

NATIONAL Assessment Centre Services. [ver 1 Jan 2007]

SA/DP20090001

Date In: 09/12/2020 10:02	Job description	Date & Time Completed	Done by
Ref No: NA21000014597/Y	SAS e-filing		
Veh No: SMN Y52E	E-mail (by date thrs, A/C thrs)		
D.O.A: 08/12/2020 18:05	I-Motor Claims Form	NA2100901-001	09/12/2020
OID: TP Reporting Only	I-Motor W/O (with/od thrs, TP thrs)		10:14
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

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

TP Insurer: () Veh No: GBE 2147/Y INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 ()

Breac: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoic: 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: _____

NA2100083	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA / Damage Assessment (\$100)	INC (210)
Contact No:	3) TP / Towing Fee	\$40/\$45
Damaged Portion:	4) PT / Follow Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT / Follow Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2007)	
	6) TR / Re-inspection	\$75
	7) NI / IDA + EMRI Survey	\$160
	8) NRUC Additional Services	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NS: Repair Coordination	\$10
	* NS: Post Repair Inspection	\$25
	* NS: DV / Collect Unsett Coordination	\$5
	* NS: TP (NI) / TP (Non INC) against INC	\$10
	9) NI / Idea 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	09/12/2020 10:02 (SGT)
Date of Accident	08/12/2020 18:05 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	SPC PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN852E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG JUN REN
NRIC No	SXXXX838H
Email Address	ongjunren@hotmail.com
Mobile Phone No	(Phone) +65-98383414
Alternative Phone No	+65-98383414

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
Variants	-
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	5111908041-01
Cover Note Number	-

DRIVER

Name of Driver	ONG JUN REN
NRIC No	SXXXX838H

Date Of Driving Pass	08/08/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98383414
Alt. Phone Number	+65-98383414
Email Address	ongjunren@hotmail.com
Address	BLK 80C #36-129
Address complement	TELOK BLANGAH STREET 31
Postcode	103080
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	Hit and run / Vandalism / Damaged whilst parked
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201208/2105

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	GBE2147Y
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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

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.

Jan 09/12/20 0918

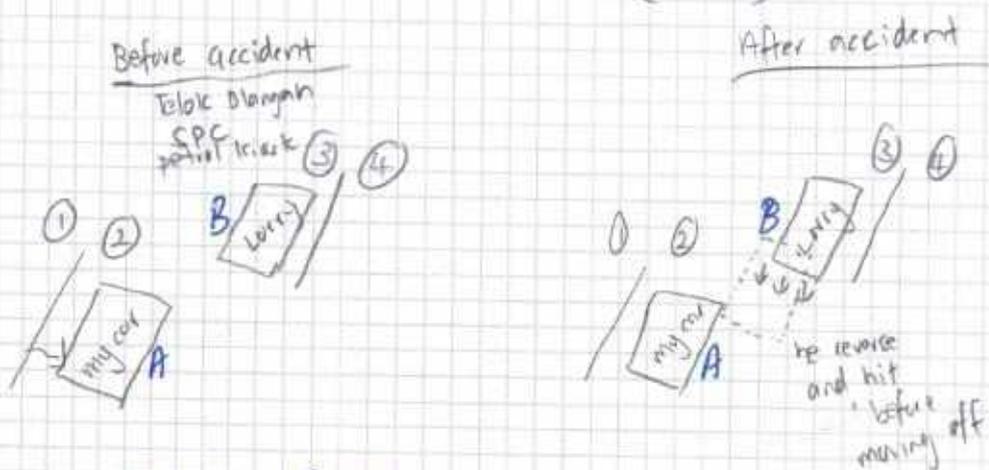
Policyholder's Signature / Date & Time

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

Jan 09/12/20 0918
Witnessed by Reporting Centre Personnel

Sketch Plan

TELOK BLANGTAH ROAD (SPC)



A) SMN 852E

B) GBE 21474

Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/2020/208/2105

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 09/12/20 0920
Policyholder's Signature / Date & Time

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

[Signature] 09/12/2020
Witnessed by Reporting Centre Personnel
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 12 / 20) (DD/MM/YYYY), TIME: (18 : 05) (HH:MM)

LOCATION: Telok Blangah SPC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 852 E
b) INSURANCE COMPANY: U Income
c) POLICY NUMBER: 5111908041-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes A200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) hatchback
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Pumping petrol
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 Jun Ren (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SFS3483FH CONTACT: 98383414
c) ADDRESS: Blk 80C Telok Blangah St 31 #36-129
S 103080

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (21 / 10 / 85) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/08/18

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: Telok Blangah NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6BE 2147 Y MODEL: Nissan cabstar 2.0 5M
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)
(3)
wife and driver

*No of passenger
(including driver)
(2)

*No of passenger
(including driver)
()

email = ongjunren@hotmail.com

VIDEO

[ALAMY](http://www.alamy.com) @ [KhimSearch.com](http://www.khimsearch.com)



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2020 19:43		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: ONG JUN REN			Address: APT BLK 80C TELOK BLANGAH STREET 31 #36-129 SINGAPORE 103080		
ID Type / ID No.: NRIC NO / S8534838H			Contact No.: Home/Office: Mobile: 98383414		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 21/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Medical diagnostic radiographer			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/12/2020 18:05	Type of Location: PETROL KIOSK
Location: TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2147Y	Lorry					0
SMN852E	Car	MERCEDES BENZ	A200 BLUE EFFICIENC Y	White	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN852E	NTUC Income Insurance Co-Operative Limited	5111908041-01	13/11/2020	12/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG JUN REN	ID No.	S8534838H
Related Vehicle	SMN852E (Car)	Contact No.	98383414
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 08/12/2020 at about 1805hrs, I was at SPC Petrol Kiosk along Telok Blangah Rd. I left my vehicle (SMN852E) at lot no. 2 and while the pump attendant was re-fueling patrol for my car, I went to cashier to queue for payment.

Meanwhile, my wife and my 6 years old child were in the car. Suddenly, I received a call from my wife who alerted me that a lorry collided onto the front right side of my car.

I quickly came out of the cashier and discovered the damage to my car. I gestured the lorry driver to stop however he drove off. I wish to state that, I was very sure that he was aware of the accident and he choose not to stop intentionally. The pump attendant was also a witness to the accident, I do not have his details.

I retrieve my car camera footages and revealed that the lorry vehicle number to be GBE2147Y, and the footage also shows that I have gestured to him, and his reaction to the collision however intentionally choose to drive away. At this point of time, I am unable to describe the driver and I will look into the car camera for the description.

No one was injured.



**SINGAPORE
POLICE FORCE**



T/20201208/2105

3 of 3

Report No. T/20201208/2105

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Staff Sgt DARRICK TOH JIAN RONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2020 19:43
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: 
Authentication Stamp NP168	

Claim Handling

Accident MT/1112901

Policy No.	5111908041-01	Vehicle No.	SMN852E	GST Registration No.
Certificate No.				
Policyholder Name	ONG JUN REN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98383414	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	09/12/2020 10:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/12/2020	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TELOK BLANGAH ROAD SPC PETROL STATION			

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?
Additional Excess	0			
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			

Policyholder Mailing Address

Address 1	BLK 80C #36-129	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 103080	Address Type	Singapore address	Post Code
Unit No.	36-129	Related Policy Number	5111908041-01	

OI Driver Info

Driver Name	ONG JUN REN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58534838H	Driver DOB
Register Date of Driver License	08/08/2018	Driver Age	35	Driving Experience
Contact No.(Mobile)	98383414	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 80C #36-129	Address 2	TELOK BLANGAH STREET 31	Address 3
Address 4	SINGAPORE 103080	Address Type	Singapore address	Post Code
Unit No.	36-129			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMN852E	Driver Insurer Comp.

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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Finalisation

Date Registered

Insured Name: ONG JUN

Contact No.(Home):

OI Vehicle Number: SMN852E

SMN852E / GBE2147Y ON 8 Dec 2020

Preferred Repair Option: Preferred

Insured Liability: Not at Fault

Preferred Workshop, Name unknown

GIA report: Received

Claim Close Date: 09/12/2020 10:17

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

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"/>	5111908041-01		ONG JUN REN	S8534838H	GPC	drive CLASSIC	SMN852E	SMN852E	13/11/2020	12/11/2021

Continue