

# NATIONAL Assessment Centre Services [Ref: JAN 2005]

Date In: 08/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000336/13	SAS e-filing		
Veh No: CB66942	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/01/21 0745	i-Motor Claim Form	09/01 MT/1116677-001	
OD: TP: <u>Reporting Only</u>	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: SKW28254	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 repalrer.

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

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks	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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) HT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao 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: Idao 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 willful 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	08/01/2021 10:43 (SGT)
Date of Accident	07/01/2021 07:45 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	SLIP RD TWDS TPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6694L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG JIEW KENG
NRIC No	SXXXX099I
Email Address	aliceong576@yahoo.com.sg
Mobile Phone No	(Phone) +65-97651811
Alternative Phone No	+65-97651811

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5078253027-04
Cover Note Number	-

#### DRIVER

Name of Driver	ONG JIEW KENG
NRIC No	SXXXX099I
Date Of Birth	23/12/1970
Occupation	Outdoor

Date Of Driving Pass .....	28/02/2007
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97651811
Alt. Phone Number .....	+65-97651811
Email Address .....	aliceong576@yahoo.com.sg
Address .....	BLK 526 BEDOK NORTH STREET 3
Address complement .....	#08-460
Postcode .....	460526
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 .....	ONG LAY ENG
Gender .....	Female

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SKW2825Y
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

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 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.

*Simly 07/01/21*

Policyholder's Signature / Date & Time

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

*Simly 08/01/21*  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

AS PER ATTACHMENT



Google Maps Singapore

TAMPINES AVE 10 SLIP RD TWDS TPE

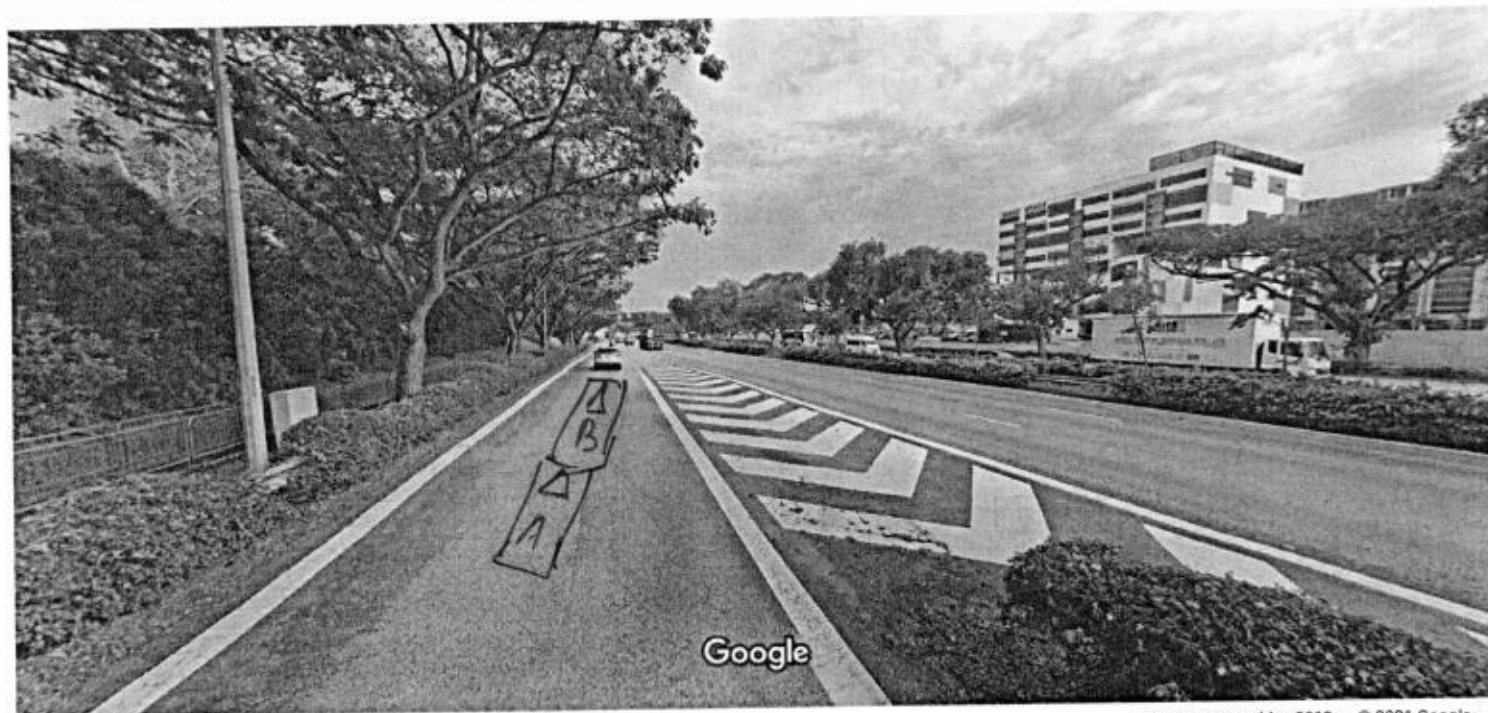


Image capture: May 2019 © 2021 Google

Google

Street View



A - CB6694L  
B - SKW2825Y

**Describe Circumstances of the Accident**

I was travelling from Tampines Ave 10 towards TPE.  
Suddenly at the slip road veh B stop and I followed  
suit but my veh didn't stop completely and touch  
the rear portion of veh B.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

*Sign*  
12/10/21

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

Witnessed by Reporting Centre  
Personnel

*shym* 08/01/21

# ACCIDENT STATEMENT

ACCIDENT DATE: (07/01/21) (DD/MM/YYYY), TIME: (07:45) (HH:MM)

LOCATION: TAMPINES AVE 10 TWOS TAE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB6694L  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HIACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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 JIEW KENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S70480991 CONTACT: 97651811  
c) ADDRESS: BLK 526 BEDOK NORTH ST 3  
H08-460 (460526)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(2)

ONG LAY ENG (L)

- d) DATE OF BIRTH: (23/12/1970) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 28/02/2007  
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER  
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: SKW08254 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
( )

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
( )

Email = alice ong 576 @ yahoo.com.sg

fax =

VIDEO = yes, haven't retrieve



## 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** : 5078253027-04

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle  
 Chassis Number

: CB6694L  
 : JTFST22P200010199

2. Name of Policyholder  
 3. Effective Date of Insurance

: ONG JIEW KENG  
 : 18 Mar 2020

4. Expiry Date of Insurance

: 17 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,000
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 16 Mar 2020 21:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1116677

Policy No.	5078253027-04	Vehicle No.	CB6694L	GST Registration No.	
Certificate No.					
Policyholder Name	ONG JIEW KENG			Policyholder NRIC	S7048099I
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97651811	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	No	NCD Entitlement(%)	0	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	09/01/2021 11:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	07/01/2021	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE TO SLIP RD TWDS TPE				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 526 #08-460	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 4605
Address 4		Address Type	Singapore address	Post Code	460526
Unit No.		Related Policy Number	5078253027-04		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/12/1970
Unnamed driver Name	ONG JIEW KENG	Driver NRIC	S7048099I	Driving Experience	13
Register Date of Driver License	28/02/2007	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	97651811	Contact No.(Office)	0	Address 3	SINGAPORE 4605
Address 1	BLK 526 #08-460	Address 2	BEDOK NORTH STREET 3	Post Code	460526
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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 JIEW KENG	Insured NRIC		
Contact No.(Mobile)	97651811	Contact No.(Home)	62462313	Contact No.(Office)		
Email Address	ALICEONG576@YAHOO.COM.SG	OI Vehicle Number	CB6694L	TP Vehicle Number		
Claim Description	CB6694L / SKW2825Y ON 7 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	09/01/2021 14:46	
Date Registered		Report Taken By	ROSINDA	Workshop Repairer		
<input checked="" type="checkbox"/> Print AK letter						
<div>Save Submit</div>						

## Attachment

Accident No. MT/1116677

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

09/01/2021 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

Clear

Category \*

Confidential

Urgency \*

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NO

Normal

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NO

Normal

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NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	SAS		Normal	SAS 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2021 14:46	Photos		Normal	Photos 2021-1-9

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading