

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 30/00/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC00011845/13 | SAS e-filing | | |
| Veh No: SUR9977T | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 30/00/20 1030 | I-Motor Claim Form | MT/1108484-001 | |
| 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: SHB4883L | 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 repaler. |
| () 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 |
|-----------|---------|
| | |
| | |
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| | |

| | | | |
|---------------------------------|---|------------------------|-----------------------|
| NA2005769 | Invoice Preparation Checklist | Am't (\$) Int. Bill | Am't (\$) Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: 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 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Date 1: | 6) TR: Re-inspection \$75 | | |
| Date 2/3: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *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 (N/n INC) against INC \$20 | | |
| | 9) N12: Idao 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 | 30/10/2020 14:38 |
| Date Of Accident | 30/10/2020 10:30 |
| Exact Location Of Accident | 158 KALLANG WAY(PERFORMANCE BUILDING) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SJR9977J |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG RADIO INTERNATIONAL PTE LTD |
| Co Reg No | 1XXXXX908M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90699361 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | - |
| 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 | 5086502879-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG HWEE TAT |
| NRIC No | SXXXX886J |
| Date Of Birth | 15/08/1961 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/04/1980 |
| Driving Experience | 40 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90699361 |
| Fax Number | |
| Contact Number | |
| Email Address | TPLAN2016@GMAIL.COM |

| | |
|---|---------------------------|
| Address | 501 DUNMAN ROAD #15-05 |
| Postcode | 439193 |
| 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 | 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

MY VEH WAS STATIONARY WAITING TO ENTER THE BUILDING OF 158 KALLANG WAY(PERFORMANCE BUILDING).DUE TO THE BARRIER DID NOT OPEN VEH B REVERSED HIS VEH,WHILE REVERSING HIS VEH HIT ONTO MY FRT PORTION OF MY VEH.BOTH OF US AGREE FOR PRIVATE SETTLE AND I MAKE THIS REPORT FOR MY RECORD.

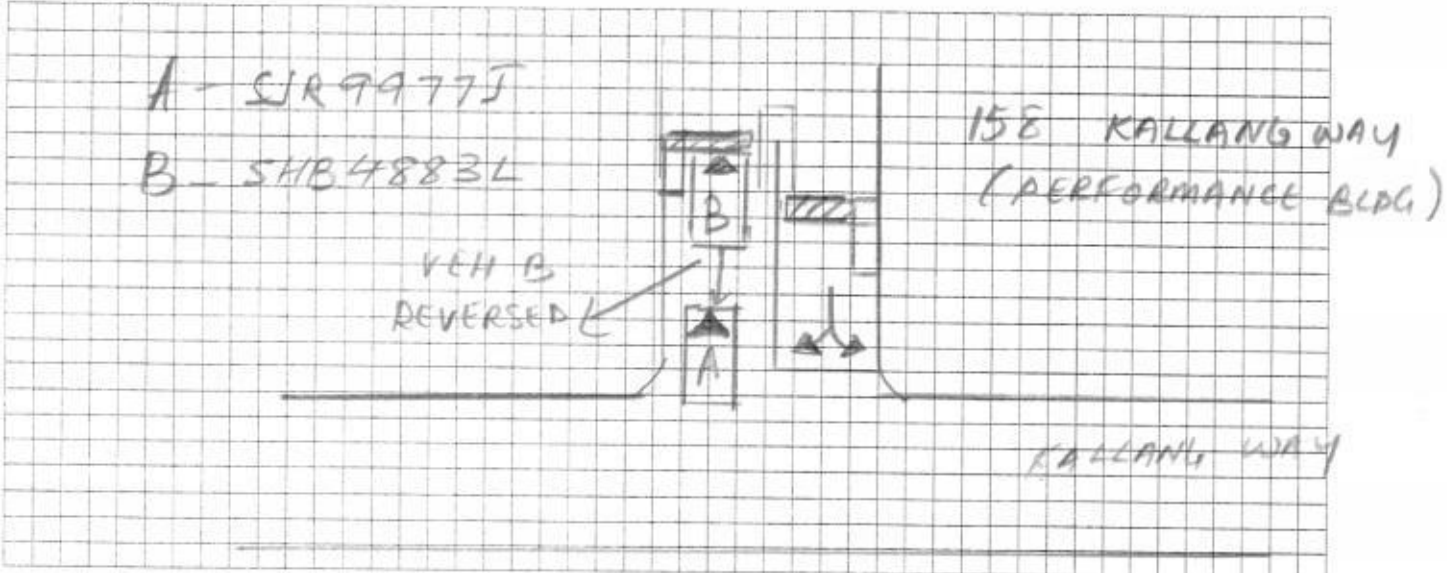
Attachment(s)

| | |
|---|-----|
| 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 | SHB4883L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | MR NG |
| NRIC/Passport Number | |
| Contact Number | 87678122 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/10/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: 30/10/2020

 30/10/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



To: ONG HWEE TAT

DRIVER OF VEH NO SJR9977J

We confirm your attendance at our accident reporting centre of National Assessment Centre PAYA UBI/BUKIT MERAH for the purpose of making an accident reporting involving SJR9977J & SMB4883L

The submission of my accident report is pending the following:

- ☐ Vehicle not in
- ☐ Insurance certificate
- ☒ Company stamp
- ☒ Identity card
- ☒ Driving License
- ☐ Police report
- ☐ Others _____

My accident report will only be submitted after the required is provided

Acknowledged

Date: 30/10/2020

11:45

ACCIDENT STATEMENT

ACCIDENT DATE: (30/10/20) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: 158 KALLANG WAY CARPARK (PERFORMANCE BLDG)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR9977J
b) INSURANCE COMPANY: NTHC
c) POLICY NUMBER: 5086502879-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: ONL RADIO INTERNATIONAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199805908M CONTACT: 90699361
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 90699361
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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)
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: SHB4883L MODEL:
b) DRIVER'S NAME: MC NG
c) NRIC/FIN/PASSPORT: CONTACT: 8767812

9. THIRD PARTY VEHICLE

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

Email = tplan2016@gmail.com

fax =

VIDEO =

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|---------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5086502879-03 | | ONG RADIO INTERNATIONAL PTE LTD | 199805908M | GPC | drive CLASSIC | SJR9977J | SJR9977J | 20/12/2019 | 19/12/2020 |

Claim Handling

Accident MT/1108484

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|------------|
| Policy No. | 508502879-03 | Vehicle No. | SJR99773 | GST Registration No. | 199805908M |
| Certificate No. | | | | | |
| Policyholder Name | ONG RADIO INTERNATIONAL PTE LTD | | | Policyholder NRIC | 199805908M |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90699361 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| 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 |
| Accident Details | | | | | |
| Report Date | 30/10/2020 17:26 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 30/10/2020 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 158 KALLANG WAY(PERFORMANCE BUILDING) | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0.00 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | Yes | GST Registration Date | 15/02/1999 | | |
| GST Registration No. | 199805908M | GST Status Verified | Yes | | |
| Modification History | 30/10/2020 17:29:31 System changed GST Status Verified from No to Yes | | | | |

Policyholder Mailing Address

| | | | | | |
|---|---|-----------------------|-----------------------------|------------------------|----------------|
| Address 1 | 158 KALLANG WAY | Address 2 | #02-03 PERFORMANCE BUILDING | Address 3 | SINGAPORE 3492 |
| Address 4 | | Address Type | Singapore address | Post Code | 349245 |
| Unit No. | | Related Policy Number | 508502879-03 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | ONG HWEE TAT | Driver NRIC | S14648863 | Driver DOB | 15/08/1961 |
| Register Date of Driver License | 19/04/1980 | Driver Age | 39 | Driving Experience | 40 |
| Contact No.(Mobile) | 90699361 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | 501 DUNMAN ROAD | Address 2 | FORTUNE JADE | Address 3 | SINGAPORE 4391 |
| Address 4 | | Address Type | Singapore address | Post Code | 439193 |
| Unit No. | #15-05 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|--|------------------------------------|--------------------|---------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | ONG RADIO INTERNATIONAL P | Insured NRIC | |
| Contact No.(Mobile) | | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | | OI Vehicle Number | SJR99773 | TP Vehicle Number | |
| Claim Description | SJR99773 / SH84883L ON 30 Oct 2020 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Not at Fault | | |
| Repair Option | Preferred Workshop, Name unknown | GIA report | Received | | |
| Date Registered | 30/10/2020 17:31 | Claim Close Date | | Date Received | |
| Report Taken By | ROSINDA | Workshop Repairer | | Total Lost but Repaired | |
| <input type="checkbox"/> Print AK letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1108484 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/10/2020 00:00

Path *

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

Choose File No file chosen

Message Read

| Category * | Confidential | Urgency * |
|--|--------------|-----------|
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |
| <input type="button" value="Clear"/> Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|----------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | NRIC/ Driving License | Normal | NRIC/ Driving License 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | SAS | Normal | SAS 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2020 17:31 | Photos | Normal | Photos 2020-10-30 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|--|-------------|-----------|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | |