

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **1A206599**

Date In: 5/12/20-12:30	Job description	Date & Time Completed	Done by
Ref No: 1A/14C22013429/24	SAS e-filing		
Veh No: 5JK3297P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/12/20-14:35	i-Motor Claim Form	11/11/2505-201	5/12/20 12:47
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: **JHRF044R** 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 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		fit Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac 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 Submission	05/12/2020 12:30 (SGT)
Date of Accident	04/12/2020 14:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3297P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG HWEE KOK
NRIC No	SXXXX292H
Email Address	jackyohk9@gmail.com
Mobile Phone No	(Phone) +65-82186018
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110298975-01
Cover Note Number	-

DRIVER

Name of Driver	ONG HWEE KOK
NRIC No	SXXXX292H
Date Of Birth	05/07/1965
Occupation	Outdoor

Date Of Driving Pass	13/06/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82186018
Alt. Phone Number	+--
Email Address	jackyohk9@gmail.com
Address	BLK 260A PUNGGOL WAY
Address complement	#14-301
Postcode	821260
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SHB8044R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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:

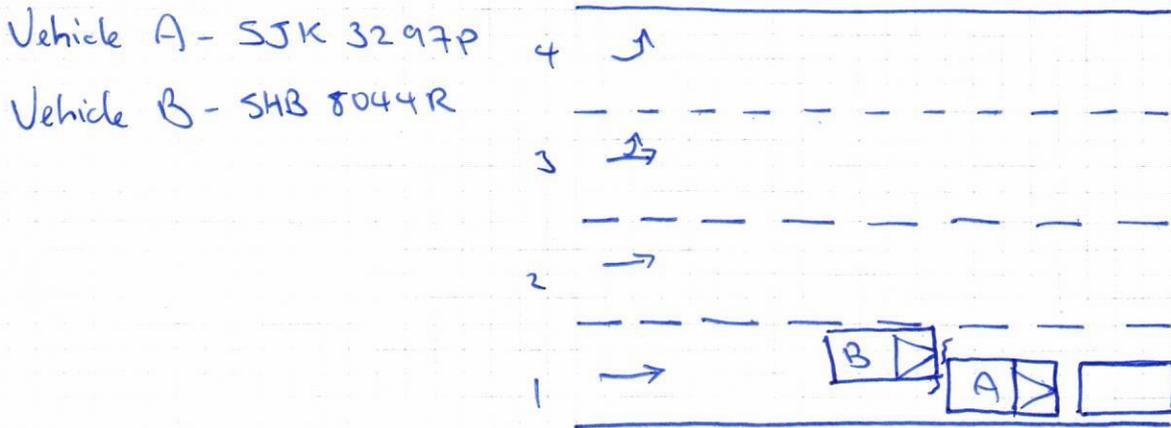


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE toward Tuas direction. I was on the first lane.

While driving straight ahead going up the flyover, halfway through, due to the heavy traffic, the vehicle in front brake to complete stop. And so I too applied brake to complete stop. Suddenly after 2 seconds, I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate (SHB 8044R) collided to the rear of my vehicle.

Vehicle A - SJK 3297P
 Vehicle B - SHB 8044R

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.:

VEHICLE NO: SJK 3297P	MAKE & MODEL: Honda Stream	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT: 04/12/20	/ /	CC: 1.8
TIME OF ACCIDENT: 1435 HRS	HRS	
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER:	Ong Hwee Kok	
TEL NO:	H/P: 8218 6018	OFFICE: HOME:
NRIC:	S1709292H	
ADDRESS:	BLK 260A Punggol Wdy #14-301 S(821260)	
EMAIL:	jackyohk9@gmail.com	
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u>	
INSURANCE COMPANY:	NTUC	
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO:	5110298975-01	
NAME OF DRIVER:	AS ABOVE / IF NO:	
NRIC:	ANY PASSENGER: 1 (1 male)	
DATE OF BIRTH:	05/07/1965	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR	
GENDER:	<u>MALE</u> / FEMALE	
CONTACT NO:	H/P:	OFFICE: HOME:
ADDRESS:		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO:	INSURER: <u>OWNER</u>
RELATIONSHIP:	<u>OWNER</u>	
WEATHER CONDITION N:	CLEAR / <u>RAINING</u> / OTHERS:	
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:	
ANY INJURIES:	<u>NO</u> / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>SHB 8044R</u>	ANY PASSENGERS:
NAME OF DRIVER:		CONTACT NO:
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u> Video Overwrite	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION;	Rear left	
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Ian	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110298975-01		ONG HWEE KOK	S1709292H	GPC	drivo CLASSIC	SJK3297P	SJK3297P	15/10/2020	14/10/2021

Continue

▼ Policy Information

Policy No.	5110298975-01	Policyholder Name	ONG HWEE KOK	Policyholder NRIC	S1709292H
Certificate No.					
Address	BLK 260A #14-301 PUNGGOL WAY SINGAPORE 821260				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/09/2020	Effective Date	15/10/2020 00:00	Expiry Date	14/10/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	I INSURANCE AGENCY	Agent Tel.	66411407	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 260A #14-301	Address 2	PUNGGOL WAY	Address 3	PUNGGOL TOPAZ
Address 4	SINGAPORE 821260	Address Type	Singapore address	Post Code	821260
Unit No.	14-301	Related Policy Number	5110298975-01		

▶ Insured Object: SJK3297P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1112505

Policy No.	5110298975-01	Vehicle No.	SJK3297P	GST Registration No.	
Certificate No.					
Policyholder Name	ONG HWEE KOK	Policyholder NRIC	S1709292H		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82186018	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Ne
KFK	<input 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	Yes

Accident Details

Report Date	05/12/2020 13:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/12/2020	Time of Accident hh:mm	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 260A #14-301	Address 2	PUNGGOL WAY	Address 3	PUNGGOL TOPAZ
Address 4	SINGAPORE 821260	Address Type	Singapore address	Post Code	821260
Unit No.	14-301	Related Policy Number	5110298975-01		

OI Driver Info

Driver Name	ONG HWEE KOK	Driver Type	Main Driver	Driver DOB	05/07/1965
Unnamed driver Name		Driver NRIC	S1709292H	Driving Experience	35
Register Date of Driver License	13/06/1985	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	82186018	Contact No.(Office)	0	Address 3	PUNGGOL TOPAZ
Address 1	BLK 260A	Address 2	PUNGGOL WAY	Post Code	821260
Address 4	SINGAPORE 821260	Address Type	Singapore address		
Unit No.	14-301				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ONG HWEE KOK	Insured NRIC	S1709292H	
Contact No.(Mobile)	82186018	Contact No.(Home)	68814183	Contact No.(Office)		
Email Address		OI Vehicle Number	SJK3297P	TP Vehicle Number	SHB8044R	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJK3297P / SHB8044R ON 4 Dec 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	05/12/2020 13:44	Claim Close Date		Date Received	05/12/2020 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1112505	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/12/2020 13:46

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:46	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:46	SAS	Normal	SAS 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:45	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:45	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:45	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:45	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:45	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 13:44	Photos	Normal	Photos 2020-12-5	

Video List

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