

SNR 21310002

Fax:

Thiror

*Injury :*

NA2101958

QC Checked by (Engr-In-Charge):

Wichita County Commission

2111

2/3

1) All Accident Support (\$30)	INC (\$)
2) DA+Survey Assessment (\$100)	\$100
3) TPI Fowling Fee	\$150
4) TPI Follow Through Survey	\$30
5) TPI Follow Through Survey (Resurvey)	\$30
Verbal Interviewing INC Only (over 10 in 7 hrs)	\$75
6) TPI Re-inspection	\$150
7) NIS Ideo DA + SMRT Survey	
8) NTUC Additional Services	
ONE	\$3
* NSI Courtesy Car / TPI Allowance	\$10
* NSI Repairs Coordination	\$25
* NIS Post Repair Inspection	\$3
* NIS DV / Collision Damage Coordination	\$30
TP (NIS) TPI (NIS) TPI (NIS)	\$0
9) NIS Ideo Mobile	
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	18/03/2021 10:57 (SGT)
Date of Accident	15/03/2021 17:50 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	JUNCTION OF QUEENSWAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2582H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TCM ONG MEDICARE P L
Company Reg No	2XXXXX457N
Email Address	ongcheeming@gmail.com
Mobile Phone No	(Phone) +65-93842516
Alternative Phone No	+65-93842516

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	Comprehensive
Fleet Policy	No
Policy Number	5100184384-02
Cover Note Number	-

### DRIVER

Name of Driver	ONG CHEE MING (WENG JIMING)
NRIC No	SXXXXX964E
Date Of Birth	23/09/1972
Occupation	Indoor

Date Of Driving Pass .....	10/09/1992
Driving experience .....	28 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93842516
Alt. Phone Number .....	-
Email Address .....	ongcheeming@gmail.com
Address .....	9 PASIR PANJANG CLOSE
Address complement .....	-
Postcode .....	118967
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
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

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 .....	SGM906K
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Tucson
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR. LOY
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.

翁氏華醫

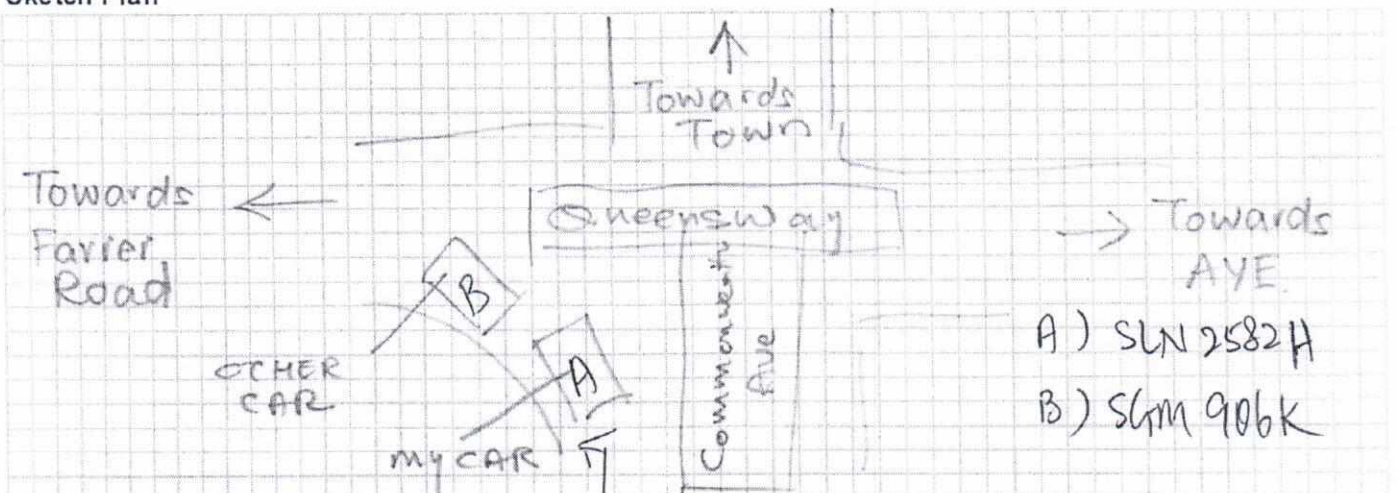
TCMOng Medicare

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



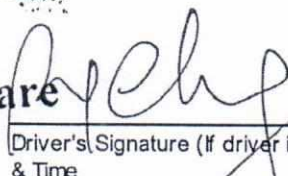
**Describe Circumstances of the Accident**

