

Date In: 12/12/17 17:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 1702366164	E-mail (initial Date, A/C Date):		
Veh No: SKB 4806A	1-Motor Claim Form	MTI 0973516	13/12/17 18:13
D.O.A: 11/12/17 20:05	1-Motor W/O (Within 90 Days TP 48hrs)		
DD <input checked="" type="radio"/> Reporting Only	1-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: YP 5028 H	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

MA1707710

## Invoice Preparation Checklist

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Tel: 1:

Tel: 2/3:

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)		INC (\$80)
3) TF: Towing Fee (\$40)	40.00	
4) FT: Follow-Through Survey (\$120)		
5) FT: Follow-Through Survey (Resurvey) (\$30)		
For claiming against INC Only (w/e 16 Jan 2018)		
6) TR: Re-inspection (\$75)		
7) NI: (Inc DA + SMRI Survey) (\$160)		
8) NTUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpt Allowance	50	
*NI: Repair Coordination	100	
*NT: Post Repair Inspection	225	
*NS: DV - Collect Excess Coordination	50	
TP (Nil): TP to Inc INC against INC	0	
9) NIS: Idan Mobile	0	
Invoice total		Fee Charged
2nd Invoice total		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	12/12/2017 17:47
Date Of Accident	11/12/2017 20:05
Exact Location Of Accident	KPE EXIT TO SLE/BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4806A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FURNZONE CREATIONS PTE LTD
Co Reg No	200300940K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63624840

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used at time of accident	BACK HOME
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096013432
Cover Note Number	-

### Driver

Name of Driver	ONG YEW HIEN
NRIC No	S7016211C
Date Of Birth	17/05/1970
Occupation	INDOOR
Date Of Driving Pass	31/03/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84437731
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 571C WOODLANDS AVE 1 #04-920  
 Postcode 733571  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
 Weather Conditions RAINING  
 Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name WOODLANDS EAST N.P.C  
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP5028H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver HASIB FURU MOLLA  
 NRIC/Passport Number G8392012U  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBA2620T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name

ONG YEW HIEN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKB4806A

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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 lodgment 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.
- (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

A= SXB 4806 A  
B= YP 5028 H  
C= GBA 2620 T



KPE Exit to SLE/BKE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLA

I/We d



ing 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.:



# SINGAPORE POLICE FORCE



T/20171212/2133

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20171212/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2017 16:40	Vide Report No.:	Station Diary No.: 162
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**Informant's Particulars**

Name of Informant: ONG YEW HIEN	Address: APT BLK 571C WOODLANDS AVENUE 1 #04-920 SINGAPORE 733571
ID Type / ID No.: NRIC NO / S7016211C	Contact No.: Home/Office: Mobile: 84437731
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 47 Date of Birth: 17/05/1970	Type <input checked="" type="checkbox"/> Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: SALES MANAGER	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/12/2017 20:05	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 KALLANG PAYA LEBAR EXPRESSWAY				
KPE EXITING TO SLE/BKE				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:	Traffic Control: ✓		Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB4806A	Car	MERCEDES BENZ	C180K	White	Seriously Damaged	0
YP5028H	Lorry	HINO	HINO XZU710R- HKFMS3	White		2

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



# SINGAPORE POLICE FORCE



T/20171212/2133

2 of 3

Report No. T/20171212/2133

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ONG YEW HIEN	ID No.	S7016211C
Related Vehicle	SKB4806A (Car)	Contact No.	84437731
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2017	Date Discharge	12/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	HASIB FURU MOLLA	ID No.	G8392012U
Related Vehicle	YP5028H (Lorry)	Contact No.	90798278
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 11/12/2017 at about 2005hours, I was driving my car bearing the registration number SKB4806A on KPE exiting BKE/SLE exit. I slowed down my car as the traffic was heavy at the exit when suddenly, a lorry bearing the registration number YP5028H hit to the rear side of my car. The incident caused my car to moved forward and hit onto a car in front of me. After which, I came out of my car and made a check to my car and noticed that the front and rear side of my car was damaged.

I then exchanged particulars with the drivers and we decided to make police report. I have a front view camera installed in my car. I am making this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20171212/2133

3 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20171212/2133

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:

J /

Sgt 1 CHIEW WEI CHENG

Sgt (2) Ahy, T60008

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

12/12/2017 16:40

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

SN 130

Authentication Stamp  
NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7016211C



Name  
ONG YEW HIEN  
王耀賢

Race  
CHINESE

Date of birth  
17-05-1970

Country/Place of birth  
SINGAPORE

Sex  
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7016211C  
Name:  
ONG YEW HIEN

Birth Date: 17 May 1970  
Issue Date: 31 Mar 2012



5206469



NRIC No: S7016211C



DOB of issue  
19-08-2013

APT BLK 571C WOODLANDS AVENUE 1 #04-820  
SINGAPORE 733571

NRIC No: S7016211C Date: 20/05/2015


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

EFFECTIVE DATE  
31 Mar 2012

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

NP 428A

Licence No: S7016211C



eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096013432	FURNZONE CREATIONS PTE LTD	200300940K	GPC	drive CLASSIC	SKB4806A	SKB4806A	22/11/2017	21/11/2018

## Claim Handling

Accident MT/0973516

Policy No.	5096013432	Vehicle No.	SKB4806A	GST Registration No.	
Policyholder Name	FURNZONE CREATIONS PTE LTD	Cover Type	drivo CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				

**Accident Details**

Report Date	13/12/2017 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	11/12/2017	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KPE TOWARDS TPE (NEAR LORONG HALUS)				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	69 SUNGEL KADUT DRIVE	Address 2	SINGAPORE 729568	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096013432		

## OI Driver Info

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

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	FURNZONE CREATIONS PTE LTD	Insured NRIC	
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKB4806A	TP Vehicle Number	
Claim Description	SKB4806A / YP5028H ON 11 Dec 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	13/12/2017 18:11	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0973516	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2017 18:13

Path *	Category *	Confidential	Urgency
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal

Attachment List

Attachment List

📺 Video List

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