

Date In: 18/02/2021 14:48	Job description	Date & Time Completed	Done by
Ref No: 11681 NC210023174	SAS e-Mailing		
Veh No: SKH 6775K	E-mail (Vehicle, A/C, etc)		
D.O.A: 17/02/2021 21:30	I-Motor Claim Form	MT/12/4/18-001	18/02/2021 14:52
OD: TP: Reporting Only	I-Motor W/O (with/without OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Principal/s: () Veh No: **SKH 6775K** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 ()

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

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

Drive-In () / Towed-In () : Invoice: 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: ()

Date: ()

Time: ()

Location: ()

NA2101184

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Witness: ()

Signature: ()

Date: ()

Time: ()

Location: ()

1) All Accident Reporting (\$50)	INC (\$10)
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Ins DA + EMRT Survey	\$160
8) NTUC Additional Services	
9) NI: Ins DA + EMRT Survey	\$3
10) NI: Ins DA + EMRT Survey	\$10
11) NI: Ins DA + EMRT Survey	\$25
12) NI: Ins DA + EMRT Survey	\$3
13) NI: Ins DA + EMRT Survey	\$25
14) NI: Ins DA + EMRT Survey	\$3
15) NI: Ins DA + EMRT Survey	\$3
16) NI: Ins DA + EMRT Survey	\$3
17) NI: Ins DA + EMRT Survey	\$3
18) NI: Ins DA + EMRT Survey	\$3
19) NI: Ins DA + EMRT Survey	\$3
20) NI: Ins DA + EMRT Survey	\$3

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	18/02/2021 14:48 (SGT)
Date of Accident	17/02/2021 21:30 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6775K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SWEE HOCK
NRIC No	SXXXX768H
Email Address	sweehockong@yahoo.com.sg
Mobile Phone No	(Phone) +65-81634238
Alternative Phone No	+65-81634238

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5091446726-03
Cover Note Number	-

DRIVER

Name of Driver	ONG SWEE HOCK
NRIC No	SXXXX768H

Date Of Driving Pass	05/01/1989
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81634238
Alt. Phone Number	+65-81634238
Email Address	sweehockong@yahoo.com.sg
Address	2E HONG SAN WALK #14-07
Address complement	-
Postcode	689051
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SLL491K
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	YEO DIAU SENG
NRIC No	SXXXX560A
Contact Number	(Phone) +65-97498560
Address	-
Address complement	-

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

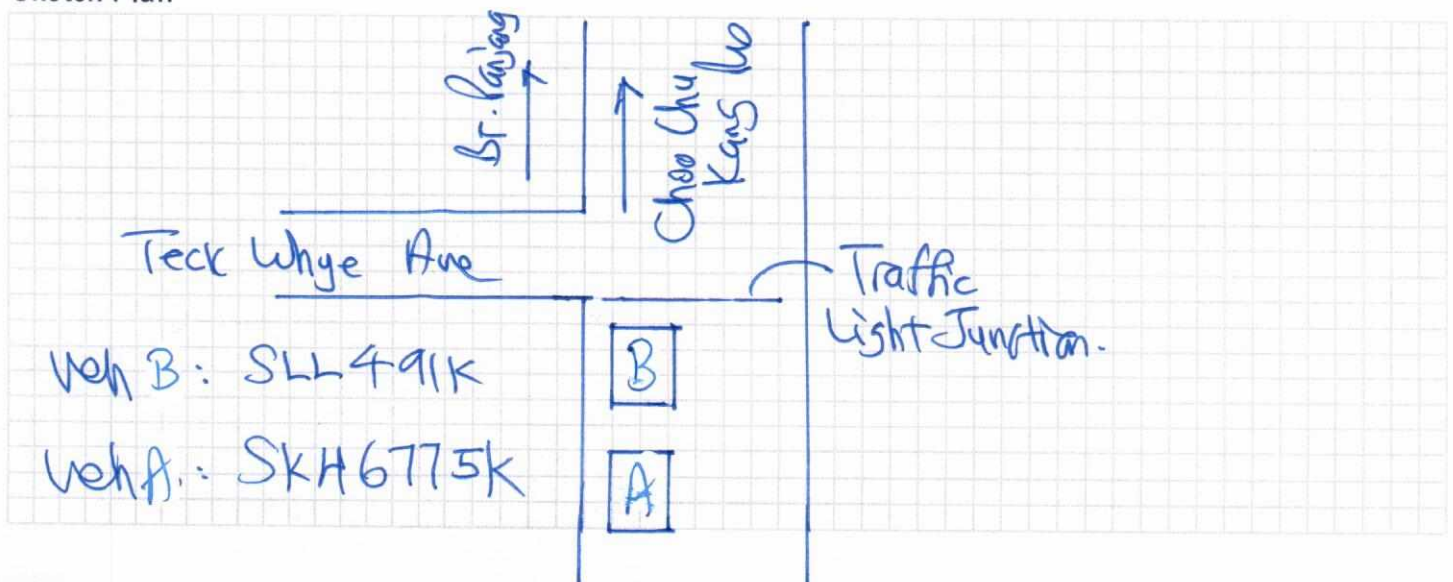
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
10/12/21
1020hrs

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

Witnessed by Reporting Centre Personnel
18/02/2021

Sketch Plan



Describe Circumstances of the Accident

On the day of the accident, I was driving along
Olea Chu Kang rd going toward Br Ranyang at the left lane.

I stopped my vehicle at the junction when the traffic
light is red. (Fear why the / Olea Chu Kang (b)).

When the traffic light is green, I proceed to
drive out at a very slow speed which

Subsequently knocked onto the front bumper
of the Toyota Airta.

As it is late and the surrounding lamp lights is
very dim, I noticed that there are some minor
scratches on his bumper.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

18/12/21
15:20 hrs.

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

Witnessed by Reporting Centre
Personnel

18/12/2021

ACCIDENT STATEMENT

ACCIDENT DATE: 17.02.21 (DD/MM/YYYY), TIME: 9.30pm (HH:MM)

LOCATION: Choa Chu Kang Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 6775K
b) INSURANCE COMPANY: NTIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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) (YES)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ong Swee Hock (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S152768H CONTACT: 81634238
c) ADDRESS: 2E, Hong San Walk #14-07
S1689051

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Swee Hock (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S152768H CONTACT: 81634238
c) ADDRESS: 2E, Hong San Walk #14-07
S1689051

* d) DATE OF BIRTH: 18/08/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 491 K MODEL: Toyota Atila
b) DRIVER'S NAME: Yeo Diqu Seng
c) NRIC/FIN/PASSPORT: S1380560A CONTACT: 97498560

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLL 491 K MODEL: Toyota Atila
e) DRIVER'S NAME: Yeo Diqu Seng
f) NRIC/FIN/PASSPORT: S1380560A CONTACT: 97498560

Email =

VIDEO

Sweehackong@yahoo.com.sg

Claim Handling

Accident MT/1121475

Policy No.	5091446726-03	Vehicle No.	SKH6775K	GST Registration No.
Certificate No.				
Policyholder Name	ONG SWEE HOCK			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81634238	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	18/02/2021 14:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/02/2021	Time of Accident hh:mm	21:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHOA CHU KANG ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
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	2E HONG SAN WALK	Address 2	#14-07 PALM GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5091446726-03	

▼ OI Driver Info

Driver Name	ONG SWEE HOCK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1527768H	Driver DOB
Register Date of Driver License	05/01/1989	Driver Age	58	Driving Experience
Contact No.(Mobile)	81634238	Contact No.(Office)		Contact No.(Home)
Address 1	2E HONG SAN WALK	Address 2	#14-07 PALM GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKH6775K	Driver Insurer Com

Declaration				
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 S
Contact No.(Mobile)	81634238	Contact No. (Home)	631017
Email Address	sweehockong@yahoo.com.sg	OI Vehicle Number	SKH67
Claim Description	SKH6775K / SLL491K ON 17 Feb 2021		

Preferred Workshop	Yes	Insured Liability	Preferred Repair	Preferred Workshop, Name unknown	GIA report	Received
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2/18/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Date Registered

Option

18/02/2021 14:46

Claim
Close
Date

Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1121475	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2021 14:52
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:52	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:52	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:52	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:52	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	NRIC/ Driving License	Y	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2021 14:51	SAS	Normal	SAS 2

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[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="17/02/2021 10:48"/>							
Vehicle No.(For Motor)	<input type="text" value="SKH6775K"/>	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"/>	5091446726-03		ONG SWEE HOCK	S1527768H	GPC	drivo CLASSIC	SKH6775K	SKH6775K	03/07/2020	02/07/2021
<input type="button" value="Continue"/>										