

NATIONAL Assessment Centre Services.

part 1 Jan03

Date In: 02/02/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21002427/13	SAS e-filing		
Veh No: SMA6043C	E-mail (within 3hrs, AIC 2hrs)		
IP: 21/02/21 2025	I-Motor Claim Form 23/02	MT/1121981-001	
Old: IP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: FBG60766	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 ()	

General Remarks:

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

() 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	Actions

NA201707	Invoice/Insurance Charge	Amount	Adj (3)
1) AR: Accident Reporting (\$30)		30	
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*NS: Courtesy Car / Tpt Allowance	\$3		
*NG: Repair Co-ordination	\$10		
*NI: Post Repair Inspection	\$25		
*NR: DV / Collect Excess Coordination	\$3		
TP (NI): 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 13:07 (SGT)
Date of Accident	21/02/2021 20:25 (SGT)
Exact Location of Accident	Jurong West Street 75, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6043C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SONG KUN
NRIC No	SXXXX880Z
Email Address	ONG_KUN5@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94301493
Alternative Phone No	+65-94301493

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	5117407089
Cover Note Number	-

DRIVER

Name of Driver	YAP SWEE LIN, JANICE (YE RUILIN)
NRIC No	SXXXX278F
Date Of Birth	23/06/1985
Occupation	Indoor

Date Of Driving Pass	05/08/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84998618
Alt. Phone Number	-
Email Address	ONG_KUN5@HOTMAIL.COM
Address	17 HIGHGATE CRESCENT
Address complement	-
Postcode	598798
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:J/20210222/7000

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	FBG6076G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	YAP SWEE LIN,JANICE(YE RUILIN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMA6043C
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

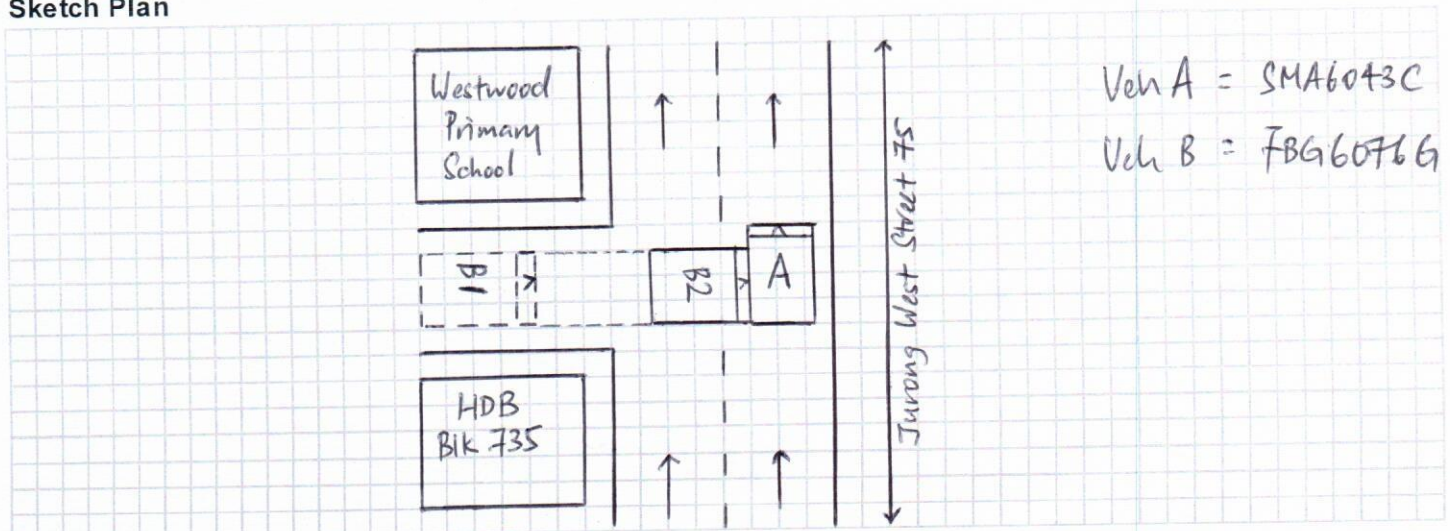
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 22/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

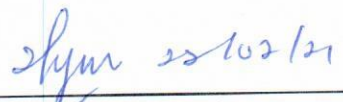
Refer to police report : J/20210222/7000

