

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MNA 119005917.

Date In: 14/1/19 13:57	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19000777 <sup>1/64</sup>	SAS e-filing		
Veh No: XA 99696	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 12/1/19 13:45	I-Motor Claim Form	MT/1027734 <sup>001</sup>	14/1/19 19:01
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/Whsp		

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

TP Particulars: Vch No: SLA 247H. 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 repolter.

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

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

Remarks: (INC) Ref No: 078806168

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

Customer's Particulars	Invoice Description	Amount (\$)	Remarks
NA1900367	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-inspection \$75		
Est. 1:	7) NI: Idno DA + SMRT Survey \$160		
Est. 2/3:	8) NTUC Additional Services:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N9: TP (N11) : TP (N-on INC) against INC \$20		
	* N12: Idno Mobile \$0		
	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	14/01/2019 13:57
Date Of Accident	12/01/2019 13:45
Exact Location Of Accident	JLN EUNOS NEAR JLN YASIN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XA9969G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG PANG PUN
NRIC No	S1428637C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90013311
Alternative Phone No	OFFICE-90013311

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV70HJD2VDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104528720
Cover Note Number	-

### Driver

Name of Driver	ONG PANG PUN
NRIC No	S1428637C
Date Of Birth	06/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1993
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013311
Fax Number	
Contact Number	OFFICE-90013311
Email Address	NOEMAIL

Address	BLK 522C TAMPINES CENTRAL 7 #13-33
Postcode	523522
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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 TRAVELLING ALONG JLN EUNOS WHILE APPROACHING JLN YASIN, SUDDENLY VEH B (BEARING NO SLA247H) DASHED OUT FROM THE JLN YASIN INTO MY PATH AND COLLIDED ONTO MY VEH LEFT FRONT PORTION.

#### 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	SLA247H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHI YN
NRIC/Passport Number	S7416163D
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.
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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.



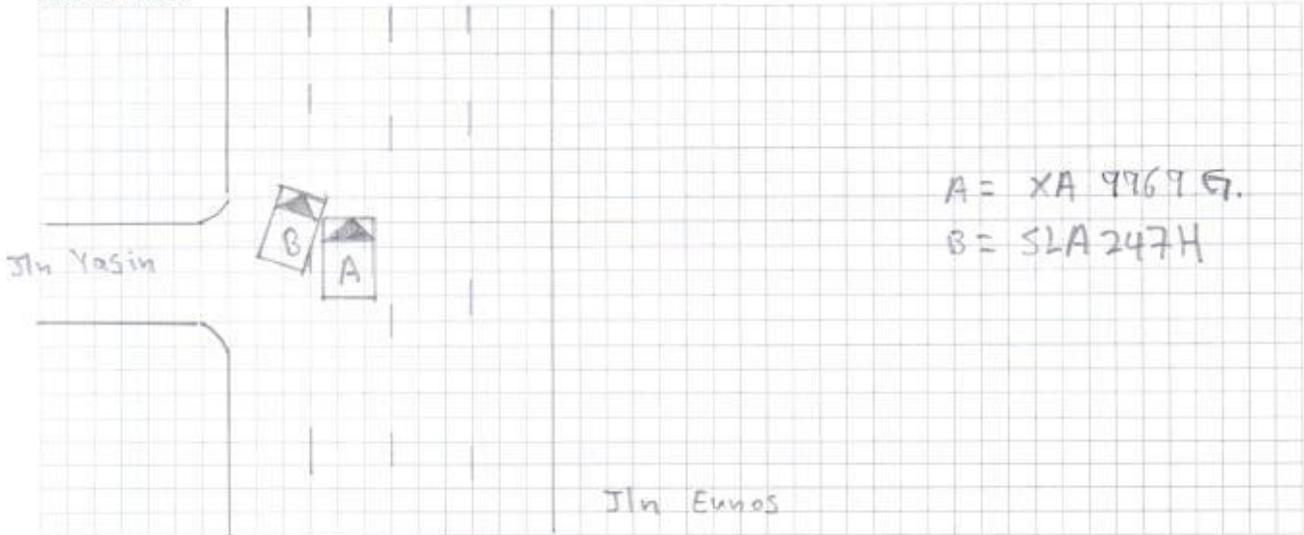
Policyholder's Signature  
Date & Time:

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



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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to statement

**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:

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

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S1428637C



Name  
 ONG PANG PUN

王 邦 本

Race  
 CHINESE

Date of birth  
 06-09-1960

Sex  
 M

Country of birth  
 SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LIC

License Number S1428637C

Name  
 ONG PANG PUN

Birth Date 06 Sep 1960

Issue Date 25 Feb 2003



000229533F

4731700



NRIC No S1428637C



IRE 52

S/TAMPINES CENTRAL 7 #13-33  
 522

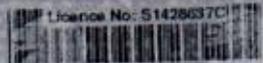
28637C

Date: 23/09/2014 (R)

APT BLK  
 #08-195  
 SINGAPORE 520440

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLAS

		PASS DATE
3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	31 Mar 2014
4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2000 kilograms	30 Sep 1960
5	Motor Vehicles which are not constructed therefor to carry any load and the weight of which unladen exceeds 7500 kilograms	01 Jun 1994



License No: S1428637C

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="12/01/2019 13:50"/>
Vehicle No.(For Motor)	<input type="text" value="XA9969G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104528720		ONG PANG PUN	S1428637C	GCV	Comprehensive	XA9969G	XA9969G	17/10/2018	16/10/2019

**Claim Handling**

Accident MT/1027734

Policy No.	5104528720	Vehicle No.	XA9969G	GST Registration No.	
Certificate No.					
Policyholder Name	ONG PANG PUN			Policyholder NRIC	S1428637C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90013311	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	0	Private Hire	No

Accident Details

Report Date	14/01/2019 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/01/2019	Time of Accident hh:mm	13:45	Country of Accident	Singap
Reporting Centre		Orange force		ICM No.	
Accident Location	JLN EUNOS NEAR JLN YASIN				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	500.00
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 522C #13-33	Address 2	TAMPINES CENTRAL 7	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	52352
Unit No.		Related Policy Number	5104528720		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/09/
Unnamed driver Name	ONG PANG PUN	Driver NRIC	S1428637C	Driving Experience	25
Register Date of Driver License	30/09/1993	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	90013311	Contact No.(Office)		Address 3	SINGAI
Address 1	BLK 522C #13-33	Address 2	TAMPINES CENTRAL 7	Post Code	52352
Address 4		Address Type	Singapore address		
Unit No.					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ONG PANG PUN
Contact No.(Mobile)	90013311	Contact No.(Home)	67841261
Email Address	Joseph_boyz@hotmail.com	OI Vehicle Number	XA9969G
Claim Description	XA9969G / SLA247H ON 12 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	14/01/2019 19:01	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By	LIEW SHAN HUI	GIA report	Received
Print AK letter	<input checked="" type="checkbox"/>	Claim Close Date	

Save Submit

Attachment

Accident No. MT/1027734 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

14/01/2019 19:01

Path \*

Category \*

Confidential

Urgency \*

- No file chosen
- 

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	SAS		Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 19:01	Photos		Normal	Photos 2019-1-14

Video List

Uploaded By/Date	Folder Date	File Name		Source
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