

NATIONAL Assessment Centre Services.

Part 1 Jan 2001

NA2000575

Date Inc: 13/01/2020 11:55	Job description	Date & Time Completed	Done by
Ref No: NA200007344	SAS e-filing		
Veh No: FBQ 5674J	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 13/01/2020 08:48	I-Motor Claim Form	13/01/2020 12:09	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Vch No: SKX 9203R 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

Notes: ()

NA2000436

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2001)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$5	
	* N6: Repairs Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$5	
	TP (N1): TP (N1) INC against INC \$20	
	9) N12: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	13/01/2020 11:55
Date Of Accident	13/01/2020 08:45
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5674J
Insured/Policyholder	
Name Of Registered Owner	ONG GA HOU, KENNY (WANG JIAHAO
NRIC No	SXXXX491G
Email Address	KOKH86@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92960707
Alternative Phone No	OTHERS-92960707

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	MOTORCYCLE

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	5113784236
Cover Note Number	

Driver

Name of Driver	ONG GA HOU, KENNY (WANG JIAHAO
NRIC No	SXXXX491G
Date Of Birth	25/04/1986
Occupation	INDOOR
Date Of Driving Pass	12/02/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92960707
Fax Number	
Contact Number	OTHERS-92960707
Email Address	KOKH86@HOTMAIL.COM

Address	BLK 2 LORONG 7 TOA PAYOH #01-17
Postcode	310002
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	SIDE SWIPE
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	SKX9203R
Vehicle Make/Model/Colour	MAZDA 2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE CHOON KIM STELLA
NRIC/Passport Number	SXXXX185B
Contact Number	90698696
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

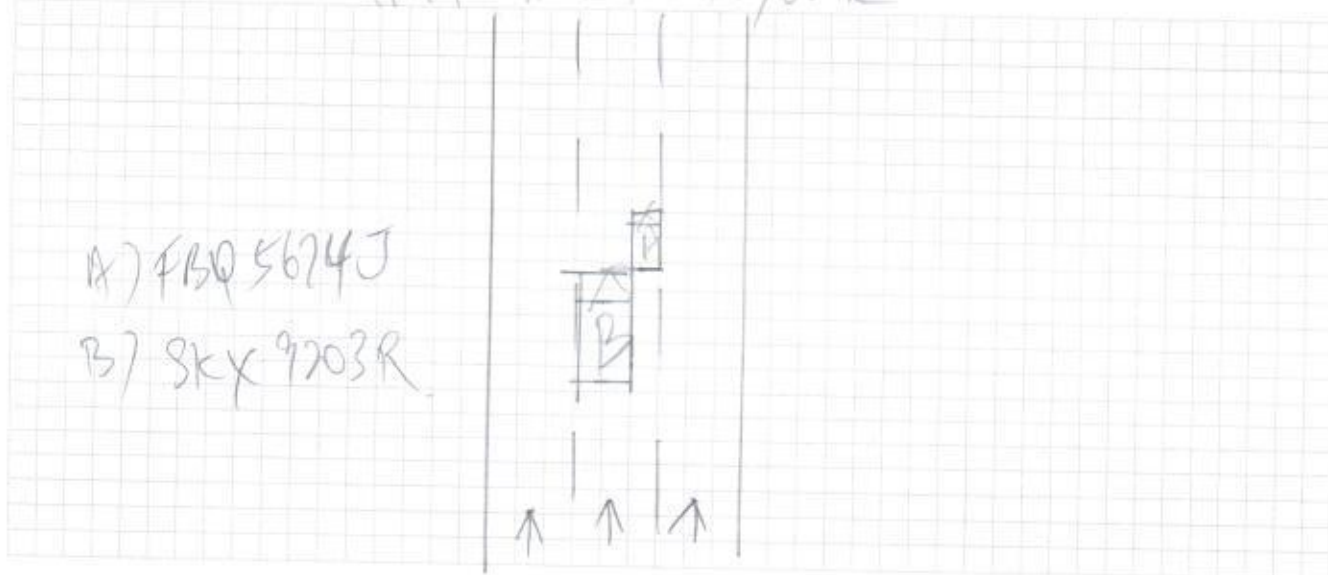
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BUKIT TIMAH FLYOVER



