

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA 11 71 56 575

Date In: 27/11/17 15:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 001 17022542 1h4			
Veh No: SFB 6688 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/11/17 13:35	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	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: SLF 136 T	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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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 :- Sat 1: Sat 2/3:	MA1707329	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		70.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$35			
	7) N1: Idac DA - SMRT Survey \$160			
	8) NTUC Additional Services -			
*N5: Courtesy Car / Tpt 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: Idac Mobile 30				
Invoice dated Invoice dated		Fee Charged 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 ability.
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 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 Report	27/11/2017 15:36
Date Of Accident	25/11/2017 13:35
Exact Location Of Accident	PIE TWDS CHANGI AFTER THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB6688U
Insured/Policyholder	
Name Of Registered Owner	MR ONG CHEW HOCK
NRIC No	S1464499G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98528238
Alternative Phone No	OFFICE-98528238

Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110113761106
Cover Note Number	-

Driver

Name of Driver	ONG LI YI JEANNY
NRIC No	S9527036J
Date Of Birth	20/07/1995
Occupation	INDOOR
Date Of Driving Pass	03/03/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91266206
Fax Number	
Contact Number	
Email Address	NOEMAIL


SKETCH PLAN


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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

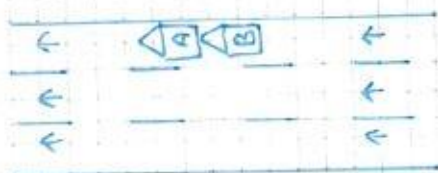

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE Toward Changi After Thomson Exit.



A-SFB 6688U

B-SLF 136T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along PIE toward Changi on the 1 lane of a 3 lanes expressway. Somewhere after Thomson exit, vehicle ahead of me slowed down and stopped due to heavy flow. As such, I applied brake to slowed down and stopped. Out of the sudden vehicle B (SLF 136 T) came from the rear and collided directly onto the rear portion of my vehicle.

A-SFB 6688U

B-SLF 136 T

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SFB 66884	Model / Make Renault Megane	
Date of Accident	25/11/17		
Time of Accident	13.35	HRS	
Location of Accident	PIE Toward Changi After Thomson Exit		
Exact purpose use during accident	Private use		
Name of Owner	Ong Chew Hock		
Telephone No.	H/P : 9852 8238	Home :	Office :
NRIC	S1464499G		
Address	294 Westwood Ave S(648486)		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	UOI		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DHOM110113761106		
Name of Driver	As Above (If No, Ong Li Yi, Jeanny)		
NRIC	S9527036J	Any Passengers : Nil	
Date of birth	20/7/1995		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	3 Mar 2015		
Gender	Male	/ Female	
Contact No.	H/P : 9126 6206	Home :	Office :
Address	294 Westwood Ave S(648486)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLF 136 T	Any Passengers : 2	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / (No)		
Email Address	rayongch@yahoo.com.sg		
PARTICULAR WORKSHOP	Twincor Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510	84815151	
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9527036J



Name

ONG LI YI JEANNY

王俐嫻

Race

CHINESE

Date of birth

20-07-1995

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9527036J



ONG LI YI JEANNY

Birth Date: 20 Jul 1995

Issue Date: 03 Mar 2015



Driver

4 5 1 5 2 9 0



NRIC No. S9527036J



Date of issue
26-01-2010

Address
294 WESTWOOD AVENUE
SINGAPORE 648486

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg 03 Mar 2015
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg



Licence No: S9527036J

NP 428A

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1464499G

Name
ONG CHEW HOCK

王秋福

Race
CHINESE

Date of Birth
05-05-1961

Sex
M

Country of Birth
SINGAPORE

S1464499G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1464499G

Name
ONG CHEW HOCK

Birth Date: 05 May 1961
Issue Date: 28 Jul 2003

000689008A

Owner

1182668

NRIC No. S1464499G

Blood Group: A+ Date of Issue: 11-08-1993

Address
294 WESTWOOD AVENUE
SINGAPORE 648486

NRIC No: S1464499G Date: 06-08-1998 No: 2545521

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	13 Apr 1983
Class 2A Motorcycles between 201 cc and 400 cc	13 Apr 1983
Class 2 Motorcycles exceeding 400 cc	23 Nov 1999
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Oct 1978

NP 428A

Licence No: S1464499G

ORIGINAL

RENEWAL CERTIFICATE

Agency	D000136	Class of Policy	MOTOR	Policy Number	..... DHOM110113761106
Account	D000136	Issued on	..... 03/08/2017 in UOI	Replacing Policy no.	DHOM110113761105
Client	0001787	Acceptance Date	24/07/2017		

Period of Insurance from 29/07/2017 to 28/07/2018, both dates inclusive

Insured's Name....	MR ONG CHEW HOCK
Mailing Address...	294 WESTWOOD AVENUE WESTVILLE SINGAPORE 648486

Business/Occupn... MANAGER

Premium	BASIC ANNUAL PREMIUM	SGD2,082.00		
	5% INCENTIVE DISCOUNT	SGD104.10-		
	NO CLAIM BONUS	50.00%	SGD988.95-	
	Total Annual Premium	SGD988.95	Premium Due	SGD988.95
			Less Disc.	SGD148.34
			Premium GST	SGD58.84
			Total Due	SGD899.45

Risk No. 001	PRIVATE		
1. Registration	SFB6688U	Make/Model ..	RENAULT MEGANE COUPE CABRIOLET
Type of Cover	COMPREHENSIVE	No. of seats	3
Engine No. ..	VF1EM1N0A40079792	Capacity cc's	1998
Chassis No. .	F4R1771C107834		
			Body Type SPORT
			Yr of Manuf/Regn 2008/2008
			NCB%..... 50.00
			Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE		
NIL TO NAMED DRIVER ONLY	SGD0.00		
OTHERS	SGD750.00		
APPL TO <25 YRS & OR <3YRS EXP	SGD2,000.00		
WINDSCREEN DAMAGE CLAIM	SGD100.00		
Named Drivers (A) THE INSURED	(B) MDM ER CHER WEI		
(C) ONG JIAN KAI RANDALL			

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 - EXCESS - DAMAGE CLAIMS
 AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM

TERRORISM EXCLUSION ENDORSEMENT

CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001

25 - STRIKE RIOT AND CIVIL COMMOTION

SECTION III - MEDICAL EXPENSES

SECTION IV - PERSONAL ACCIDENT BENEFITS

2 E - YOUNG AND INEXPERIENCED DRIVERS

2 F - (A) THE INSURED

30 - REPLACEMENT PARTS

CONDITION PRECEDENT

57 - INCLUSION OF SPECIAL PERILS

89 [UNLIMITED WINDSCREEN COVER]