

Date In: 29/12/13 16:15	Job description	Date & Time Completed	Done by
Ref No: NA/CIT 17024716/h4	SAS e-filing		
Veh No: SC2 5800C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/12/13 14:50	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> TP / 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:

SLQ 8080J

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 &amp; 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

NA 18 00003	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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 \$75			
	7) N1: Idac DA + SMRI Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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 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	29/12/2017 16:15
Date Of Accident	29/12/2017 14:50
Exact Location Of Accident	PIE TWDS CHANGI B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ5800C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG LAY PHENG
NRIC No	S1755593F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90059211
Alternative Phone No	OFFICE-90059211

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 CGI A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3040311701
Cover Note Number	-

### Driver

Name of Driver	SOH KIAN HENG(SU JIANXING)
NRIC No	S7122978E
Date Of Birth	03/07/1971
Occupation	INDOOR
Date Of Driving Pass	15/10/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880488
Fax Number	
Contact Number	
EEmail Address	NOEMAIL




## SKETCH PLAN

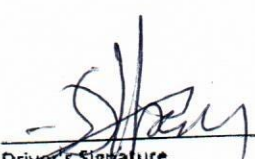
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

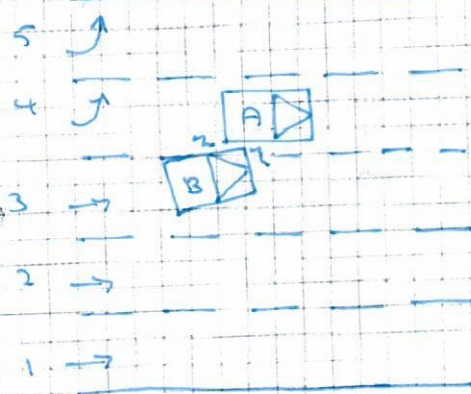
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

VEHICLE A - SC2 5800C  
VEHICLE B - SLQ 8080J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIE TOWARDS CHANGI DIRECTION, I WAS ON THE FOURTH LANE.

WHILE APPROACHING THE EXIT OF (PADA LEBAR EXIT) WHILE DRIVING STRAIGHT FORWARD, SUDDENLY I FELT A IMPACT FROM THE RIGHT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SLQ 8080J) HAD COLLIDED TO THE SIDE OF MY VEHICLE WHILE SNEAKING INTO MY LANE, WHEN I WAS TRAVELLING STRAIGHT AHEAD.

VEHICLE A - SC2 5800C

VEHICLE B - SLQ 8080J

## 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.:



<b>Vehicle No.</b>	SCZ 5800C	<b>Model / Make</b>	MIRAC B250
<b>Date of Accident</b>	20/12/2017		
<b>Time of Accident</b>	1450	<b>HRS</b>	
<b>Location of Accident</b>	PIE TOWARDS CHANU BLOOM PASA LEBAR WAT		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	ONG LAM PHUENH		
<b>Telephone No.</b>	H/P : 9005 9211	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 17555 93 F		
<b>Address</b>	BLK 510 SELAPAH ROAD #16-74 SC(670510)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	CHINA TAIPIH		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire /Theft
<b>Policy No.</b>	DMPCSN3040311701		
<b>Name of Driver</b>	As Above If No, SDH KIAN HENG		
<b>NRIC</b>	57122978R	<b>Any Passengers :</b>	
<b>Date of birth</b>	03 JUL 1971		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	15 OCT 1991		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9388 0488	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 510 SELAPAH ROAD #16-74 SC(670510)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state SPOUSE	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SLQ 8080J	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	RIGHT HAND SIDE		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /</b>			
<b>OFFERING ACCIDENT CLAIMS ASSISTANCE?</b> Yes / No			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTB LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7122978E



Name  
SOH KIAN HENG  
(SU JIANXING)  
苏建兴

Race  
CHINESE

Date of Birth  
03-07-1971

Sex  
M

Country of Birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S7122978E

Name:  
SOH KIAN HENG  
(SU JIANXING)


Birth Date: 03 Jul 1971  
Issue Date: 18 Oct 2003



3054983



NRIC No. S7122978E



Blood Group  
A+

Date of issue  
01-12-1998

APT BLK 610 JELAPANG ROAD #18-74  
SINGAPORE 670510

NRIC No. S7122978E Date: 09-10-2002 No: 4335989


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

PASS DATE  
15 Oct 1991

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S7122978E





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200203364F

MX1E  
R SN  
AN0420A  
Cov.Type: C

MOTOR PRIVATE CAR

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No

DMPCSN3040311701

Engine No : 27186030004999  
Chano: WDD2120482A082693

1. Index Mark and Registration  
Number of Vehicle

SCZ5800C

AUTOSAFE  
=====

2. Name of Policy Holder

ONG LAY PHENG

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations  
Ordinance or Enactment

11 May 2017

Named Drivers Ex Sect. I ..... S\$750.00  
Additional Ex other than Named Drivers:  
Ex Sect. I - Age <= 25..... S\$3,000.00  
Ex Sect. I - Age >= 26..... S\$500.00  
\* Age as at date of accident  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of insurance

10 May 2018

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 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\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.  
One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HUI HUA CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Please see reverse



Issued By: ..... INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

.....  
Authorised Signatory



Address	BLK 510 JELAPANG RD #16-74
Postcode	670510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

### 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	SLQ8080J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	