A) FBQ 5674J

B) SKX 9203R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

13/01/2020 8.45am I was travel along Bukit Timah flyover traffic was heavy. I was in the centre In between cars and was in my lane. Suddenly a car SKX 9203R move slightly to my lane and hit on to my main stand so we stop on the centre of the Road
 4 EXCHANGE PARTICULARS THAT ALL

DECLARATION

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

13/01/20 10.31am

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/01/2020 (DD/MM/YYYY), TIME: 08:45 (HH:MM)
 LOCATION: Bukit Timah Flyover

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBQ 5674J
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5113784236
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha GDR155A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
 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 Ga Hui Kenny (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S86114916 CONTACT: 92960707
 c) ADDRESS: Bik 2 Tan Payoh Lor 7 #01-17 S(310002)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 25/04/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/02/2009

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: SKX 9203R MODEL: Mazda 2

b) DRIVER'S NAME: wee chuan Kim Stella

c) NRIC/FIN/PASSPORT: 51419185B CONTACT: 90698696

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

email = kokh86@hotmail.com
 VIDEO

Claim Handling

Accident MY/1079711

Exit

Policy No.	5113784236	Vehicle No.	FBQ5674J	GST Registration No.	
Certificate No.					
Policyholder Name	ONG GA HOU, KENNY (WANG JIAHAO)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8611491G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92960707	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No
KFK	No	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	13/01/2020 12:00	Accident Report within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/01/2020	Time of Accident hh:mm	00:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT TIMAH ROAD FLYOVER				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
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 2 #01-17	Address 2	LORONG 7 TDA PAYOH	Address 3	KIM KEAT COURT
Address 4	SINGAPORE 310002	Address Type	Singapore address	Post Code	310002
Unit No.	01-17	Related Policy Number	5113784236		
OI Driver Info					
Driver Name	ONG GA HOU, KENNY (WANG JIAHAO)	Driver Type	Main Driver	Driver DOB	25/04/1986
Unnamed driver Name		Driver NRIC	S8611491G	Driving Experience	10
Register Date of Driver License	12/02/2009	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	92960707	Contact No.(Office)		Address 3	KIM KEAT COURT
Address 1	BLK 2 #01-17	Address 2	LORONG 7 TDA PAYOH	Post Code	310002
Address 4	SINGAPORE 310002	Address Type	Singapore address		
Unit No.	01-17	Driver Vehicle No.	FBQ5674J	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes		No

Modification History

Claim 001 New












Claim Type *	OD-MX	Insured Name	ONG GA HOU, KENNY (WANG JIAHAO)	Insured NRIC	S8611491G
Contact No.(Mobile)	92960707	Contact No. (Home)	82507060	Contact No. (Office)	
Email Address	kekhe6@hotmail.com	Vehicle Number	FBQ5674J	TP	SKX9203R
Claim Description	FBQ5674J / SKX9203R On 13 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Yes	Preferred Workshop, name unknown			
Date Registered		GIA report	Received		
Report Taken By		Claim Close Date	13/01/2020 12:08	Date Received	13/01/2020 00:00
			ROSLI WAHAAB		

Print AK letter

Save Submit

Attachment

Accident No.	MY/1079711	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/01/2020 12:09
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:09		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:09		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:00		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	Photos	Normal	Photos 2020-1-13	Edit	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 12:08	SAS	Normal	SAS 2020-1-13	Edit	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

Policy Query

Policy No.
Vehicle No. (For Motor)

FBQ5674J

Date of Accident
Certificate Number

13/01/2020 10:16

Select

Policy No.

5113784236

Certificate Number

Policyholder Name

ONG GA HOU, KENNY
(WANG JIAHAG)

Policyholder NRIC

S8611491G

Product

GNC

Cover Type

Third Party, Fire & Theft

Vehicle No.

FBQ5674J

Insured Object

FBQ5674J

Commence Date

02/11/2019

Expiry Date

01/11/2020

Search

Continue