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



J/20210222/7000

1 of 2

POLICE REPORT (NP299)

Report No. J/20210222/7000

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 22/02/2021 00:00	Vide Report No.	Station Diary No.
Name Of Informant YAP SWEE LIN, JANICE	Address 17 HIGHGATE CRESCENT SINGAPORE 598798	
ID Type / ID No. NRIC NO / S8517278F	Contact No. Home/Office: Mobile: 84998618	
Nationality SINGAPORE CITIZEN	Email Address janice.sl.yap@gmail.com	
Occupation Self Employed	Sex Female	Age 35
Institution/School Name	Date of Birth 23/06/1985	Race Chinese
Date/Time Of Incident 21/02/2021 20:25	Location Of Incident JURONG WEST STREET 75	

Brief details.

On the above mentioned date and time, I was driving my vehicle SMA6043C along Jurong West Street 75, travelling along the right of 2 lanes.

I had passed the carpark gantry beside Block 737 when suddenly I felt a massive impact from the left side of my vehicle. It was so huge that it caused my vehicle to swerve to the left.

I alighted to realise that FBG6076G had dashed out from the carpark gantry and crashed into the whole left side of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2021 00:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210222/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210222/7000

After the accident, I felt soreness over multiple areas of my body. Hence, I proceeded to Unihealth 24-Hr Clinic (Jurong East) and was given 3 days MC for my injuries.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

22/02/2021 00:00

Classification Of Case:

Date of Accident : 21/02/21 Accident Time: 2025 (24-HR-Format)
 Accident Place : Along Jurong West Street 75
 Vehicle No. (Car Plate No.) : SMA6043C Make/Model: Audi A3
 Insurance Company : NTUC Policy No: 5117407089
 Owner or Company Name /IC No. : Ong Song Kun (Wang Song kun) S83308802
 Owner or Company Contact No. : 94301493 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Yap Swee Lin, Janice (Ye Ruilin) S8517278F
 DRIVER'S Date Of Birth : 23/06/1985 DRIVER'S License Pass Date 05/08/2009
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 17 Highgate Crescent Singapore 598798
 DRIVER'S Contact No./ Alt No. : 1) 8499 8618 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : ong-kun5@hotmail.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): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>FBG6076G</u>	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:**

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: 5117407089

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMA6043C**
Chassis Number : WAUZZZ8V8J1059341
2. Name of Policyholder : ONG SONG KUN
3. Effective Date of Insurance : 11 Jun 2020
4. Expiry Date of Insurance : 12 Jun 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)	: S\$600
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG SONG KUN
NAMED DRIVER (1)	: YAP SWEE LIN JANICE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 06 May 2020 12:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1121981

Policy No.	5117407089	Vehicle No.	SMA6043C	GST Registration No.	
Certificate No.				Policyholder NRIC	S8330880Z
Policyholder Name	ONG SONG KUN	Cover Type	drivo PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	94301493	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	23/02/2021 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/02/2021	Time of Accident hh:mm	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST STREET 75				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
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	17 HIGHGATE CRESCENT	Address 2	SINGAPORE 598798	Address 3	
Address 4		Address Type	Singapore address	Post Code	598798
Unit No.		Related Policy Number	5117407089		

OI Driver Info

Driver Name	YAP SWEE LIN JANICE	Driver Type	Named Driver	Driver DOB	23/06/1985
Unnamed driver Name		Driver NRIC	S8517278F	Driving Experience	11
Register Date of Driver License	05/08/2009	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	84998618	Contact No.(Office)	0	Address 3	
Address 1	17 HIGHGATE CRESCENT	Address 2	SINGAPORE 598798	Post Code	598798
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	ONG SONG KUN	Insured NRIC	
Contact No.(Mobile)	82071824	Contact No.(Home)	66654837	Contact No.(Office)	
Email Address		OI Vehicle Number	SMA6043C	TP Vehicle Number	
Claim Description	SMA6043C / FBG6076G ON 21 Feb 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	23/02/2021 09:47
Report Taken By				Workshop Repairer	ROSLINDA
				Date Received	
				Total Lost but Repaired	

Print AK letter

Save Submit

Attachment

Accident No. MT/1121981 Claim No. 001

Last Doc. Received

Yes No

Upload Date

23/02/2021 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

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	SAS		Normal	SAS 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:47	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2021 09:46	Photos		Normal	Photos 2021-2-23

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading