

NATIONAL Assessment Centre Services.

[Print 1 Jan 2003]

MMA 1200 98500

Date In: 9/11/20 09:17	Job description	Date & Time Completed	Done by
Ref No NA/INC 200 12214/64	SAS e-filing		
Veh No STX 6156A	E-mail (within 3hrs, AIC 2hrs)		
DEA 7/11/20 14:00	I-Motor Claim Form	MT/1109526 ⁰⁰²	9/11/20 19:50
<input checked="" type="radio"/> 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:	Veh No: SLB 3769T.	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 200 12214/64)	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	Action

NA 200 5909		Invoice Declaration Checklist	
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	80.00	
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 19 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Bngr-In-Charge):	Invoice dated	Fax Charged	
	Invoice date:	Fax Charged	
Auditors Comments:			
21/11			
22/11			

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	09/11/2020 09:17
Date Of Accident	07/11/2020 14:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR EXIT 15
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6156A
Insured/Policyholder	
Name Of Registered Owner	ONG BEE PHENG
NRIC No	SXXXX057Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91073910
Alternative Phone No	OFFICE-91073910

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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?	YES
If No, Please state action to be taken	
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	5063589298-07
Cover Note Number	

Driver

Name of Driver	ONG YU RONG
NRIC No	SXXXX161G
Date Of Birth	30/12/1992
Occupation	INDOOR
Date Of Driving Pass	31/01/2012
Driving Experience	8 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81331713
Fax Number	
Contact Number	
EEmail Address	YRONG27@GMAIL.COM

Address	BLK 26 CHAI CHEE RD #09-409
Postcode	460026
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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?	
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

REFER TO STATEMENT.

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	SLB3769T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI FEI
NRIC/Passport Number	SXXXX2941
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

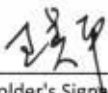
SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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

A = SJX 6156 A
B = SLB 3769 T

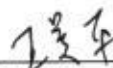
PIE twds. Changi near Exit 15

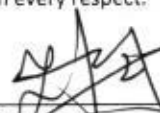
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Weather was rainy. I was trying to change lane to middle lane and the car in front jam break and I collided into it.

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:


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

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="07/11/2020 16:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SJX6156A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5063589298-07		ONG BEE PHENG	S1439057Z	GPC	drive CLASSIC	SJX6156A	SJX6156A	05/10/2020	04/10/2021
<input type="button" value="Continue"/>										

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 11 / 20) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: PIE twds. Changi Exit 15

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX6156A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda civic
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: Ong Bee Yheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91073910
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Yu Rong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81331713
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: So children

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: SLB 3769B MODEL: _____
b) DRIVER'S NAME: Li Fei
c) NRIC/FIN/PASSPORT: S84 822941 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = YRONG27@GMAIL.COM

fax =

VIDEO = NO

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govrn. Property () b) Road Work Object ()
- (Eg: signboard, barrier, tree etc) c) Private Property ()
- 4) Vehicle drop into drain ()
- 5) Damage due to Act of God:
- a) Fallen Object () b) Flood ()
- c) Other, _____
- 6) Parked & Found Damaged:
- a) Vandalism () b) Hit by Moving Object ()
- 7) Theft Case
- a) Stolen () b) Damage found ()
- when recovered.
- 8) Fire
- a) Whilst driving () b) Parked ()
- 9) Accident date more than 24hrs ()

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ()
- 2) SRS Light on ()
- 3) ABS Light on ()

By Assessor- 1) Vehicle Information

CJE April 2028

Veh No: SSX 6156A Yr Regn: April/2008

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV

/ Truck / Trailer or _____

Make & Model: Honda Civic c.c. 1595

Colour: Blue Transmission Type: Auto / Manual

Eng/No: R16A13003327 Sp. Reading: 174041

C/No: JHMF046208S201079

Gen. Cond: Good / Fair / Poor / Burnt or _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55 R16

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Yokohama

<u>Front</u>	<u>Rear</u>
R/Bal. <u>S</u> mm	R/Bal. <u>S</u> mm
L/Bal. <u>S</u> mm	L/Bal. <u>S</u> mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: 5 Vehicle in Idac: Yes / No

D.O.I. 09/11/2020 Time: 1400hrs

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
- e. Animal () f. Govrn Object () g. Road Work Object ()
- h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
- e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

- ✓ 1.) Front bumper x 1 distorted
- ✓ 2.) — " — reinforcement x 1 Dented
- ✓ 3.) — " — lower grille x 1 crack/broken
- ✓ 4.) Front bonnet x 1 ~~repa~~ Dented
- ✓ 5.) Front headlamp LH x 1 Crack
- ✓ 6.) — " — RH x 1 Crack
- ✓ 7.) — " — LH bracket x 1 Bt.
- ✓ 8.) — " — RH bracket x 1 Bt.
- ✓ 9.) Air condenser x 1 punctured
- ✓ 10.) Radiator x 1 ?
- ✓ 11.) Front ^{Support} ~~ceat support~~ panel x 1 Bt.
- ✓ 12.) Radiator grille assembly x 1 broken
- ✓ 13.) — " — logo x 1 broken/dislodged.
- ✓ 14.) Front number plate with casing x 1 Bt/broken

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	057Z
Vehicle Details	
Vehicle No.:	SJX6156A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Nov 2020
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6L VTi AUTO
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	R16A13003327
Chassis No.:	JHMF462085201079
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$19,243.00
Original Registration Date:	05 Apr 2008
First Registration Date:	05 Apr 2008
Transfer Count:	1
Actual ARF Paid:	\$21,168.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Apr 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$38,655.00
COE Rebate Amount:	\$28,618.00
Total Rebate Amount:	\$28,618.00

The information contained herein is correct as at 09 Nov 2020

OK



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJX6156A Date In: 10/11/12 Time In: 1630 with Keys: Yes / No Yes

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Chew Guon

Collection Date: 10/11/12 Time: 1630 with Keys: Yes / No

Tow Truck No: YK50404 Tow Man: Chiachongxuat NRIC: 5138217312

Signature: Cy

939717281

For office use

Attended by: Taufik

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Tuesday, 10 November 2020 3:23 PM
To: NAC ; 'Chew Goon Motor - Mrs Chew'; Chew Goon - Eric
(eric@chewgoonmotor.com.sg); Chew Goon-Aaron ; Chew Goon-Xiao Yan (ad5@chewgoonmotor.com.sg); Chew Goon Motor(ad3) (ad3@chewgoonmotor.com.sg)
Subject: SJX6156A, OD claim no : MT/1109526
Importance: High

Dear IDAC and Chew Goon,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Chew Goon,

Classic Plan with excess waiver n TA.

Kindly assist to provide 5 days of Transport allowances to owner.

No survey required only for this repair works.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher after the repairs has been done/ finalized with Surveyor to my email.

Regards,

Tan Siew Choo
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7882
www.income.com.sg



Our Ref: MT/CA/OD/051/1109526-002/TSC

10 Nov 2020

CHEW GOON MOTOR

BLK 10 AMK IND PARK 2A AVE 5

#01-15,16&17 AMK AUTOPOINT

SINGAPORE 568047

Dear Sir

CLAIM NUMBER: MT/1109526-002

REPAIR OF VEHICLE NUMBER: SJX6156A

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 10 Nov 2020

Make: HONDA

Model: CIVIC

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: Transport Allowance and Excess Waiver

Excess Applicable: 0.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.