

NATIONAL Assessment Centre Services.

[part 1 Jan 2003]

MNA 118154712.

Date In: 29/11/18 15:48	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18021551/44.	SAS e-filing		
Veh No: FBD 7079H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/11/18 07:30.	I-Motor Claim Form	MT11021960-001	30/11/18 09:54.
OD / 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: SJM 9316T.	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 hotline 6788 6016)	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

<p>NA1807800</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Cal. 1:</p> <p>Cal. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30); INC (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (IS-in INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Amc (\$)</p> <p>30.00</p> <p>Add'l Bill</p>
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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	29/11/2018 15:48
Date Of Accident	28/11/2018 07:30
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7079H
Insured/Policyholder	
Name Of Registered Owner	ONG XIAN QIANG
NRIC No	S9028547E
Email Address	XIANQIANG.OXQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91836063
Alternative Phone No	OFFICE-91836063

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ6-SA
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105390999
Cover Note Number	-

Driver

Name of Driver	ONG XIAN QIANG
NRIC No	S9028547E
Date Of Birth	02/08/1990
Occupation	INDOOR
Date Of Driving Pass	08/06/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91836063
Fax Number	
Contact Number	OFFICE-91836063
Email Address	XIANQIANG.OXQ@GMAIL.COM

Address	BLK 666B PUNGGOL DR #09-556
Postcode	822666
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	
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 ATTACHED STATEMENT. DRIVER CALL NTUC INCOME, OFFICER NAME RYAN AGREE TO TAKE PHOTO ON THE WORKSHOP DUE TO THE BIKE BADLY DAMAGE CANNOT MOVE.

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	SJM9316T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYAMIL
NRIC/Passport Number	
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.

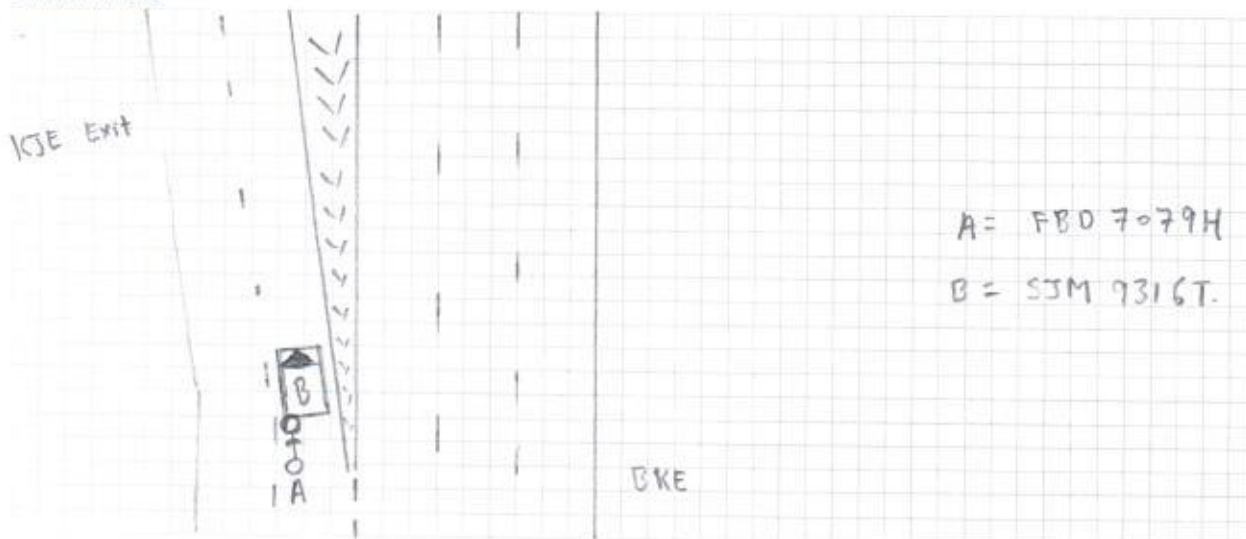
Policyholder's Signature
Date & Time:

17:36H
28/11/18

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver of SJM 9316T suddenly e-brake and I am unable to stop in time as the road is clear in front and no e-brake is expected.

DECLARATION

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

 28/11/18
 Policyholder's Signature 17:36H
 Date & Time:

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (28/11/18) (DD/MM/YYYY), TIME: (7:30) (HH:MM)

LOCATION: BKE +wds lJE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F80 7079H
b) INSURANCE COMPANY: INC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
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: ong Xian Qiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 91836063.
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: SJM 9316 T MODEL:
b) DRIVER'S NAME: Syamil
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)
(1)

*No of passengers
(including driver)
()


*No of passengers
(including driver)
()

writing photo.

Email = Xian Qiang . oxQ @ gmail.com.


fax =

video =

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
ONG XIAN QIANG

NRIC No
S9028547E



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S9028547E**
Name
ONG XIAN QIANG

Birth Date **02 Aug 1990**
Issue Date **29 Jul 2009**



 **001768223A**

SEAMLTCSGPW10097021293 **0000005074151**

NRIC No / Colour
S9028547E / PINK

Race CHINESE	Blood Group B (+)	Sex M
Date Of Birth 02/08/1990	Country Of Birth SINGAPORE	
Service Status REGULAR	Military Rank Status WOSE	
Address		

ADDRESS: BLK 666B PUNGGOL DRIVE #09-556
SINGAPORE 822866 DATE: 29.09.2015 S9028547E



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

<input type="checkbox"/> Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	19 Jul 2009
<input type="checkbox"/> Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	11 May 2013
<input type="checkbox"/> Class 2	MOTORCYCLES EXCEEDING 400 CC	08 Jun 2015
<input type="checkbox"/> Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 1500 KILOGRAMS	04 Sep 2009

S9028547E S / No. 9000227113

NP 428A

 Licence No: S9028547E

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="28/11/2018 17:25"/>
Vehicle No.(For Motor)	<input type="text" value="FBD7079H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105390999		ONG XIAN QIANG	S9028547E	GMC	Third Party	FBD7079H	FBD7079H	09/11/2018	08/11/2019

Claim Handling

Accident MT/1021960

Policy No.	5105390999	Vehicle No.	FBD7079H	GST Registration No.	
Certificate No.					
Policyholder Name	ONG XIAN QIANG			Policyholder NRIC	S9028547E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91836063	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	30/11/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	28/11/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWDS KJE				

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			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 666B #09-556	Address 2	PUNGGOL DRIVE	Address 3	WATER
Address 4	SINGAPORE 822666	Address Type	Singapore address	Post Code	822666
Unit No.	09-556	Related Policy Number	5105390999		

OI Driver Info

Driver Name	Ong Xian Qiang	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9028547E	Driver DOB	02/08/
Register Date of Driver License	01/01/2016	Driver Age	28	Driving Experience	2
Contact No.(Mobile)	91836063	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 666B #09-556	Address 2	PUNGGOL DRIVE	Address 3	WATER
Address 4	SINGAPORE 822666	Address Type	Singapore address	Post Code	822666
Unit No.	09-556				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG XIAN QIANG
Contact No.(Mobile)	91836063	Contact No. (Home)	
Email Address		OT Vehicle Number	FBD7079H
Claim Description	FBD7079H / SJM9316T ON 28 Nov 2018		
Preferred Workshop	Insured Liability	Fully at Fault	
Exhaust No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/11/2018 09:53
			LIEW SHAN HUI

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1021960	Claim No.	001
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List Doc: Received

Yes No

Upload Date

30/11/2018 09:54

Path *

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2018 09:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2018 09:54	SAS	Normal	SAS 2018-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2018 09:54	Photos	Normal	Photos 2018-11-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2018 09:54	Photos	Normal	Photos 2018-11-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2018 09:53	Photos	Normal	Photos 2018-11-30

Video List

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

Scan and uploading