

NATIONAL Assessment Centre Services

Form 1000

Date In: 11/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013742/12	SAS e-filing		
Veh No: 5G54361Z	E-Mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/12/20 2005	i-Motor Claim Form	12/12	MT/1113344-001
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: 648615 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 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

NA2100361	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Clientant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF: 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)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tp 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: Idno Mobile \$0			
	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	11/12/2020 17:09 (SGT)
Date of Accident	10/12/2020 20:05 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	SERANGOON RD TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS4361Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LE QUAN
NRIC No	SXXXX353J
Email Address	lequan.ong@gmail.com
Mobile Phone No	(Phone) +65-93635659
Alternative Phone No	+65-93635659

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107776335-01
Cover Note Number	-

DRIVER

Name of Driver	ONG LE QUAN
NRIC No	SXXXX353J
Date Of Birth	17/10/1978
Occupation	Indoor

Date Of Driving Pass	23/08/2001
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93635659
Alt. Phone Number	+65-93635659
Email Address	lequan.ong@gmail.com
Address	48 EWE BOON ROAD
Address complement	#09-01
Postcode	259342
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	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201211/7016

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	GY861S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

IMPORTANT NOTICE

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- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms/ may/ are permitted to collect, use or 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 lawyer/ 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 the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:

11/12/2020

⊙ 1240hrs

Driver's Signature

(If driver is not policyholder)

Date & Time:

 11/12/20

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:



**SINGAPORE
POLICE FORCE**



T/20201211/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201211/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGS4361Z	NTUC Income Insurance Co-Operative Limited	5107776335-01	14/03/2020	13/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG LE-QUAN		ID No.	S7830353J
Related Vehicle	SGS4361Z (Car)		Contact No.	93635659
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the stated time and date, i was travelling along Serangoon road towards PIE on lane 2 of 4 lanes . I stop at a traffic light as it was red . My car was stationary until I felt an impact on my rear . As the traffic light turn green , i intended to move my car forward as not to obstruct the traffic as my mum was in the car with me as well . I assume that the driver would stop and exchange particulars . However, he just sped off . I went down after stopping at the road side and realised that were some scratches and dents on my rear . I went home to retrieve my video footage and realise that vehicle number GY861S had it and run my vehicle . I am making this report for insurance purposes



**SINGAPORE
POLICE FORCE**



T/20201211/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201211/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/12/2020 12:19

Classification Of Case:

Date of Accident : 10/12/20 Accident Time: 2:05 (24-HR-Format)

Accident Place : Serangoon Road Towards PIE

Vehicle No. (Car Plate No.) : SG54361Z Make/Model : Honda Civic 2.0M

Insurance Company : NTUC Policy No. : 117715773

Owner or Company Name / IC No. : Ong Le-Quan 51830553J

Owner or Company Contact No. : 95025559 Owner's HPI : Company Tel :

DRIVER'S Name / IC No. :

DRIVER'S Date of Birth : 17/10/1975 DRIVER'S License Pass Date : 23/08/01

Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others :

DRIVER'S Address : 48 Ewe Boon Road #09-01 Singapore 259392

DRIVER'S Contact No. Alt No. : 1) 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : lequan.ong@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (Including Driver) : 02

Was there any video captured by car camera? YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any Injury (IF YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: 6Y8615

Vehicle No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No / Driver Contact: _____

IC No / Driver Contact: _____

* NEW - Passenger's name & gender:

Accident reporting@gmail.com

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107776335-01

Cover : drive CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SGS4361Z |
| Chassis Number | : JHMF025407S200620 |
| 2. Name of Policyholder | : ONG LE QUAN |
| 3. Effective Date of Insurance | : 14 Mar 2020 |
| 4. Expiry Date of Insurance | : 13 Mar 2021 |
| 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: ONG LE QUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : DASSURANCE (00000573207)
Date of Issue : 04 Mar 2020 16:34 hrs

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

Claim Handling

Accident MT/1113344

Policy No.	5107776335-01	Vehicle No.	SGS4361Z	GST Registration No.	
Certificate No.					
Policyholder Name	ONG LE QUAN			Policyholder NRIC	57830353J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93635659	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	12/12/2020 12:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to R
Date of Accident	10/12/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON RD TWDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	48 EWE BOON ROAD	Address 2	#09-01 CLIFTEN	Address 3	SINGAPORE 25934
Address 4		Address Type	Singapore address	Post Code	259342
Unit No.		Related Policy Number	5107776335-01		

O1 Driver Info

Driver Name	ONG LE QUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57830353J	Driver DOB	17/10/1978
Register Date of Driver License	23/08/2001	Driver Age	42	Driving Experience	19
Contact No.(Mobile)	93635659	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	48 EWE BOON ROAD	Address 2	CLIFTEN	Address 3	SINGAPORE 25934
Address 4		Address Type	Singapore address	Post Code	259342
Unit No.	#09-01				
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 **New**

Claim Type *	DD-MX	Insured Name	ONG LE QUAN	Insured NRIC	
Contact No.(Mobile)	93635659	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	lequan.ong@gmail.com	O1 Vehicle Number	SGS4361Z	TP Vehicle Number	
Claim Description	SGS4361Z / GY861S DN 10 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	12/12/2020 12:12	Claim Close Date		Date Received	
Report Taken By	ROSLINDA				

Print AK letter

Save Submit

Attachment

