

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 11905868 -02

Date In: 2/1/19 - 19:03	Job description	Date & Time Completed	Done by
Ref No: 16/INC 11905868/24	SAS e-filing		
Veh No: JK092091C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 30/1/19 - 16:45	i-Motor Claim Form	M7/104242-002	2/1/19 - 19:46
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: JK0688436	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR : Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	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) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11) : TP (Non INC) against INC \$20 9) N12: Idac 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	02/05/2019 19:03
Date Of Accident	30/04/2019 16:45
Exact Location Of Accident	OUR TAMPINES HUB BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9309K
Insured/Policyholder	
Name Of Registered Owner	BOBBY ONG WEN SHENG
NRIC No	S9207641E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96968109
Alternative Phone No	OFFICE-96968109

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105686294
Cover Note Number	

Driver

Name of Driver	BOBBY ONG WEN SHENG
NRIC No	S9207641E
Date Of Birth	10/03/1992
Occupation	INDOOR
Date Of Driving Pass	19/07/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	+65-96968109
Fax Number	
Contact Number	OFFICE-96968109
Email Address	NOEMAIL

Address	BLK 551 BEDOK NORTH AVENUE 1 #04-558
Postcode	460551
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 - MAJOR/MINOR RD
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?	YES
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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBG8893B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG LAI THUAN
NRIC/Passport Number	S6942184I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BOBBY ONG WEN SHENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU9309K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

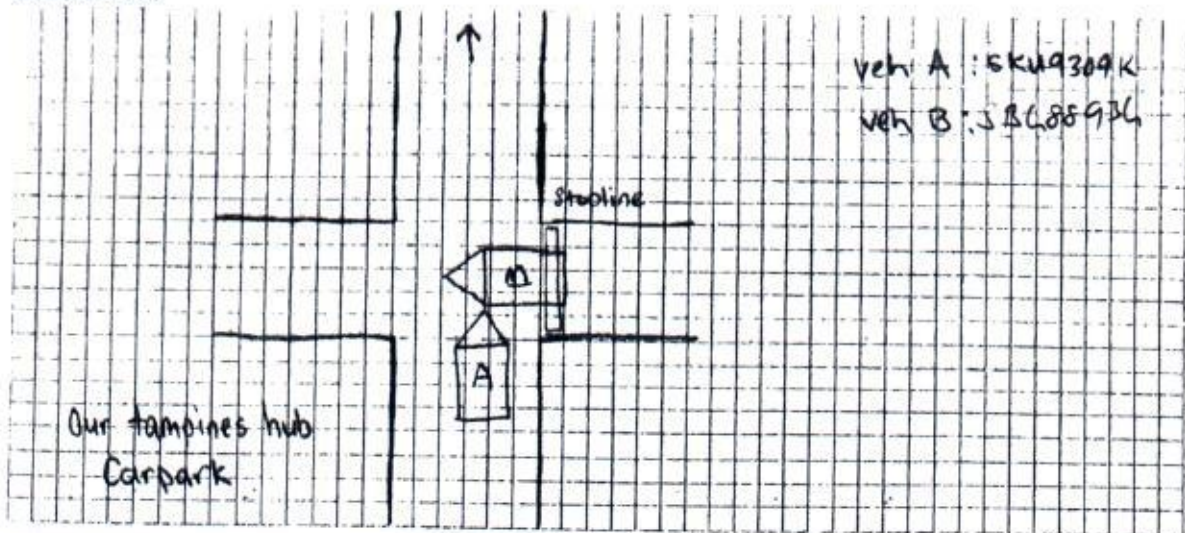
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the ~~stated~~ date and time. I was driving my vehicle 8KU9309K at (Our Tampines hub carpark) finding for empty lots to park my car. While driving straight suddenly a car dash out from my right. I want to indicate that S is at a lane with stop line but didn't stop and lookout for vehicle.

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.:

Date of Accident : 30/04/2019 Accident Time: 4:46pm (24-HR-Format)
 Accident Place : Our Tampines Hub Basement carpark
 Vehicle Reg. No. (Car Plate No.) : SKU 9309K
 Vehicle Make/Model : Volkswagen Scirocco 14A
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Bobby Ong Wen Sheng S9207641E
 Owner or Company Contact No. : 96968109 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Bobby Ong Wen Sheng S9207641E
 DRIVER'S Date Of Birth : 10-03-1992 DRIVER'S License Pass Date 19/07/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 551 Bedok North Avenue 1 #04-558 e' (460551)
 DRIVER'S Contact No. / Alt No. : 1) 96968109 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@MyCar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: S3G8893G

Vehicle Reg. No: _____

Vehicle Make/Model: Honda Verel

Vehicle Make/Model: _____

Name Driver: Ng Lai Thuan

Name Driver: _____

IC No. Driver: 869421841

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA11925668 Vehicle Registration No: SKU9309K
Name (as shown in NRIC) : Bobby Ong Wen Seng NRIC/FIN/Passport No : S9207641E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 551 Bedok North Ave 1 #04-558 c (460551) Singapore ()
Contact (Tel) : _____ Mobile No. : 96968109
Email Address : _____
Date of Accident : 30/04/2019 Time of Accident : 4.46pm
Place of Accident : Our Tampines Hub Basement carpark
Insurance Company : NTUC


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend TP Vehicle number - SC8803B




Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 69207641E



Name
BOBBY ONG WEN SHENG

王 汶 盛

Race
CHINESE

Date of birth
10-03-1992

Sex
M

Country of birth
SINGAPORE

69207641E

69207641E



Date of issue
14-03-2012

Address
**APT BLK 551 BEDOK NORTH AVENUE 1
 #04-558
 SINGAPORE 460551**

REPUBLIC OF SINGAPORE DRIVING LICENCE


69207641E

BOBBY ONG WEN SHENG

Date of birth
10 Mar 1992

Valid until
19 Jul 2017

002705100F



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

EFFECTIVE DATE
19 Jul 2017

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 2 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 425A

License No: 69207641E

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105686294		BOBBY ONG WEN SHENG	S9207641E	GPC	drive CLASSIC	SKU9309K	SKU9309K	22/11/2018	21/11/2019

Claim Handling

Accident MT/1042610

Exit

Policy No.	S10568294	Vehicle No.	SKU9309K	GST Registration No.	
Certificate No.					
Policyholder Name	BOBBY ONG WEN SHENG	Cover Type	drive CLASSIC	Policyholder NRIC	S9207641E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	02/05/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	30/04/2019	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK OF TAMPINES HUB B2				

Excess

Own Damage Excess	500.00	Additional Excess	1000	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 551 #04-558	Address 2	BEDOK NORTH AVENUE 1	Address 3	SINGAPORE 460551
Address 4		Address Type	Singapore address	Post Code	460551
Unit No.	04-558	Related Policy Number	S10568294		

DI 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 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MK	Insured Name	BOBBY ONG WEN SHENG	Insured NRIC	S9207641E
Contact No. (Mobile)	96968109	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	SKU9309K	TP Vehicle Number	SBG8893G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKU9309K / SBG8893G ON 30 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/05/2019 19:46	Claim Close Date		Date Received	02/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1042610	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2019 19:47

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:47	SAS	Normal	SAS 2019-5-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:47	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:47	Photos	Normal	Photos 2019-5-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:46	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 May 2019 19:46	Photos	Normal	Photos 2019-5-2		Edit

Uploaded By/Date	Folder Date	File Name		Source	Action
		<div>Display in New window</div> <div>Scan and uploading</div>			