NATIONAL Assessment Centre Services [eff 1 Jan'09] MNH4910694S

Date In: 15/08/2015 15:26	Job description	Date & Time Completed	Done by
Ref No: NBA/ZNC/90/4317/7	SAS e-filing		
Veh No: SCH6715K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 14/08/2015 16:25	I-Motor Claim Form	MT/1057851-001	15/08/2015 15:58
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 MNC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SJB8788E 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%, F: 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

NB/90627

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. J:

CN 2 / 3:

Invoice Preparation Checklist	Amt ($) In Bill	Amt ($) Add./Bill
1) AR : Accident Reporting ($30);		
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 claims applied NC Only (wef 19 Jan 2009)		
6) TR : Re-inspection $75		
7) N1 : Idle DA + SMRT Survey $160		
8) NTUC Additional Services:		
N1:		
*N5: Courtesy Car / Tpt Allowance $5		
*N6: Repair Co-ordination $10		
*N7: Post Repair Inspection $25		
*N8: DV / Collect Excess Coordination $5		
N9 (N11) : TP (Non-INC) against INC $20		
9) N12: Idle Mobile $10		
Invoice dated: Fee Charged		
Invoice dated: Fee Charged		

07-MAY-2018 18:38

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	15/08/2019 15:26
Date Of Accident	14/08/2019 16:25
Exact Location Of Accident	PIE EXTTING DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6775K

Insured/Policyholder

Name Of Registered Owner	ONG SWEE HOCK
NRIC No	S1527768H
Email Address	SWEEHOCKANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81634238
Alternative Phone No	OTHERS-81634238

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091446726-02
Cover Note Number	

Driver

Name of Driver	ONG SWEE HOCK
NRIC No	S1527768H
Date Of Birth	18/08/1962
Occupation	INDOOR
Date Of Driving Pass	05/01/1989
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81634238
Fax Number	
Contact Number	OTHERS-81634238
EMail Address	SWEEHOCKANG@YAHOO.COM.SG

Address	2E HONG SAN WALK #14-07
Postcode	689051
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 (including own vehicle) involved in the accident	2
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 SKETCH PLAN

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	SJB878E
Vehicle Make/Model/Colour	BMW 520I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHOONG HIN
NRIC/Passport Number	S0169480D
Contact Number	97592873
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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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.

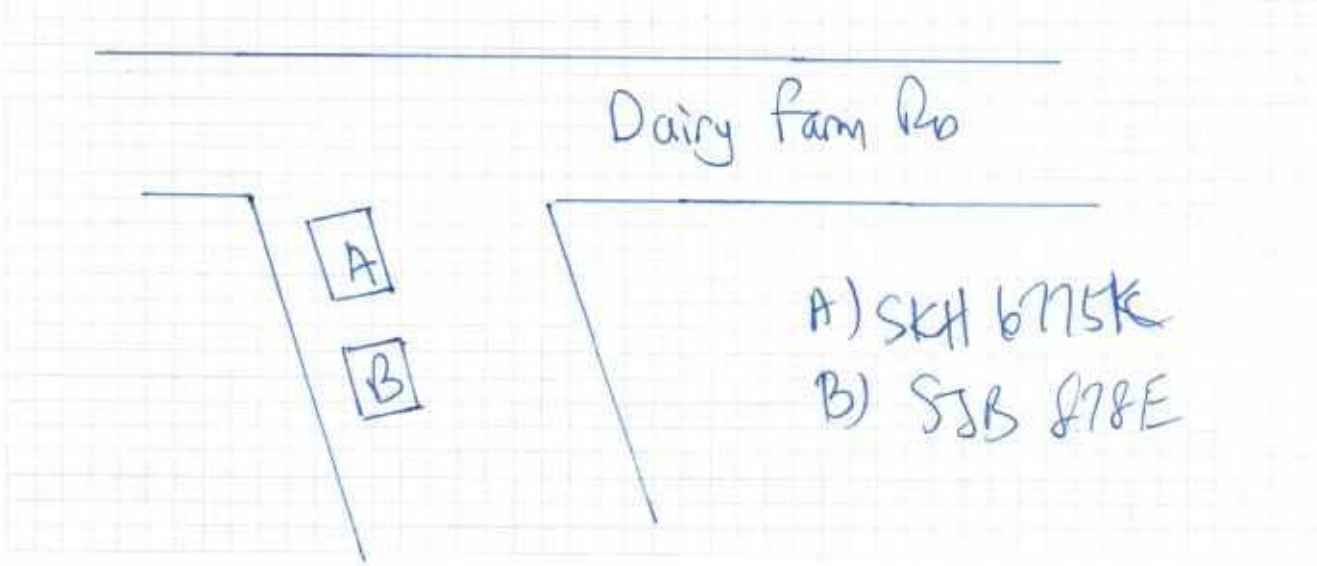
15/08/2019

Policyholder's Signature
Date & Time: 15/8/19

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

Our cars was stationary at the junction of AB entering Dairy Farm Rd. I thought his veh A was moving and I drive forward and bump into his bumper. With minor scratches on his bumper. I told him to claim from my insurance company.

