

NATIONAL Assessment Centre Services. - [part 1 Jan 2021] - 5409212M0005

Date In: 22/02/2021 12:07	Job description	Date & Time Completed	Done by
Ref No NA/INC 21002423/M	SAS e-filing		
Veh No SKQ 5895K	E-mail (within 2hrs, AIC 2hrs)		
DDA: 20/02/2021 14:10	I-Motor Claim Form	MT/12 1809-001	22/02/2021 12:19
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

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

TP Particulars: Vch No: GBK 8813L 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 ()

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

() 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: _____

Damage Assessment: _____

NA2101829	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
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	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NFUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TP (NIL): TP (Non INC) against INC \$20	
	9) NI2: 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 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	22/02/2021 12:07 (SGT)
Date of Accident	20/02/2021 14:10 (SGT)
Exact Location of Accident	Bedok North Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5885K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG KOK HOO
NRIC No	SXXXX621E
Email Address	LIGHTZOUT81@YAHOO.COM
Mobile Phone No	(Phone) +65-96893816
Alternative Phone No	+65-96893816

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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	5111268855-01
Cover Note Number	-

DRIVER

Name of Driver	ONG KOK HOO
NRIC No	SXXXX621E
Date Of Birth	23/04/1956
Occupation	Indoor

Date Of Driving Pass	08/09/1976
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96893816
Alt. Phone Number	+65-96893816
Email Address	LIGHTZOUT81@YAHOO.COM
Address	BLK 718 BEDOK RESERVOIR ROAD #09-4578
Address complement	-
Postcode	470718
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210220/2064

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	GBK8813L
Vehicle Manufacturer	-
Vehicle Model	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ONG KOK HOO
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SKQ5885K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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**.
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.

[Handwritten signature]

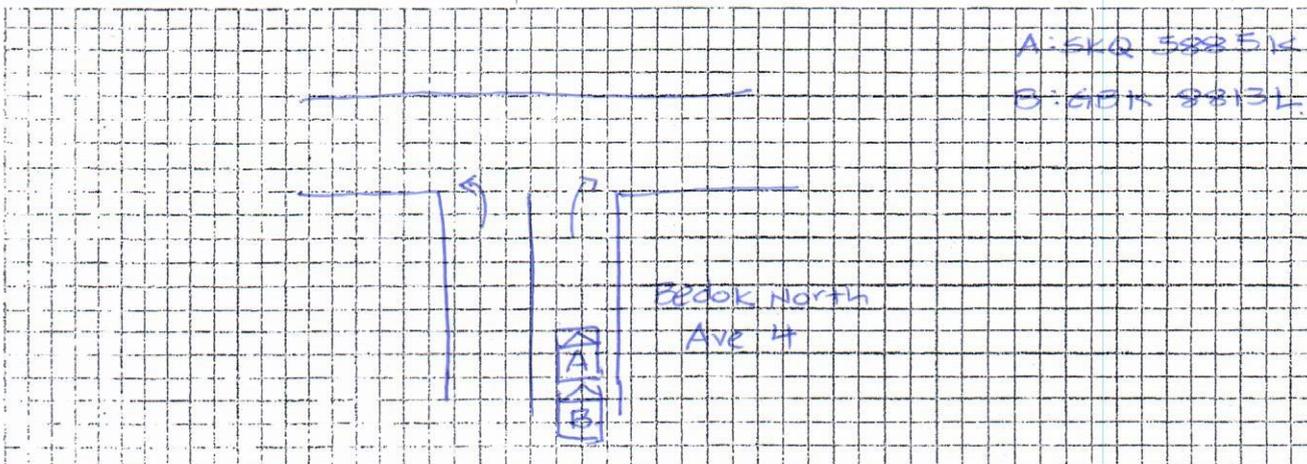
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210220/2064

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

CONTINUATION OF REPORT

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Report No. T/20210220/2064

Tel No: 1800-2519999

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ5885K	NTUC Income Insurance Co-Operative Limited	5111268855-01	12/09/2020	11/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM KOK LIANG		ID No.	S7134123B
Related Vehicle	GBK8813L (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ONG KOK HOO		ID No.	S1170621E
Related Vehicle	SKQ5885K (Car)		Contact No.	96893816
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	20/02/2021		Date Discharge	20/02/2021
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 20/02/2021, at about 1410hrs, I was driving my vehicle (SKQ5885K) along Bedok North Avenue 4 and I was at the right lane, waiting to turn right to Bedok North Road. At that point of time, the traffic light was red and my vehicle was stationary at the traffic light while there were two other vehicles in front of me. Out of sudden, there was an impact came from the rear of my vehicle. I was stepping on my brake and I managed to stop my vehicle on time to prevent my vehicle to hit the front vehicle. I felt pain on my back area however I did not require any medical attention. After I alight from the vehicle, I discovered the rear boot of my vehicle was dent and damaged. I then noticed it was one white lorry (GBK8813L) had collided onto my vehicle. I then exchanged driving license with the other driver and took photo of the accident before I leave.

Subsequently, I went to seek medical treatment at Mount Alvernia Hospital and was given 5 days of Medical Certificate. I wish to state that I have in-built camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210220/2064

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20210220/2064

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210220/2064

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20210220/2064

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: E / Staff Sgt LIM RONG HOE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	

Signature Of Informant:	
Date/Time: 20/02/2021 17:21	
Classification Of Case:	

Authentication Stamp
NP168

Hello, NAC_PAYA_UBI_800601

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="20/02/2021 11:43"/>
Vehicle No.(For Motor)	<input type="text" value="SKQ5885K"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111268855-01		ONG KOK HOO	S1170621E	GPC	drivo CLASSIC	SKQ5885K	SKQ5885K	12/09/2020	11/09/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 30 / 2021) (DD/MM/YYYY), TIME: (14 : 10) (HH:MM)

LOCATION: Bedok North Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 3885K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 316i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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 KOK HOO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9689 3816
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) → BODY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TPY

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBK1 9813L MODEL: _____

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 passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

benzbodyworkz@gmail.com

Email = Lightzout81@yahoo.com

fax =

video = yes

Rspu@LKKauto.com