

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MA 48140912

Date In: 30/10/2018 15:51	Job description	Date & Time Completed	Done by
Ref No: NBA/Inc1801974474	SAS e-filing		
Veh No: SJP 5596L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/10/2018 09:15	I-Motor Claim Form	MT/1017791-002	30/10/2018 16:28
OID: TP & Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SFV 37722

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%. P: 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 1801974474) 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:

MA1807027

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$35

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11) 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 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. 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	30/10/2018 15:51
Date Of Accident	30/10/2018 09:15
Exact Location Of Accident	ECP TOWARDS CITY (LAMPOST V3)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5596L
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	ACE.ONGYC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94363550
Alternative Phone No	OFFICE-94363550

Vehicle Particulars

Manufacturer	BMW
Model	520i
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101601339
Cover Note Number	

Driver

Name of Driver	ONG YI CHER (WANG YIZHI)
NRIC No	S8015711H
Date Of Birth	03/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94363550
Fax Number	
Contact Number	OTHERS-94363550
Email Address	ACE.ONGYC@GMAIL.COM

Address	BLK 460 SEGAR ROAD #12-193
Postcode	670460
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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

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	SFV3772Z
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROMEL GERARD PAPALI
NRIC/Passport Number	S2658351I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMG97E
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Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG PHUT CHAI EUGENE
NRIC/Passport Number	S6831944G
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: 30/10/2018

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

SKETCH PLAN

ECP direction: City
Before Fort Rd

LANE 4
LANE 3
LANE 2
LANE 1

A B C

X lamppost V3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A: SMG 97E

Vehicle B: SFV 3772Z

Vehicle C: SJP 5596L

I am driving vehicle C.

Emergency braking observed from Vehicle A. Vehicle B stop in time. Vehicle C collided into Vehicle B. Vehicle B then collided into 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:

30/10/2018

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

30/10/2018
Rishi HANAS

Claim Handling

Accident MT/1017791

Policy No.	5101601329	Vehicle No.	SJP5596L	GST Registration No.	
Certificate No.					
Policyholder Name	PANG'S MOTOR RENTAL PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201608109H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	ICode	No
KPK	= No Yes	NCD Entitlement(%)	0	ICode Reason	
NCD Protection	No			Private Hrs	Not available

Accident Details

Report Date	30/10/2018 15:53	Accident Report Within 24 Hrs	Yes	Accident Type	Chain Collision
Date of Accident	30/10/2018	Time of Accident hh:mm	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECF TOWARDS MCE AFTER TANJONG RATING FLYOVER				

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	11 #01-34 WEST COAST HIGHW	Address 2	SINGAPORE 117864	Address 3	
Address 4		Address Type	Singapore address	Post Code	117864
Unit No.	01-34	Related Policy Number	5104142597		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 3		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification history:

Claim 002 **NEW**

Claim Type *	OD-HX	Insured Name	PANG'S MOTOR RENTAL PTE. LT	Insured NRIC	201601
Contact No.(Mobile)	NA	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SJP5596L	TP Vehicle Number	SPV27
Claim Description	SJP5596L / SPV2777Z ON 30 Oct 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at fault		
SPARKS No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/10/2018 16:21
Report Taken By				Date Received	30/10/2018

Print AX letter

Save Submit

Attachment

Accident No.	MT/1017791	Claim No.	002
Last Date Received	Yes No	Upload Date	30/10/2018 16:28
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2018 16:28	Photos	Normal	Photos 2018-10-30	
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Oct 2018 16:28	Photos	Normal	Photos 2018-10-30	

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2525562&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea...> 2/2

ACCIDENT STATEMENT

ACCIDENT DATE: 30/10/2018 (DD/MM/YYYY) TIME: 09:15 (HH:MM)

LOCATION: ECP toward city (lamp post v3)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 5596L
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 5101601339
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bmw 520i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG YI CHER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8015711H CONTACT: 94363550
 c) ADDRESS: 460, Segar Road, #12-193, S670513

*d) DATE OF BIRTH: 03/06/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS 2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

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: SFV 3772Z MODEL: Peugeot
 b) DRIVER'S NAME: ROMAL GERARD PAPALI
 c) NRIC/FIN/PASSPORT: S26583511 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMG 97E MODEL: Volkswagen
 e) DRIVER'S NAME: ONG PHUT CHAI KULGRANKE
 f) NRIC/FIN/PASSPORT: S6231984G CONTACT: _____

*No of passenger
 (including driver)
(1)

*No of passenger
 (including driver)
()

*No of passenger
 (including driver)
()

email = ace.ongyc@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8015711H



Name

ONG YI CHER
(WANG YIZHI)

王毅智

Race

CHINESE

Date of birth

03-06-1980

Sex

M

Country of birth

SINGAPORE



S8015711H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8015711H

Name

ONG YI CHER
(WANG YIZHI)

Birth Date: 03 Jun 1980

Issue Date: 10 Sep 2005



001368349C



4596181

NRIC No. S8015711H



Date of issue

05-07-2010

APT BLK 480 SEGAR ROAD #12-193
SINGAPORE 670480

NRIC No: S8015711H

Date: 21/03/2015

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

PASS DATE

10 Sep 2005

Class 3 Motor cars < 3000 kg with < 7 passengers,
exclusive of the driver; and motor tractors
/vehicles < 2500 kg



Licence No: S8015711H

NP 428A

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="radio"/>	5101601339		PANG'S MOTOR RENTAL PTE. LTD.	201608109H	GPC	Third Party	SJP5596L	SJP5596L	20/06/2018	26/03/2019