

# NATIONAL Assessment Centre Services

Wef 1 Jan 05 MHA 119107963

Date In: 17/8/19-15:57	Job description	Date & Time Completed	Done by
Ref No: NM/INC1906124	SAS e-filing		
Veh No: 527270K	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 16/8/19-00:15	i-Motor Claim Form	M/1058141-001	17/8/19 16:33
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: JMK9006M	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

119107963 / NA1906129	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int Bill	Adm Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	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:-			
	OD:			
	*N5: Courtesy Car / Tpl 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	17/08/2019 15:57
Date Of Accident	16/08/2019 00:15
Exact Location Of Accident	JALAN LINGKARAN DALAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7270K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG LYE AIK
NRIC No	S1527103E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91119576
Alternative Phone No	OFFICE-91119576

### Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	5110972789
Cover Note Number	

### Driver

Name of Driver	ONG BING QI, JASON
NRIC No	S9030882C
Date Of Birth	24/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90109118
Fax Number	
Contact Number	OFFICE-90109118
EMail Address	NOEMAIL

Address	BLK 233 JURONG EAST STREET 21 #08-410
Postcode	600233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : HO WEI XIANG, NICHOLAS GENDER: : MALE
Passenger 2	NAME: : JAZZ CHNG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190816/7022.

#### 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	SMK9006M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG BING QI, JASON  
Approximate Age  
Injuries Sustain NECK, BACK, SHOULDER & CHEST  
Injured person in which vehicle? SJZ7270K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name HO WEI XIANG, NICHOLAS  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJZ7270K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name JAZZ CHNG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJZ7270K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

\_\_\_\_\_  
Policy holder's signature  
Date / time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

## SKETCH PLAN

Veh A: SJZ 7270K

Veh B: SMK 9006M

Jalan Lingkaran Dalam



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

## DECLARATION

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

\_\_\_\_\_  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

\_\_\_\_\_  
reporting centre personnel's Signature  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	16/08/2019	(DD/MM/YY)
Time of accident	0015	(HH:MM)
Exact location of accident	Along Jalan Lingkar Dalam	

## DETAILS OF VEHICLE

Vehicle registration number	SJZ 720K		
Vehicle make and model	BMW 320i		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Ong Lye Ark	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1527103E		
Contact	9111 9576		
Address			

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Ong Bing Qi, Jason	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9030882C		
Contact	9010 9118		
Address	Blk 233 Jurong East Street 21 #08-410 S(600233)		
Email address			
Date of birth	24/08/1990		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	10/01/2019		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Son</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>3</u> (Inclusive of driver)

PASSENGER 1	
Name	<u> Ong Bing Qi, Jason </u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u> Ho Wei Xiang, Nicholas </u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	<u> Jazz Chng </u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SMK 9006M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**INJURED PERSON 1**

Name	Ong Bing Qi, Jason
Injuries sustained	Neck & Back, Shoulder, chest
Which vehicle person in?	Driver
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**INJURED PERSON 2**

Name	Jazz chng
Injuries sustained	Neck & Back
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**INJURED PERSON 3**

Name	Ho Wei Xiong, Nicholas
Injuries sustained	Neck & Back
Which vehicle person in?	passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**INJURED PERSON 4**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**INJURED PERSON 5**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**INJURED PERSON 6**

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





**SINGAPORE  
POLICE FORCE**



T/20190816/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190816/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/08/2019 18:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG BING QI, JASON			Address: APT BLK 233 JURONG EAST STREET 21 #08-410 SINGAPORE 600233		
ID Type / ID No.: NRIC NO / S9030882C			Contact No.: Home/Office: Mobile: 90109118		
Nationality: SINGAPORE CITIZEN			Email: jasonobq@gmail.com		
Sex: Male	Age: 28	Date of Birth: 24/08/1990	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales and marketing manager		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2019 00:15	Type of Location:
Location: Jalan Lingkaran Dalam				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ7270K	Car					0
SMK9006M	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190816/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190816/7022

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ONG BING QI, JASON		ID No. S9030882C
Related Vehicle	SJZ7270K (Car)		Contact No. 90109118
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	JAZZ CHNG		ID No. S9002670D
Related Vehicle	NIL		Contact No. 94494994
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Passenger</b>			
Name	NICHOLAS		ID No. S9029040A
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

I was stationary at jalan lingkaran dalam in the vehicle ( SJZ7270K ) as driver and was about to move off , out the sudden when we were about to move off , i felt an huge impact from the rear right portion of my vehicle and when i got down i realised i was involved in a accident .

After the incident i felt discomfort , therefore i went to the doctor and was give 5 days of medical certificate.





**SINGAPORE  
POLICE FORCE**



T/20190816/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190816/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/08/2019 18:04

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **S9030882C**

Name: **ONG BING QI, JASON**

Birth Date: **24 Aug 1990**

Issue Date: **10 Jan 2019**

Barcode: 002890687A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

Coat of arms of Singapore.

IDENTITY CARD NO. **S9030882C**

Portrait photo of a man.

Name: **ONG BING QI, JASON**

Race: **CHINESE**

Date of birth: **24-08-1990**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Barcode: S9030882C

For LKK/NAC Use Only

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **10 Jan 2019**

NP 428A

Licence No: S9030882C

Barcode: S9030882C

For LKK/NAC Use Only

5997256

Barcode: S9030882C

NRIC No. **S9030882C**

Portrait photo of a man.

Fingerprint.

Date of Issue: **23-07-2018**

Address: **APT BLK 233 JURONG EAST STREET 21  
#08-410  
SINGAPORE 600233**

For LKK/NAC Use Only



eBaoTech

GeneralClaim

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="16/08/2019 00:15"/>
Vehicle No. (For Motor)	<input type="text" value="SJZ7270K"/>	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"/>	5110972789		ONG LYE AIK	S1527103E	GPC	drivo CLASSIC	SJZ7270K	SJZ7270K	07/07/2019	06/07/2020

## Policy Information

Policy No.	5110972789	Policyholder Name	ONG LYE AIK	Policyholder NRIC	S1527103E
Certificate No.					
Address	BLK 233 #08-410 JURONG EAST STREET 21 SINGAPORE 600233				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/07/2019	Effective Date	07/07/2019 00:00	Expiry Date	06/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LI JIAN	Agent Tel.	98805106	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 233 #08-410	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600233
Address 4		Address Type	Singapore address	Post Code	600233
Unit No.		Related Policy Number	5110972789		

Insured Object: SJZ7270K

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



- Exit

Policy No.	S110972789	Vehicle No.	SJZ727OK	GST Registration No.	
Certificate No.					
Policyholder Name	ONG LYE AIK			Policyholder NRIC	S1527103E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91119576	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div>PC</div></div>
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
<div><div></div> Accident Details</div>					
Report Date	17/08/2019 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	16/08/2019	Time of Accident hh:mm	00:15	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN LINGKARAN DALAM				
<div><div></div> Total Excess Applicable</div>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable			
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

Address 1	BLK 223 #08-410	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600233
Address 4		Address Type	Singapore address	Post Code	600233
Unit No.		Related Policy Number	5110972789		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG BING QI, JASON	Driver NRIC	S9030882C	Driver DOB	24/08/1990
Register Date of Driver License	10/01/2019	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	90109118	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 223	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600233
Address 4		Address Type	Singapore address	Post Code	600233
Unit No.	08-410				
Does he own a Singapore	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Breathalyzer or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

#### Modification History

Claim 001 New

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	<input type="text" value="ONG LYE AIK"/>	Insured NRIC	<input type="text" value="S1527103E"/>
Contact No.(Mobile)	<input type="text" value="91119576"/>	Contact No.(Home)	<input type="text"/>	Contact No.(Office)	<input type="text"/>
Email Address	<input type="text" value="lytan18@hotmail.com"/>	OT Vehicle Number	<input type="text" value="S3Z7270K"/>	TP Vehicle Number	<input type="text" value="SMK9006M"/>
Claimant Type Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	<input type="text" value="S3Z7270K / SMK9006M DN 16 Aug 2019"/>				Name of Preferred Workshop
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>		
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GUA report	<input type="text" value="Received"/>
Date Registered	<input type="text" value="17/08/2019 16:33"/>	Claim Close Date	<input type="text" value=""/>	Date Received	<input type="text" value="17/08/2019 00:00"/>
Report Taken By	<input type="text" value="Jackson"/>				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT1058141	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/08/2019 16:34
Path *		Category *	Confidential
	Browse	Urgency *	Normal
	File	Description *	

Browse...	Clear	Please Select	h0	Normal	
Browse...	Clear	Please Select	h0	Normal	
Browse...	Clear	Please Select	h0	Normal	
Browse...	Clear	Please Select	h0	Normal	
Browse...	Clear	Please Select	h0	Normal	

☐ Send Message **Upload**

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	SAS	Normal	SAS 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:34	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 17 Aug 2019 16:33	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in new Window</a>	<a href="#">Scan and uploading</a>	