJM3522D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode




## 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:

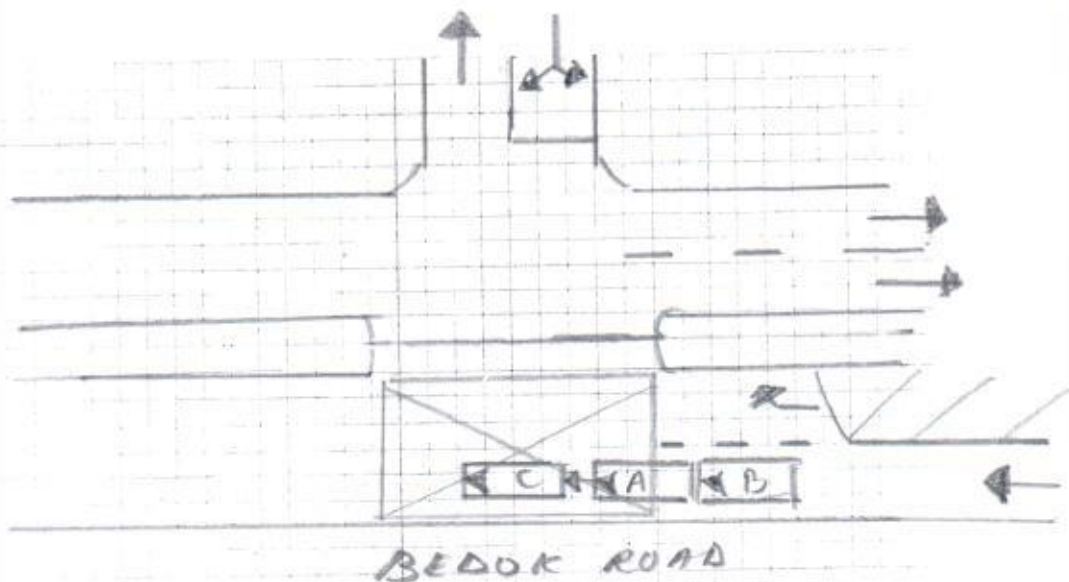
250818

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

 25/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

A - SIM35220  
B - SFY6739K  
C - SLD4346M



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180825/2015


## DECLARATION

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

  
Policyholder's Signature

Date & Time: 25 08 18

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

 25/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180825/2015

1 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180825/2015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2018 01:45	Vide Report No.:	Station Diary No.: 21
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### Informant's Particulars

Name of Informant: ONG BENG KEONG			Address: APT BLK 13 BEDOK SOUTH ROAD #07-607 SINGAPORE 460013	
ID Type / ID No.: NRIC NO / S8105076G			Contact No.: Home/Office: Mobile: 88082490	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 20/02/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2018 21:15	Type of Location: Straight Road
Location: Along Road 1 BEDOK ROAD				
Bedok Road near next to Eastwood Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY6739K	Car	TOYOTA		Black	Slightly Damaged	0
SJM3522D	Car	HYUNDAI	HD AVANTE 1.6 A	Silver	Slightly Damaged	1
SLD4346M	Car	HYUNDAI		Blue	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180825/2015

2 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180825/2015

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3522D	NTUC Income Insurance Co-Operative Limited	5098273936	21/02/2018	29/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAN PANG KIAT	ID No.	S1822559Z	
Related Vehicle	SFY6739K (Car)	Contact No.	96777778	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	ONG BENG KEONG	ID No.	S8105076G	
Related Vehicle	SJM3522D (Car)	Contact No.	88082490	
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	25/08/2018	Date Discharge	25/08/2018	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	KUEK SUYEN MICHELLE	ID No.	S8021955E	
Related Vehicle	SLD4346M (Car)	Contact No.	92376155	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	





**SINGAPORE  
POLICE FORCE**



T/20180825/2015

3 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180825/2015

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/08/2018 at about 2115hrs, I was working as Grab driver and driving my car, SJM3522D along Bedok Road with one Chinese female passenger seated at the rear seat heading to 104 Bedok Ria Crescent. I fetch my passenger at LTA building, Kampong Java Road.

While I was driving my car along Bedok Road, there was a car in front of slowing down as such I also slow down when suddenly my car was hit with a vehicle from my rear car side. The impact caused my car to moved forward and hit to the front car and stopped. I asked my passenger and she informed that she was alright as such I get out from my car to make a check.

I discovered that a car had hit my rear side and the driver had get down to check also. I also check on the front car which was hit by me and the female driver informed that she had her baby seated on the rear side in the baby seat. She informed that presently all was fine, no visible injuries however she need to bring her baby for check up.

The male driver informed me that he wish to settle the matter privately however I informed that I am working and there is a passenger in my car.

My female passenger got out from my car and she might want to see the doctor later to check if any injuries. She also did not continue the journey as I was involved in the accident.

As such all the 3 drivers exchange particulars and took photos.

No ambulance or police was called. No visible injuries among us and no government property involved.

My car install CCTV facing the front view only. I noticed that the front car had install camera front and rear view while the rear car had install front view.

Afterwhich I went back home and proceed to Central 24-HR Clinic (Bedok) and was given 3 days MC (25/08/2018 to 27/08/2018).



**SINGAPORE  
POLICE FORCE**



T/20180825/2015

4 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180825/2015

**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 /  
Sr Staff Sgt ZULKANAIEN BIN ENDRA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/08/2018 01:45

Classification Of Case:



SIGNATURE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8105076G**

**ONG BENG KEONG**  
(WANG MINQIANG)

Birth Date: **20 Feb 1981**  
Issue Date: **02 Apr 2015**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8105076G**



Name  
**ONG BENG KEONG**  
(WANG MINQIANG)

**王 氏 强**

Race  
**CHINESE**

Date of birth  
**20-02-1981**

Sex  
**M**

Country of birth  
**SINGAPORE**



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

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200 cc	03 Mar 2004
Class 2A	Motorcycles between 201 cc and 400 cc	29 Nov 2005
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	02 Apr 2015



Licence No: **S8105076G**

NP 428A



3717481



NRIC No. **S8105076G**

Date of issue  
**05-05-2005**

Address  
**APT BLK 13 BEDOK SOUTH ROAD #07-607**  
**SINGAPORE 460013**

NRIC No: **S8105076G** Date: **11/12/2008** No: **6132082**



**VOCATIONAL LICENCE**

Licence No : S8105076G

Name : ONG BENG KEONG

Card Issue Date : 07/11/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	07/11/2017





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)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098273936		DNG BENG KEONG	S8105076G	GPC	drive CLASSIC	SJM3522D	SJM3522D	21/02/2018	29/12/2018

## Claim Handling

Accident MT/1008776

Policy No.	5098273936	Vehicle No.	SJM3522D	GST Registrat
Certificate No.				Policyholder I
Policyholder Name	ONG BENG KEONG	Cover Type	drive CLASSIC	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(I
Contact No.(Mobile)	88082490	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reasoi
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire
NCD Protection	No			
<b>▼ Accident Details</b>				
Report Date	25/08/2018 16:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/08/2018	Time of Accident hh:mm	21:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK RD			
<b>▼ Excess</b>				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		Yes
GST Registration No.		GST Status Verified		
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 13 #07-607	Address 2	BEDOK SOUTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098273936	
<b>▼ OI Driver Info</b>				
Driver Name	ONG BENG KEONG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8105076G	Driving Experi
Register Date of Driver License	02/04/2015	Driver Age	37	Contact No.(I
Contact No.(Mobile)	88082490	Contact No.(Office)	0	Address 3
Address 1	BLK 13	Address 2	BEDOK SOUTH ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#07-607	Driver Vehicle No.		Driver Insure
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>			
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	
Claim Description	SJM3522D / SFY6739K ON 24 Aug 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	25/08/2018 16:09	Claim Close Date
Report Taken By		ROSLINDA	Workshop Repairer

☒ Print AK letter

Save Submit