DECLARATION

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

Policyholder's Signature
Date & Time: 15/1/19

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

15/08/2018
Repairing Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1057851

Policy No	5041446726-02	Vehicle No	SKH6775K	GST Registration No	
Certificate No					
Policyholder Name	ONG SWEE HOCK			Policyholder NRIC	S1527768H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81634238	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	15/08/2019 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/08/2019	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	PIE EXITING DAIRY FARM ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	0.00	TP Standard Excess	0.00		
YED DD Excess	0.00	YED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Sum Insured	
Excess Waiver		9999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	28 HONG SAN WALK	Address 2	#14-07 PALM GARDENS	Address 3	SINGAPORE 689051
Address 4		Address Type	Singapore address	Post Code	689051
Unit No.		Related Policy Number	5041446726-02		

DI Driver Info

Driver Name	ONG SWEE HOCK	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S1527768H	Driver DOB	18/08/1962
Register Date of Driver License	05/01/1989	Driver Age	56	Driving Experience	30
Contact No.(Mobile)	81634238	Contact No.(Office)		Contact No.(Home)	
Address 1	28 HONG SAN WALK	Address 2	#14-07 PALM GARDENS	Address 3	SINGAPORE 689051
Address 4		Address Type	Singapore address	Post Code	689051
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKH6775K	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *			OD-MX	Insured Name	ONG SWEE HOCK
Contact No.(Mobile)			81634238	Contact No. (Home)	67101738
Email Address			SWEEHOCKONG@YAHOO.COM.S	DI Vehicle Number	SKH6775K
Claim Description			SKH6775K / SJB678E ON 14 Aug 2019		
Preferred Workshop		Insured Liability	Fully at Fault		
Result No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			15/08/2019 15:57	Claim Close Date	
Report Taken By			KOSLI WAHAB		

Insured NRIC	S1527768H		
Contact No. (Office)			
TP Vehicle Number	SJB678E		
Name of Preferred Workshop			
Date Received	15/08/2019 00:00		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057851	Claim No.	001
Last Doc Received	Yes No	Upload Date	15/08/2019 15:58

Item *

	Category *	Confidential	Urgency *	Description *	
Choose File No file chosen	Please Select	NO	Normal		Clear
Choose File No file chosen	Please Select	NO	Normal		Clear
Choose File No file chosen	Please Select	NO	Normal		Clear
Choose File No file chosen	Please Select	NO	Normal		Clear
Choose File No file chosen	Please Select	NO	Normal		Clear
Choose File No file chosen	Please Select	NO	Normal		Clear

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (OD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 15 Aug 2019 15:58	Photos	Normal	Photos 2019-8-15	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:58	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	SAS	Normal	SAS 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 15:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-15

▼ **Video List**

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 14/08/2019 (DD/MM/YYYY), TIME: 1624 (HH:MM)

LOCATION: PIE Exit Diary Farm Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKH677SK
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: Merz C180
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: Pte 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 Swee Hock (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S1527768H CONTACT: 81634238
   c) ADDRESS: 26, Hang San Walk #14-07

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   a) NAME: As above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   *d) DATE OF BIRTH: 18/08/1964 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 03011989

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: SJB8786 MODEL: BMW 520
   b) DRIVER'S NAME: Tan Choong Hin
   c) NRIC/FIN/PASSPORT: S0169480D CONTACT: 97592873

* No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) ( )

email = Sweehockong@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1527768H

For LKK/NAC Use Only

Name

ONG SWEE HOCK

王 瑞 福

Race

CHINESE

Date of birth

18-08-1962

Sex

M

Country/Place of birth

SINGAPORE

5791274

NRIC No. S1527768H

For LKK/NAC Use Only

Date of issue

28-08-2017

Address

2E HONG SAN WALK
#14-07
SINGAPORE 689051

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of * which unladen does not exceed 2500 kilograms	05 Jan 1989

For LKK/NAC Use Only

Licence No: S1527768H

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKH6775K

Date of Accident 14/08/2019 10:06

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5091446725-02		ONG SWEE HOCK	S1527768H	GPC	drivo CLASSIC	SKH6775K	SKH6775K	03/07/2019	02/07/2020

Continue