NATIONAL Assessment Centre Services. (wef 1 Jan/05) : NMA42005319

Date In: 22/06/2020 19:03	Job description	Date & Time Completed	Done by
Ref No: NBA/INC20006520/Y	SAS e-filing		
Veh No: GZ 7607 J	E-mail (Update 8hrs, AIC 2hrs)		
D.O.A 19/06/2020 18:00	I-Motor Claim Form	MT/1094958-001	22/06/2020 15:35
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/Witsn		

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

TP Particulars: Veh No: SHO 1006L , 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 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury :

NA2003316

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);	
2) DA : Damage Assessment ($100);	INC ($10)
3) TF : Towing Fee	$[illegible]
4) FT : Follow-Through Survey	$30
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2000)	$75
6) TR : Re-Inspection	$100
7) NI : New DA + SMKT Survey	
8) NTUC Additional Services:	
OD	$5
*NS: Courtesy Car / Tpt Allowance	$10
*NS: Repair Co-ordination	$25
*NS: Post Repair Inspection	$5
*NS: DV / Collect Excess Coordination	$20
TP (NIS): TP (Non INC) against INC	30
9) NI : New Mobile	

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 witholding 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	22/06/2020 14:03
Date Of Accident	19/06/2020 18:00
Exact Location Of Accident	JUNCTION OF TAMPINES ST 31 AND TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7607J

Insured/Policyholder

Name Of Registered Owner	OCK ELECTRICAL SERVICES
Co Reg No	5XXXX960B
Email Address	ONGCK328@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96168372
Alternative Phone No	OFFICE-96168372

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102855091-01
Cover Note Number	

Driver

Name of Driver	ONG CHYE KEE
NRIC No	SXXXX161Z
Date Of Birth	24/04/1959
Occupation	INDOOR
Date Of Driving Pass	24/05/1977
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96168372
Fax Number	
Contact Number	OTHERS-96168372
EMail Address	ONGCK328@YAHOO.COM.SG

Address	BLK 335 TAMPINES STREET 32 #06-502
Postcode	520335
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
Road Surface	WET

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1006L
Vehicle Make/Model/Colour	KIA SILVER
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

OCK ELECTRICAL SERVICES

Policyholder's Signature Date & Time: 22/6/20 1120AM	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 22/06/2020

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 June 2020 at around 6 pm. I was making a right turn from Tampines ST 21 to Tampines Ave 2 As I cleared the traffic light, a taxi (SGH 1006L) on my left cut into my lane. I honked at him but he continue to cut into my lane. He claimed that he signalled but from the video it did not show his signal right. I stopped my vehicle and he ~~for~~ moved forward and hit my ~~left~~ ~~Me~~ bumper, his vehicle was stain by my bumper on the right rear fender and rear right door.

DECLARATION

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

OCK ELECTRICAL SERVICES

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 22/6/20 1120 AM	Date & Time: 22/6/20 1120 AM	22/06/2020 Name: NRIC/FIN No.:

Cos Vomp.

ACCIDENT STATEMENT

ACCIDENT DATE: (19/06/2020) (DD/MM/YYYY), TIME: (1800) (HH:MM)

LOCATION: JUCTION BETWEEN TAMPINES ST 31 & TAMPINES AVE 1

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GZ7607J
   b) INSURANCE COMPANY: MTUC INCOME
   c) POLICY NUMBER: 5102855091-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MITSUBISHI L300
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: RETURNING HOME
   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 CHYE KEE~~ ECK ELECTRICAL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S[illegible]9761[illegible] CONTACT: 96168372
   c) ADDRESS: BLK 325 #06-502 TAMPINES ST 32 (520325)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. DRIVER
   a) NAME: ONG CHYE KEE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S[illegible]9761[illegible] CONTACT: 96168372
   c) ADDRESS: BLK 325 #06-502 TAMPINES ST 32 (520325)
   *d) DATE OF BIRTH: 24/04/1959 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 24/05/1977
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS ~~[illegible]~~)
   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

*No of passenger (including driver) (1)

   a) VEHICLE NUMBER: SHD 1006L MODEL: KIA
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

*No of passenger (including driver) ( )

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

email = ongck328@yahoo.com.sg

VIDEO YES

Claim Handling

Accident MT/1084958

Policy No.	S102855091-01	Vehicle No.	GZ7607J	GST Registration No.	
Certificate No.					
Policyholder Name	OCK ELECTRICAL SERVICES			Policyholder NRIC	S2871960B
Product Code	COMMERCIAL VEHICLE INDURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96168372	Contact No.(Office)		Contact No.(Home)	
Email Address	angck128@yahoo.com.sg	Special Remark		eCode	No
KFF	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	22/06/2020 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/06/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF TAMPINES ST 31 AND TAMPINES AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YDD OD Excess	0.00	YDD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	22/06/2020 15:32:45 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	17 JALAN KECHUBONG	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 799376
Address 4		Address Type	Singapore address	Post Code	799376
Unit No.		Related Policy Number	S102855091-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	ONG CHYE KEE	Driver NRIC	SXXXX1612	Driver DOB	24/04/1959
Register Date of Driver License	24/05/1977	Driver Age	61	Driving Experience	43
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 335 #08-502	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520335
Address 4		Address Type	Foreign address	Post Code	520335
Unit No.	08-502				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GZ7607J	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes NO		

Modification History

Claim 001 Now

Claim Type *	OD-MI	Insured Name	OCK ELECTRICAL SERVICES	Insured NRIC	S2871960B
Contact No.(Mobile)	96168372	Contact No. (Home)		Contact No. (Office)	62801841
Email Address		OI Vehicle Number	GZ7607J	TP Vehicle Number	SHD1008L
Claim Description	GZ7607J / SHD1008L ON 19 Jun 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Damage No. Evaluation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	CDA report	Received
Date Registered	22/06/2020 15:34	Claim Close Date		Date Received	22/06/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084958	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/06/2020 15:35

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

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:35	Photos	Normal	Photos 2020-6-22	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:35	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:35	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:35	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 15:34	SAS		Normal	SAS 2020-6-22

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

income
made different

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 : S102555091-01 Cover : COMPREHENSIVE

1. Index mark and Registration Number of vehicle : GZ7607J
   Chassis Number : MAINP15V6A001571
2. Name of Policyholder : OCK ELECTRICAL SERVICES
3. Effective Date of Insurance : 25 Aug 2019
4. Expiry Date of Insurance : 24 Aug 2020
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other person who is driving on the Policyholder's order or with his/her permission.
   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.
   (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover
   (a) Use for hire or reward.
   (b) Use for racing, pace-making, reliability trial or speed-testing.
   (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

   # 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)	: S$500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 05 Aug 2019 09:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive