

NATIONAL Assessment Centre Services. (wef 1 Jan 05) MUA119039344

Date In: 26/3/19 11:17	Job description	Date & Time Completed	Done by
Ref No: NA/14C1900535924	SAS e-filing		
Veh No: J6M5046A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/3/19- 06:45	i-Motor Claim Form	M/103742-001	26/3/19 12:14
OD / <u>TP</u> 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: J6M5046A	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 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

NA190228	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC		
Dat. 1:	9) N12: Idac Mobile \$30		
Dat. 2 / 3:	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	26/03/2019 11:17
Date Of Accident	26/03/2019 06:45
Exact Location Of Accident	JUNC EUNOS LINK & UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM5040A
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW GEK
NRIC No	S1748452D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96435116
Alternative Phone No	OFFICE-96435116

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXA
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5032179315-10
Cover Note Number	

Driver

Name of Driver	SEAH CHIN LIANG
NRIC No	S1371235B
Date Of Birth	28/05/1959
Occupation	INDOOR
Date Of Driving Pass	17/10/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98205899
Fax Number	
Contact Number	OFFICE-98205899
EMail Address	NOEMAIL

Address	BLK 633 BEDOK RESERVOIR ROAD #09-03
Postcode	410633
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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

REFER TO STATEMENT.

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	SLC3918A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WINCY TSANA
NRIC/Passport Number	
Contact Number	90126065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

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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:

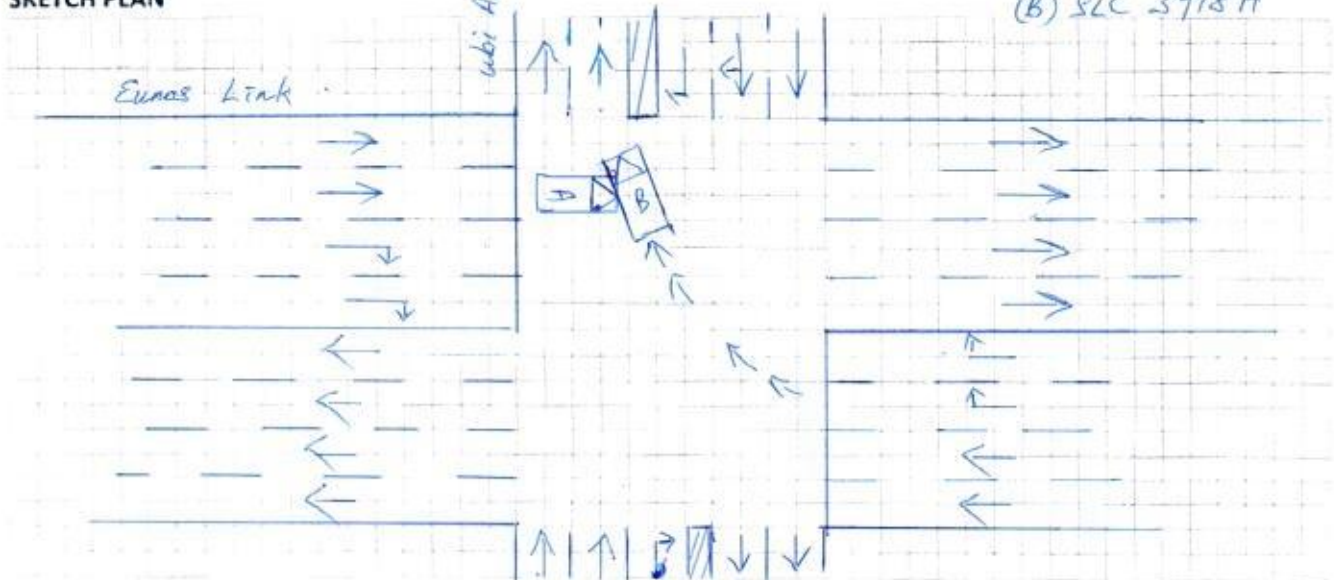
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

(A) SGM 5040A
(B) SLC 3918A



On 26/05/2019 @ around 0645 hours, I was at junction of Eynon Link + Ubi Ave 2. Green light was on my favor proceeding straight. Suddenly vehicle B- SLG 3918A turn right and collided on my vehicle A. SGM50140A front side. No one was injured.

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

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

Vehicle No.	SEM 5040A		Model / Make	NISSAN SUNNY
Date of Accident	26/03/2019			
Time of Accident	16:45 HRS			
Location of Accident	JUNCTION of ELMUS LINK & Ubi Ave 2			
Exact purpose use during accident	Private Used			
Name of Owner	ONG SEW GEK			
Telephone No.	H/P : 90435116	Home :	Office :	
NRIC	S17484520			
Address	BLK 633 BEDOK RESERVOIR ROAD #01-03 S(410633)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.				
Name of Driver	As Above If No, Sean Chin Liang			
NRIC	S1371235B	Any Passengers :		0
Date of birth	28/05/1959			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	17/10/1997			
Gender	Male / Female			
Contact No.	H/P : 9820 6899	Home :	Office :	
Address	BLK 633 BEDOK RESERVOIR ROAD #01-03 S(410633)			
Driver have any own vehicle	No	If yes, Reg No.		
Relationship	Employee,	If no, state spouse		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No	If Yes, Where?		
Vehicle B No.	SLC 2A18A	Any Passengers :		2 children
Name of Driver	Wincy Teong	Contact No. :		9012 6065
Vehicle C No.		Any Passengers :		
Vehicle D No.		Any Passengers :		
Vehicle E no.		Any Passengers :		
Vehicle F No.		Any Passengers :		
Vehicle G No.		Any Passengers :		
Witness Name	N/A	Witness Contact :		N/A
Accident Portion	Front Portion			
Camera Recorder	Yes / No			
Email Address	sean.chin.liang@gmail.com			
PARTICULAR WORKSHOP	N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Hui Xun			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1371235B**
 Name: **SEAH CHIN LIANG**
 Birth Date: **28 May 1959**
 Issue Date: **05 Jan 2005**

001311600E



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO: **S1371235B**
 Name: **SEAH CHIN LIANG**
 謝振聯
 Race: **CHINESE**
 Date of Birth: **28-05-1959**
 Sex: **M**
 Country of Birth: **SINGAPORE**



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

Class	Description	PASS DATE
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg	17 Oct 1977

NP 428A

Licence No: S1371235B



1567620



NRIC No: **S1371235B**


 Blood Group: **A+** Date of issue: **13-01-1994**

NRIC No: **S1371235B** Date: **13-01-1994** No: **2407366**

eBaoTech

GeneralClaim

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5032179315-10		ONG SIEW GEK	S1748452D	GPC	Third Party, Fire & Theft	SGM5040A	SGM5040A	20/10/2018	19/10/2019

Continue

 Policy Information

Policy No.	5032179315-10	Policyholder Name	ONG SIEW GEK	Policyholder NRIC	S1748452D
Certificate No.					
Address	BLK 633 #09-03 BEDOK RESERVOIR ROAD SINGAPORE 410633				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/10/2018	Effective Date	20/10/2018 00:00	Expiry Date	19/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DIRECT SALES	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 633 #09-03	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 410633
Address 4		Address Type	Singapore address	Post Code	410633
Unit No.		Related Policy Number	5032179315-10		

 Insured Object: SGM5040A

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1037472

Policy No.	5032179315-10	Vehicle No.	SGM5040A	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIEW GEK			Policyholder NRIC	S1748452D
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	96435116	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	26/03/2019 12:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	26/03/2019	Time of Accident hh:mm	06:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC EUNOS LINK & UBI AVE 2				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 633 #09-03	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 410633
Address 4		Address Type	Singapore address	Post Code	410633
Unit No.		Related Policy Number	5032179315-10		

OI Driver Info

Driver Name	SEAH CHIN LIANG	Driver Type	Named Driver	Driver DOB	28/05/1959
Unnamed driver Name		Driver NRIC	S1371235B	Driving Experience	41
Register Date of Driver License	17/10/1977	Driver Age	59	Contact No. (Home)	0
Contact No. (Mobile)	98205899	Contact No. (Office)	0	Address 3	EUNOS TENAGA VILLE
Address 1	BLK 633	Address 2	BEDOK RESERVOIR ROAD	Post Code	410633
Address 4	SINGAPORE 410633	Address Type	Singapore address		
Unit No.	09-03				
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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ONG SIEW GEK	Insured NRIC	S1748452D
Contact No. (Mobile)	92997248	Contact No. (Home)	86469521	Contact No. (Office)	
Email Address		OI Vehicle Number	SGM5040A	TP Vehicle Number	SLC3918A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	SGM5040A / SLC3918A ON 26 Mar 2019				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/03/2019 12:14	Claim Close Date	<input type="text"/>	Date Received	26/03/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1037472	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2019 12:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select

NO

Normal









Please Select

NO

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	SAS	Normal	SAS 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Mar 2019 12:14	Photos	Normal	Photos 2019-3-26		Edit

Video List

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