

NATIONAL Assessment Centre Services. Part 1 Jan 2005 MMA 11903223

Date In: 12/3/19 14:25	Job description	Date & Time Completed	Done by
Ref No: MA/INC19004451/h4.	SAS e-filing		
Veh No: SLT35C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/3/19 13:40.	I-Motor Claim Form	M7/1035639 <sup>001</sup>	12/3/19 17:29.
<input checked="" type="checkbox"/> 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/Wksp		

Professed Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: Divider. 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 ( ) / Non-INC ( )	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	Action

MMA1902213

Client's Particulars:	Invoice Description / Credits	Am. (\$)	Payable (\$)
Driver/Owner:	1) AIR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00	
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 (wof 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	12/03/2019 14:25
Date Of Accident	11/03/2019 13:40
Exact Location Of Accident	BUKIT BATOK WEST AVE 8 LP 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT35C
Insured/Policyholder	
Name Of Registered Owner	ONG KIAN AIK
NRIC No	S7571806C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93413255
Alternative Phone No	OFFICE-93413255
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS RX450H
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?	YES
If No, Please state action to be taken	
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	5093273516-01
Cover Note Number	-
Driver	
Name of Driver	ONG KIAN AIK
NRIC No	S7571806C
Date Of Birth	28/02/1975
Occupation	INDOOR
Date Of Driving Pass	09/09/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93413255
Fax Number	
Contact Number	OFFICE-93413255
Email Address	NOEMAIL

Address	BLK 104C CANBERRA ST #13-533
Postcode	753104
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	COLLIDED INTO PROPERTY
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	DIVIDER
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
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.
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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.



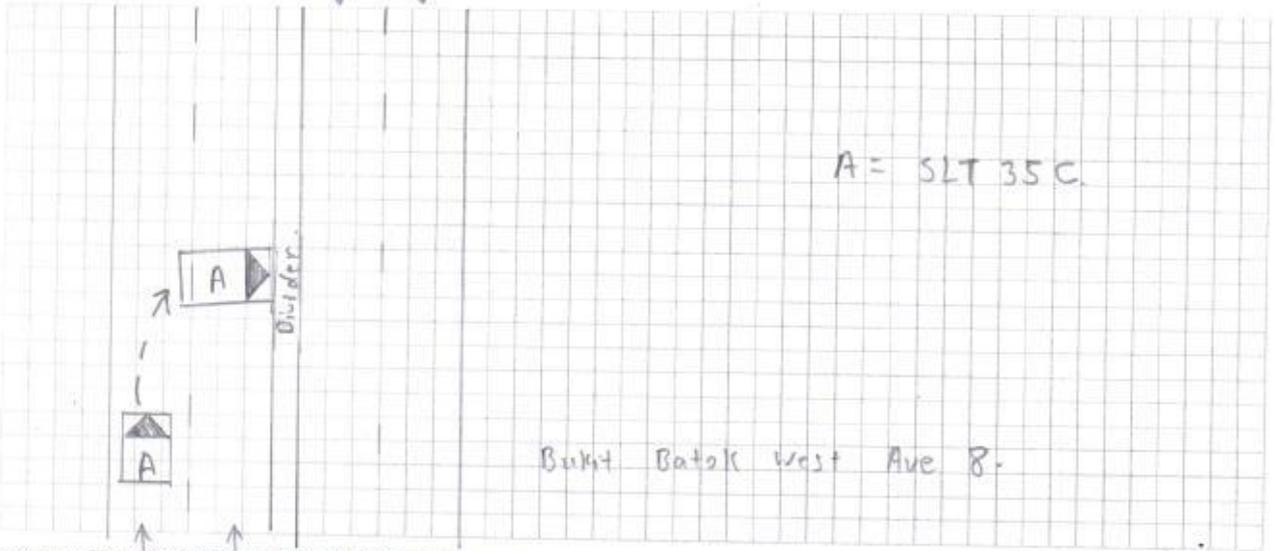
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN

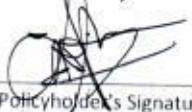


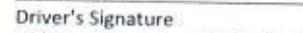
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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.:



**SINGAPORE  
POLICE FORCE**



T/20190311/2250

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20190311/2250

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2019 22:27	Vide Report No.: J/20190311/0067	Station Diary No.: 106
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Informant's Particulars			
Name of Informant: ONG KIAN AIK		Address: APT BLK 104C CANBERRA STREET #13-533 SINGAPORE 753104	
ID Type / ID No.: NRIC NO / S7571806C		Contact No.: Home/Office: Mobile: 93413255	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 28/02/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RENOVATION		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 11/03/2019 13:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK WEST AVENUE 8				
Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT35C	Car	TOYOTA	LEXUS RX450H	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT35C	NTUC Income Insurance Co-Operative Limited	5093273516-01	24/12/2018	23/12/2019



Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG KIAN AIK	ID No.	S7571806C
Related Vehicle	SLT35C (Car)	Contact No.	93413255
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/3/2019 at about 1340hrs, I was travelling on Bukit Batok Road. I then turned right onto Bukit Batok West Avenue 3. I then did a left turn onto Bukit Batok West Avenue 8. While travelling on said road at a speed of about 20-30km/h, I felt a sharp pain on my nerve in my right neck. As such I lost control of my vehicle, registration: SLT35C. I then hit the center green divider and my car subsequently stopped. While in the vehicle, I realized that my foot was still on the pedal and therefore I quickly switched to neutral gear. I then made a call to the police and asked if I could shift the car to the bus stop beside. I was told I can and therefore shifted the vehicle whilst waiting for Traffic Police to come to scene.

I sustained no injuries. My car's front right bumper was damaged and was towed away. Traffic Police then instructed me to lodge a traffic accident report, and informed me that my IO is Jo Ong.



**SINGAPORE  
POLICE FORCE**



T/20190311/2250

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

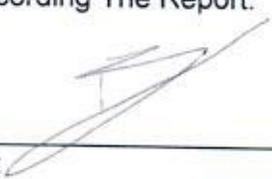
Report No. T/20190311/2250

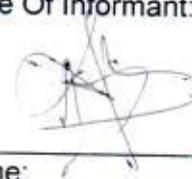
**CONTINUATION OF REPORT**

**Sketch Plan**

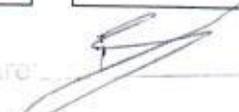
Informant is not able to provide sketch plan

**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: L / Sgt 2 NG YU KIT 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436

Signature Of Informant: 
Date/Time: 11/03/2019 22:27
Classification Of Case:

Authentication Stamp  
NP168

Signature:   
Police Force

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S7571806C**




Name  
**ONG KIAN AIK**

王 建 詒

Race  
**CHINESE**

Date of birth  
**28-02-1975**

Sex  
**M**

Country/Place of birth  
**MALAYSIA**





REPUBLIC OF SINGAPORE DRIVING LICENSE

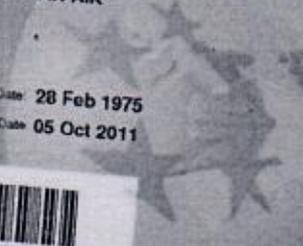


License Number **S7571806C**

ONG KIAN AIK

Birth Date **28 Feb 1975**

Issue Date **05 Oct 2011**



002006170G

5649393



NRIC No. **S7571806C**



Date of issue  
**15-09-2016**

APT BLK 104C CANBERRA STREET #13-533  
 SINGAPORE 753104

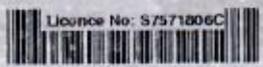
NRIC No: **S7571806C** Date: **04/10/2018**

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	09 Sep 1999
Class 3 Motor Cars =< 3600kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	09 Sep 1990

NP 428A

License No: S7571806C



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"/>	5093273516-01		ONG KIAN AIK	S7571806C	GPC	drivo CLASSIC	SLT35C	SLT35C	24/12/2018	23/12/2019

**Claim Handling**

Accident MT/1035639

Policy No.	5093273516-01	Vehicle No.	SLT35C	GST Registration No.	
Certificate No.					
Policyholder Name	ONG KIAN AIK			Policyholder NRIC	S75711
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93413255	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

↳ **Accident Details**

Report Date	12/03/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collider
Date of Accident	11/03/2019	Time of Accident hh:mm	13:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 8 LP 8				

↳ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

↳ **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 104C #13-533	Address 2	CANBERRA STREET	Address 3	EASTBI
Address 4	SINGAPORE 753104	Address Type	Singapore address	Post Code	75310
Unit No.	03-195	Related Policy Number	5093273516-01		

↳ **OI Driver Info**

Driver Name	ONG KIAN AIK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7571806C	Driver DOB	28/02/
Register Date of Driver License	09/09/1999	Driver Age	44	Driving Experience	19
Contact No.(Mobile)	93413255	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104C #13-533	Address 2	CANBERRA STREET	Address 3	EASTBI
Address 4	SINGAPORE 753104	Address Type	Singapore address	Post Code	75310
Unit No.	03-195				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	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
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Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	ONG KIAN AIK
Contact No.(Mobile)	93413255	Contact No. (Home)	NIL
Email Address	kennyoka@yahoo.com	OJ Vehicle Number	SLT35C
Claim Description	SLT35C / DIVIDER ON 11 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	income to assign workshop
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/03/2019 17:27
			LIEW SHAN HUI

Print AK letter

Save Submit

**Attachment**

Accident No. MT/1035639 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

12/03/2019 17:29

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 12 Mar 2019 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:29	SAS	Normal	SAS 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:28	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 17:27	Photos	Normal	Photos 2019-3-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

**ASSIGNMENT (IDAC)**

**By CSO: Nature of Accident:**

- 1) Vehicle hit Vehicle:
  - a) Motorcar ( )
  - b) M/cycle ( )
  - c) Bicycle ( )
- 2) Vehicle hit ??
  - a) Pedestrian ( )
  - b) Animal ( )
- 3) Vehicle hit Road Side Objects:
  - a) Govtn Property ( )  
(E.g. signboard, barrier, tree etc.)
  - b) Road Work Object ( )
  - c) Private Property ( )
- 4) Vehicle drop into drain ( )
- 5) Damage due to Act of God:
  - a) Fallen Object ( )
  - b) Flood ( )
  - c) Other, \_\_\_\_\_
- 6) Parked & Found Damaged:
  - a) Vandalism ( )
  - b) Hit by Moving Object ( )
- 7) Theft Case /
  - a) Stolen ( )
  - b) Damage found when recovered ( )
- 8) Fire:
  - a) Whilst driving ( )
  - b) Parked ( )
- 9) Accident date more than 24hrs ( )

**By Assessor- 1) Vehicle Information**

Veh No: SLT 35C Yr Regn: 24 Jun 2010  
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / ~~etc~~  
 / Truck / Trailer or  
 Make & Model: Lexus RX450H CC: 3456  
 Colour: Silver Transmission Type: Auto Manual  
 Eng/No: \_\_\_\_\_ Sp. Reading: 252326  
 C/No: JTJBC11A502029346  
 Gen. Cond: Good / Fair / Poor / Burnt or  
 Steering: Order / Jammed / Leaked / Burnt or  
 Brake: Order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim STD A/Rim or  
 Tyre Size: F: 235/55 R19 - MIC  
 R: YOKO  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or As above  

Front		Rear	
R/Bal.	<u>5</u> mm	R/Bal.	<u>5</u> mm
L/Bal.	<u>5</u> mm	L/Bal.	<u>5</u> mm

 Parallel Import: Yes No  
 Repair Type: LS I.B.I  
 No of Repair Days: 5  
 D.O.I: 12/3/2019  
 Towed-In: Yes No  
 Towing Required: Yes / No  
 Vehicle in Idac: Yes / No  
 Time: 4 pm

**By Assessor- 2) Comments**

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
  - a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )
  - e. Animal ( ) f. Govrn Object ( ) g. Road Work Object ( )
  - h. Private Property ( ) i. Drain ( ) j. Road Kerb/Grass Verge ( )
- 3) Vehicle does not seem damaged as a result of:
  - a. Fallen Object ( ) b. Flood ( ) c. Vandalism ( ) d. Fire ( )
  - e. Moving Object ( ) f. Stolen ( ) g. Stolen & Recovered ( )

Time Started: \_\_\_\_\_ Time completed: \_\_\_\_\_

- 1) CSO
- 2) ASS
- 3) Entire Operation Completed Time:

**Remarks for internal information**

**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ( )
- 2) SRS Light on ( )
- 3) ABS Light on ( )



**Claim Handling**

▼ Accident MT/1035639

Policy No.	5093273516-01	Vehicle No.	SLT35C	GST Registration No.	
Certificate No.					
Policyholder Name	ONG KIAN AIK			Policyholder NRIC	S7571806C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93413255	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	12/03/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	11/03/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BUKIT BATOK WEST AVE 8 LP 8				

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ 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 104C #13-533	Address 2	CANBERRA STREET	Address 3	EASTBROOK @ CANBERRA
Address 4	SINGAPORE 753104	Address Type	Singapore address	Post Code	753104
Unit No.	03-195	Related Policy Number	5093273516-01		

▼ OI Driver Info

Driver Name	ONG KIAN AIK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7571806C	Driver DOB	28/02/1975
Register Date of Driver License	09/09/1999	Driver Age	44	Driving Experience	19
Contact No.(Mobile)	93413255	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 104C #13-533	Address 2	CANBERRA STREET	Address 3	EASTBROOK @ CANBERRA
Address 4	SINGAPORE 753104	Address Type	Singapore address	Post Code	753104
Unit No.	03-195				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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
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Modification History

▼ Investigation

**Claim 001 OD-MD**

▼ Claim Case Officer Ng Hak Joo

Claim Type	OD-MD	Insured Name	ONG KIAN AIK	Insured NRIC	S7571806C
Contact No.(Mobile)	93413255	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	kennyoka@yahoo.com	OI Vehicle Number	SLT35C	TP Vehicle Number	DIVIDER
Claim Description	SLT35C / DIVIDER ON 11 Mar 2019			Name of Preferred Workshop	0
Preferred Workshop Realisation	<input type="radio"/> No <input checked="" type="radio"/> Yes	Preferred Repair Option	income to assign workshop	Insured at report	Fully at Required
Date Registered	12/03/2019 17:30	Claim Close Date		Date Received	13/03/2019 09:25
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

Modification History

▼ Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	LEXUS	Vehicle Model	RX450 H	Engine Capacity	
Date of Registration	24/06/2010	Classis No.	JTJBC11A502029346		
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle In IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE   #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrape Value(\$)		Economical Repair Value(\$)	

Remark: no of repair days: 5 days. 1X FRT SUPPORT PANEL TOP GARNISH COVER - UNCONFIRM. 1X RH HEADLAMP WASHER JET - REPLACE. 1X RH HEADLAMP WASHER JET COVER - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
ABS	2	32200201	NUMBER PLATE BASE (FRONT)	1	Replace	X
ABSORBER	3	32200501	NUMBER PLATE GARNISH (FRONT)	1	Replace	X
ACCELERATOR	4	16000101	BUMPER (FRONT)	1	Replace	X
ACTUATOR	5	16002401	BUMPER CLIPS (FRONT)	6	Replace	X
ADVERTISEMENT STICKER	6	16005101	BUMPER RETAINER (FRONT LEFT)	1	Replace	X
AIR BAG	7	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace	X
AIR BLOWER	8	16005001	BUMPER REINFORCEMENT (FRONT)	1	Unconfirm	X
AIR BOX	9	16005901	BUMPER SPONGE (FRONT)	1	Replace	X
AIR CHAMBER BOX	10	16006701	BUMPER TOWING COVER (FRONT)	1	Unconfirm	X
AIR CLEANER	11	16003201	BUMPER GRILLE (FRONT)	1	Replace	X
AIR COOLER	12	16004101	BUMPER LOWER SPOILER (FRONT)	1	Replace	X
AIR DISTRIBUTOR	13	16002901	BUMPER FOG LAMP COVER (FRONT LEFT)	1	Unconfirm	X
AIR FILTER	14	16002902	BUMPER FOG LAMP COVER (FRONT RIGHT)	1	Replace	X
AIR FLOW	15	16002701	BUMPER FOG LAMP (FRONT LEFT)	1	Unconfirm	X
AIR GRILLE	16	16002702	BUMPER FOG LAMP (FRONT RIGHT)	1	Replace	X
AIR HORN	17	27100101	GRILLE (FRONT)	1	Unconfirm	X
AIR INTAKE	18	27100801	GRILLE EMBLEM (FRONT)	1	Unconfirm	X
AIR RESONATOR BOX	19	41300101	SUPPORT PANEL (FRONT)	1	Unconfirm	X
AIR THROTTLE BODY AND SENSOR	20	27700101	HEAD LAMP (LEFT)	1	Unconfirm	X
ALARM	21	27700102	HEAD LAMP (RIGHT)	1	Replace	X
ALTERNATOR	22	112023	AIR CON CONDENSER	1	Unconfirm	X
ALUMINIUM PANEL - SIDE	23	454012	WIPER WASHER TANK	1	Replace	X
AMPLIFIER	24	454014	WIPER WASHER TANK MOTOR	1	Unconfirm	X
ANTENNA	25	25400901	FENDER INNER SHIELD (FRONT LEFT)	1	Replace	X
ANTI ROLL	26	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace	X
APRON	27	43600102	TYRE (FRONT RIGHT)	1	Unconfirm	X

Save Submit



Vehicle Movement Form

Vehicle Check-In

Vehicle No: S LT 35C Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Body fix

Collection Date: 13/3/19 Time: 1700 with Keys: Yes / No

Tow Truck No: YJ5566J Tow Man: GADAY NRIC: 65447493N

Signature: \_\_\_\_\_

*For office use*

Attended by: ROSINDA

Approved by: \_\_\_\_\_

Workshop Return of Vehicle

Workshop: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

\* Tow In / Drive In

Tow Man / Workshop Representative: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Owner Collection of Vehicle

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

Owner: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

## LKK Paya Ubi

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**From:** Ng Hak Joo <hakjoo.ng@income.com.sg>  
**Sent:** Wednesday, 13 March 2019 2:21 PM  
**To:** AMKAUTOPOINT  
**Cc:** LKK Paya Ubi  
**Subject:** MT/1035639-001 VEHICLE NUMBER: SLT35C

**Importance:** High

Dear AP

Please tow this vehicle from Idac and contact owner Mr Ong Kian Aik at 93413255 when the vehicle arrived at your workshop as he may wanna do a Windscreen claim, OD excess \$642.

Our Ref: MT/CA/OD/051/1035639-001/NHJ  
13 Mar 2019

AMK AUTOPOINT PTE LTD  
BLK 10 ANG MO KIO INDUSTRIAL PARK 2A  
#01-22 AMK AUTOPOINT  
SINGAPORE 568047

Dear Sir

**CLAIM NUMBER: MT/1035639-001**  
**REPAIR OF VEHICLE NUMBER: SLT35C**

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 13 Mar 2019

Make: LEXUS

Model: RX450 H

Estimated Repair Days: 6

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A

Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 64307890 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

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