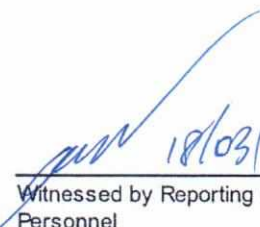
I was filtering from Commonwealth Ave into Queensway (towards Farrer) on 15 Mar 2021 at about 5.50 pm. I was the second car in the filter lane. I saw the ~~sa~~ cross traffic was clear and slowly move off but the first car stopped abruptly when a car zoomed across and hit the car from the rear. The impact was small as I was just moving out. The owner wanted to settle privately as it was a minor dent on his car whereas there was no damage to mine except a crack on the car license plate. However, after negotiation, I have decided to report this as he demanded too much in his private message to me. Hence the reporting was delayed after I told him I would let insurance decide.

**Declaration**

We declare the foregoing particulars are true in every respect.

翁氏華醫  
X MONG Medicare  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time  
18.03.21  
0950 hrs

  
Witnessed by Reporting Centre Personnel  
18/03/2021



## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 03 / 2021) (DD/MM/YYYY), TIME: (17 : 50) (HH:MM)

LOCATION: Junction of Queensway + Commonwealth Avenue

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 2582 H  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Kia Niro  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE WORK  
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: TCMONG MEDICARE PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201612457N CONTACT: 93842516  
c) ADDRESS: 9, PASIR PANJANG CLOSE, SINGAPORE 118967

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

### DRIVER

- a) NAME: ONG CHEE MING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7236964E CONTACT: 93842516  
c) ADDRESS: 9, PASIR PANJANG CLOSE, SINGAPORE 118967

\* d) DATE OF BIRTH: (23 / 09 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/09/1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIRECTOR

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: SGM 906 K MODEL: HYUNDAI TUCSON  
b) DRIVER'S NAME: MR. LOY  
c) NRIC/FIN/PASSPORT: - CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email: ongcheeming@gmail.com

VIDEO \_\_\_\_\_

## Claim Handling

Accident MT/1124795

Policy No.	5100184384-02	Vehicle No.	SLN2582H	GST Registration No.
Certificate No.				
Policyholder Name	TCM ONG MEDICARE P L			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93842516	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	30	Private Hire

## ▼ Accident Details

Report Date	18/03/2021 10:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/03/2021	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF COMMONWEALTH AND QUEENSWAY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	18/03/2021 10:59:26 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	9 PASIR PANJANG CLOSE	Address 2	SUNNY VALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100184384-03	

## ▼ OI Driver Info

Driver Name	ONG CHEE MING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7236964E	Driver DOB
Register Date of Driver License	10/09/1992	Driver Age	48	Driving Experience
Contact No.(Mobile)	93842516	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLN2582H	Driver Insurer Company

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TCM ONG MEDICARE P L	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLN2582H	TP Vehicle Number
Claim Description	SLN2582H / SGM906K ON 15 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	18/03/2021 11:02	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

## Attachment



3/18/2021

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/1124795

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/03/2021 11:03

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

Urgen

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:03	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	Photos		Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 11:02	SAS		Normal	SAS 2021-3-18

## Video List

Uploaded By/Date	Folder Date	File Name		Sou
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

15/03/2021 09:34

Vehicle No.(For Motor)

SLN2582H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100184384-02		TCM ONG MEDICARE P L	201612457N	GPC	drivo CLASSIC	SLN2582H	SLN2582H	27/04/2020	26/04/2021