

NATIONAL Assessment Centre Services.

Malay 19/1/2009

Date In: 30/08/2009 15:12	Job description	Date & Time Completed	Done by
Ref No: X/BA/2008/15392/Y	SAS e-filing		
Veh No: FV 976G	E-mail (to/for 3hrs, AIC 2hrs)		
D.O.A: 30/08/2009 11:50	I-Motor Claim Form	30/08/2009 16:11	
OID: TP Reporting Only	I-Motor W/O (withln: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: VP 4852J 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:
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date of Injury: _____

Time of Injury: _____

Location of Injury: _____

Malay 1906591	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/145	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Assessor's Comments:	6) TR: Re-inspection \$75	
Est. 1:	7) NI: Idao DA + SMRT Survey \$160	
2/2	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*NB: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idao 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	30/08/2019 15:12
Date Of Accident	30/08/2019 11:50
Exact Location Of Accident	BLK 349 JURONG EAST AVENUE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY976G
Insured/Policyholder	
Name Of Registered Owner	ONG YUKAI GLEN
NRIC No	S9244176H
Email Address	GLEN.ONGYK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97729090
Alternative Phone No	OTHERS-97729090

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM-197CC TA200
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107182191
Cover Note Number	

Driver

Name of Driver	ONG YUKAI GLEN
NRIC No	S9244176H
Date Of Birth	27/11/1992
Occupation	INDOOR
Date Of Driving Pass	18/12/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97729090
Fax Number	
Contact Number	OTHERS-97729090
EEmail Address	GLEN.ONGYK@GMAIL.COM

Address	BLK 270 TOH GUAN ROAD #21-99
Postcode	600270
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	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?	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	YP4832J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	966661881/84268018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 30/8/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:



30/8/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident NT/1060243

Policy No.	1107182191	Vehicle No.	FY976G	GST Registration No.	
Certificate No.					
Policyholder Name	ONG YUKAI GLEN	Cover Type	Third Party	Policyholder NRIC	S9244176H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97729090	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFR	- No Yes	NCD Exemption(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	30/08/2019 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/08/2019	Time of Accident (hh:mm)	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 270 JURONG EAST AVENUE 1 OPEN CARPARK				

Excess

Dem damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 270 #21-99	Address 2	TDH GUAN ROAD	Address 3	SINGAPORE 600270
Address 4		Address Type	Singapore address	Post Code	600270
Unit No.		Related Policy Number	1107182191		

OT Driver Info

Driver Name	GLEN ONG YUKAI	Driver Type	Main Driver	Driver DOB	27/11/1992
Unnamed Driver Name		Driver NRIC	S9244176H	Driving Experience	0
Register Date of Driver License	18/12/2018	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	97729090	Contact No.(Office)		Address 1	SINGAPORE 600270
Address 1	BLK 270 #21-99	Address 2	TDH GUAN ROAD	Post Code	600270
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FY976G	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **Revs**

Claim Type *	OD-MR	Insured Name	ONG YUKAI GLEN	Insured NRIC	S9244176H
Contact No.(Mobile)	97729090	Contact No. (Home)	97907580	Contact No. (Office)	
Email Address	GLEN.ONGYK@GMAIL.COM	OR Vehicle Number	FY976G	TT Vehicle Number	YP4832
Claim Description	FY976G / YP4832 ON 30 Aug 2019				
Preferred Workshop	Insured Liberty	Not at Fault			
Estimated Repair Option	Insured Repair Option	Preferred Workshop Name unknown	GIA report	Received	
Date Registered	30/08/2019 16:06	Claim Close Date		Date Received	30/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Attachment

Accident No.	NT/1060243	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	30/08/2019 16:11

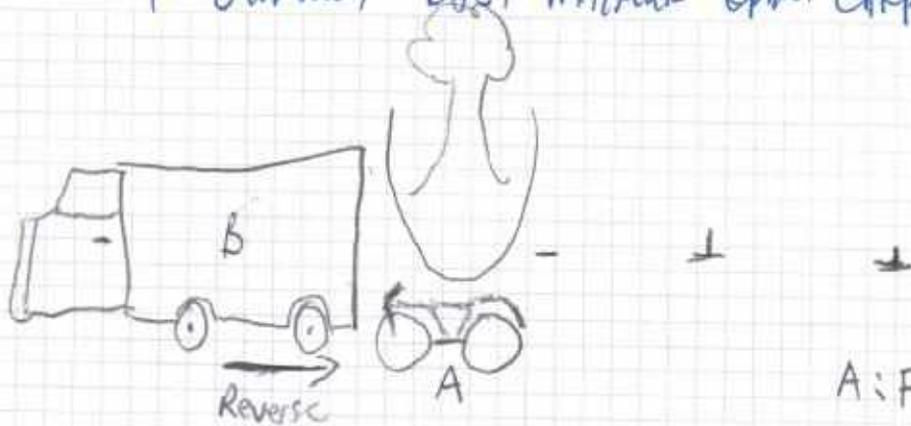
Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 16:11	SAS	Normal	SAS 2019-8-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Aug 2019 16:08	Photos	Normal	Photos 2019-8-30	

SKETCH PLAN

Blk 349 Jurong East Avenue Open Carpark



A: FY976G
B: YP4832J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident happened at 349 block, Jurong East Ave 1. I parked my bike at the carpark and quickly ran to a shop to purchase something. I came back 5 minutes later and witnessed the lorry driver holding onto my bike which he had picked from the ground. The bike was already badly damaged. He had admitted to reversing his goods lorry into my bike. He then gave me his employer's contact number and his own, but refused to give his name and details.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 30/5/19

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

30/05/2019

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30/8/2019) (DD/MM/YYYY), TIME: (11:49) (HH:MM)

LOCATION: 349 Jurong East Ave 1, S600349

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY 976 G
b) INSURANCE COMPANY: NTVC Income
c) POLICY NUMBER: 5107182191
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Phantom T200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Unloading item
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: GLEN ONG YUKAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9244176H CONTACT: 97729090
c) ADDRESS: 270 Toh Guan Rd #21-99

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GLEN ONG YUKAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9244176H CONTACT: 97729090
c) ADDRESS: 270 Toh Guan Rd #21-99

*d) DATE OF BIRTH: (27/11/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/12/18

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: YP 4832J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: BOSS: 96661881

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: 84268018 (Employee) who hit

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = glen.ongyk@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9244176H



For LKK/NAC Use Only

GLEN ONG YUKAI

王煜凱
 Race
 CHINESE
 Date of birth
 27-11-1992
 Country of birth
 SINGAPORE

Sex
 M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9244176H

GLEN ONG YUKAI

For LKK/NAC Use Only

Date of Birth: 27 Nov 1992
 Issue Date: 19 Jan 2019




002893653B

4443993



NRIC No. S9244176H



For LKK/NAC Use Only

Date of Issue
 22-07-2009

APT BLK 27D TOH GUAN ROAD #21-99
 SINGAPORE 600270

NRIC No: S9244176H Date: 16/08/2010 No: 6604475

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	18 Dec 2018
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg	07 Mar 2013

For LKK/NAC Use Only

NP 426A



Licence No: S9244176H

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107182191

Cover : Third Party

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : FY976G |
| Chassis Number | : TA2000023292 |
| 2. Name of Policyholder | : ONG YUKAI GLEN |
| 3. Effective Date of Insurance | : 22 Jan 2019 |
| 4. Expiry Date of Insurance | : 21 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: GLEN ONG YUKAI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 22 Jan 2019 13:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorized Officer

Chief Executive