

# NATIONAL Assessment Centre Services. (Int'l 1 800 004 13)

Date In: 15/01/2018 18:43	Job description	Date & Time Completed	Done by
Ref No: NBA/TMT 18000892/ky	SAS e-illing		
Veh No: SFD3339L	E-mail (within 2hrs, A/C 3hrs)		
D.O.A: 14/01/2018 15:05	f-Motor Claim Form		
OD TP Reporting Only	1-Motor Y/O (within 24 hrs, TP 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Yeh Not	SCW 8183X, INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: ( %)	(Note: BSL 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 repeller.

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

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

Remarks	INC Hotline: 6788 0016	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	Action

<p>NA 1800413</p> <p>Document's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Assessed Portion:</p> <p>C. Checked by (Bugr-In-Charge):</p> <p>1/16/3 Comments:</p> <p>1/1:</p> <p>2/3:</p>	<p>Invoice Preparation Charge List:</p> <table border="1"> <tr><td>1) AR: Accident Reporting (\$30)</td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (\$30)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$40/\$43</td></tr> <tr><td>4) FT: Follow-Through Survey</td><td>\$120</td></tr> <tr><td>5) RT: Follow-Through Survey (Resurvey)</td><td>\$30</td></tr> <tr><td colspan="2">For claiming against INC Only (wef 10 Jan 2018)</td></tr> <tr><td>6) TR: Re-inspection</td><td>\$15</td></tr> <tr><td>7) NI: 1da DA + SMRT Survey</td><td>\$160</td></tr> <tr><td>8) NTUC Additional Services:</td><td></td></tr> <tr><td>Q11:</td><td></td></tr> <tr><td>*NI: Courtesy Car / Tol Allowance</td><td>\$3</td></tr> <tr><td>*INC: Repair Coordination</td><td>\$10</td></tr> <tr><td>*NI: Post Repair Inspection</td><td>\$15</td></tr> <tr><td>*NI: DY / Collect Excess Coordination</td><td>\$5</td></tr> <tr><td>*TZ (Nil): TP (Nil INC) against INC</td><td>\$20</td></tr> <tr><td>*NI: 1da Mobile</td><td>\$0</td></tr> </table> <p>Invoice dated: (Fee Charged)</p> <p>1/1/18 (1/1/18)</p>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$30)	3) TP: Towing Fee	\$40/\$43	4) FT: Follow-Through Survey	\$120	5) RT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (wef 10 Jan 2018)		6) TR: Re-inspection	\$15	7) NI: 1da DA + SMRT Survey	\$160	8) NTUC Additional Services:		Q11:		*NI: Courtesy Car / Tol Allowance	\$3	*INC: Repair Coordination	\$10	*NI: Post Repair Inspection	\$15	*NI: DY / Collect Excess Coordination	\$5	*TZ (Nil): TP (Nil INC) against INC	\$20	*NI: 1da Mobile	\$0
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## 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	15/01/2018 18:43
Date Of Accident	14/01/2018 15:05
Exact Location Of Accident	CLEMENTI AVE 1 INSIDE MSCP LEVEL2 CARPARK LOT758
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFD3339L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR ONG LEONG LEE
NRIC No	S1253072B
Email Address	ONG.SEE.BENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91068869
Alternative Phone No	OTHERS-91068869
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MW000395-R02
Cover Note Number	
<b>Driver</b>	
Name of Driver	ONG SEE BENG (WANG CIMING)
NRIC No	S8500857I
Date Of Birth	21/01/1985
Occupation	INDOOR
Date Of Driving Pass	04/11/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91068869
Fax Number	
Contact Number	OTHERS-91068869
Email Address	ONG.SEE.BENG@GMAIL.COM



Address	BLK 416 CLEMENTI AVE 1 #20-281
Postcode	120416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

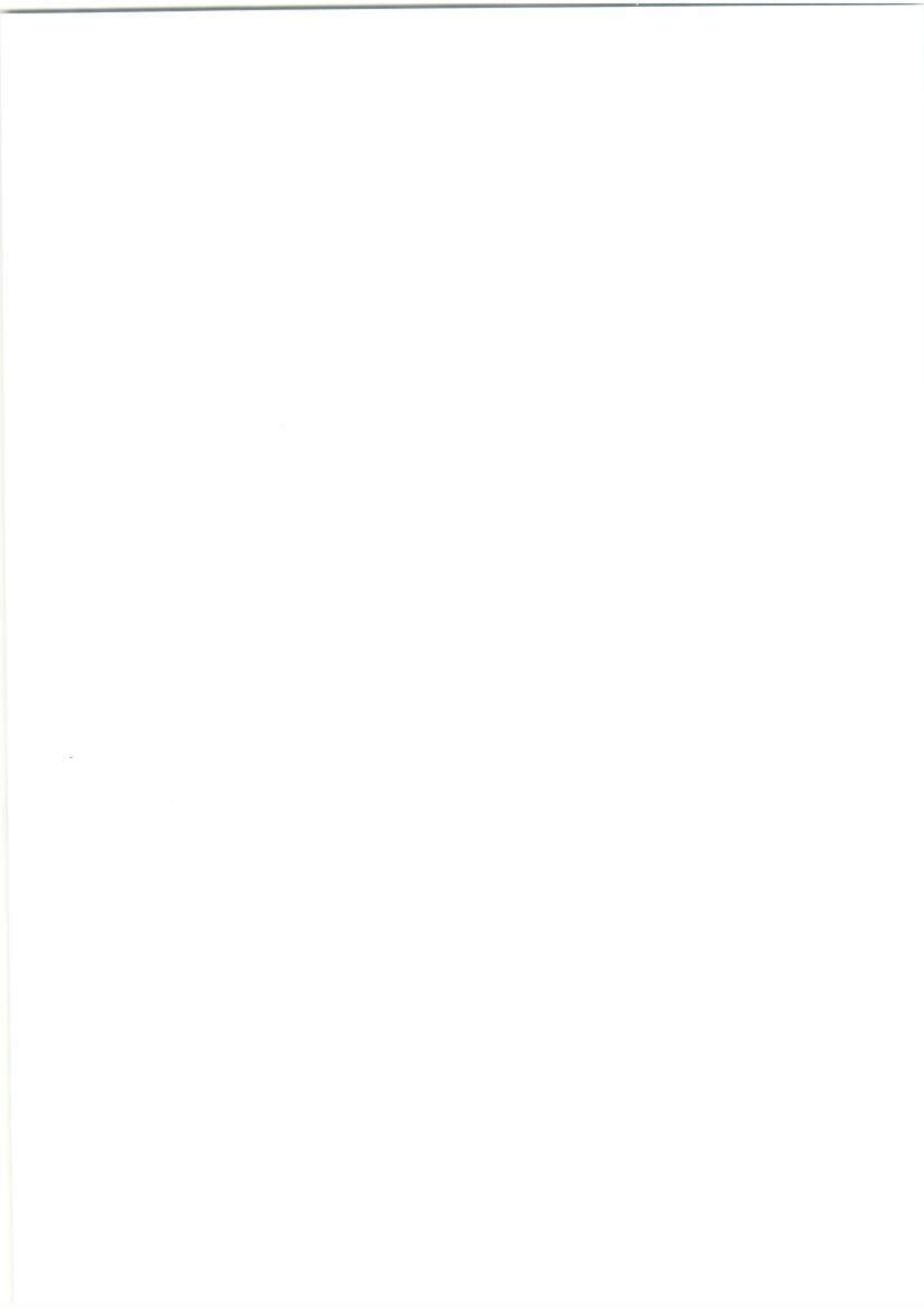
PLS REFER TO THE OLICE REPORT : T/20180115/7000

#### 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	SCW8183X
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)





## SKETCH PLAN


### IMPORTANT NOTICE

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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.

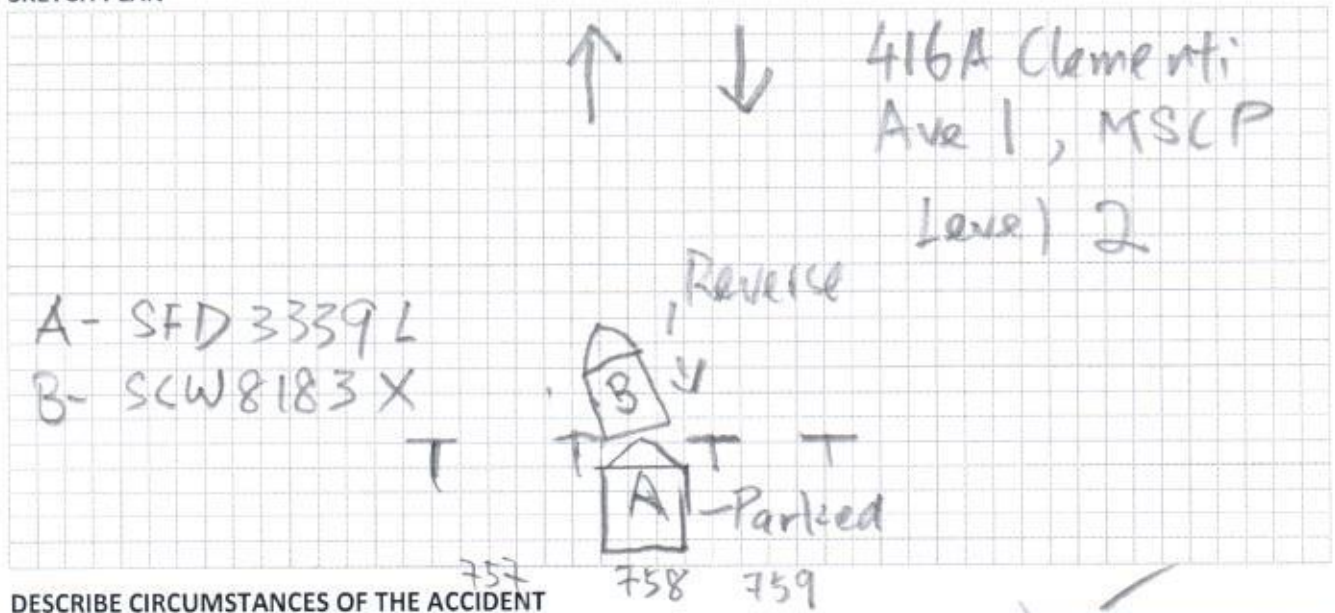
Policyholder's Signature  
Date & Time:

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

 15/1/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*Pls Refer to the Police Report*  
*T/20180115/7000*

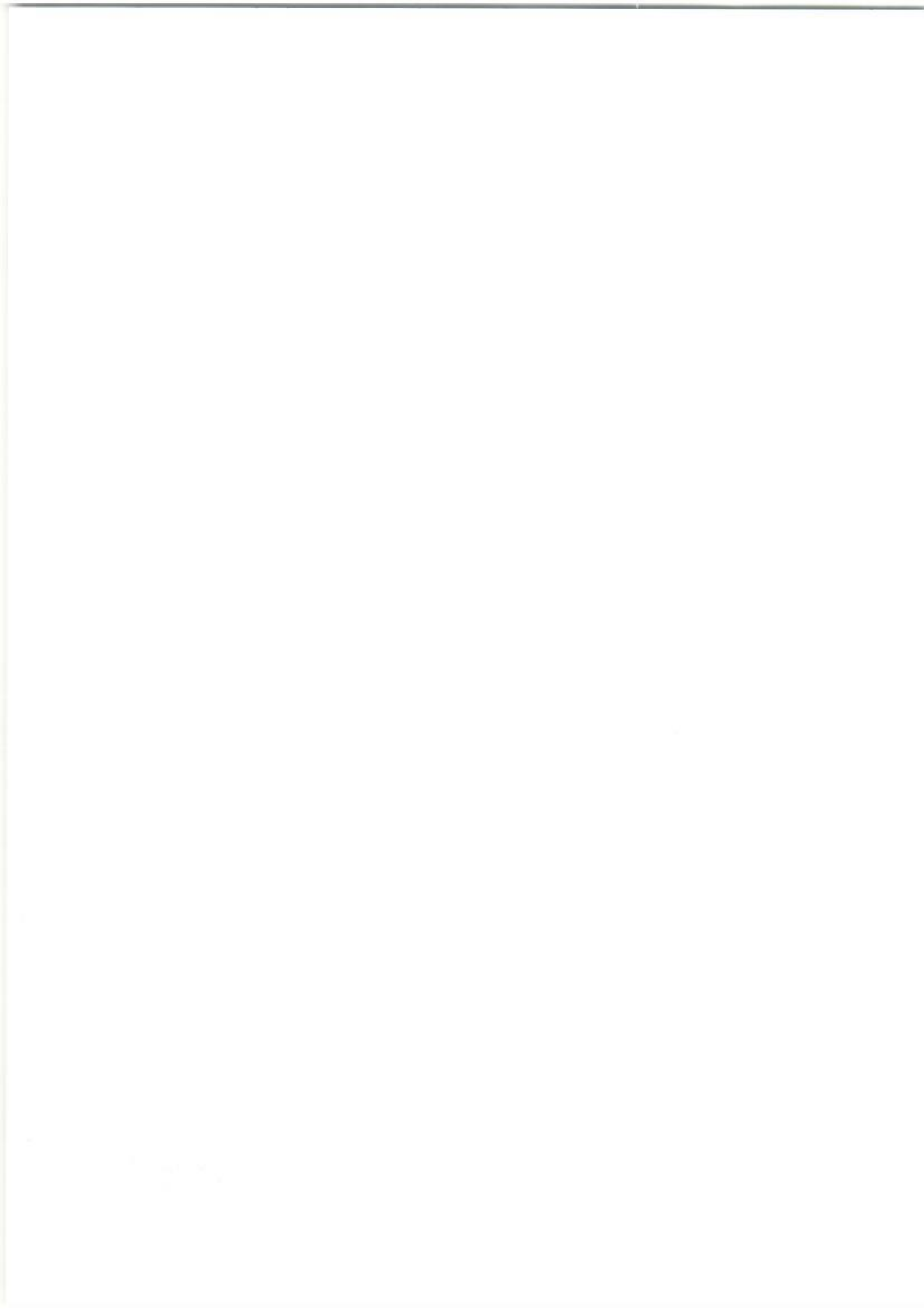
**DECLARATION**

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.:







**SINGAPORE  
POLICE FORCE**



T/20180115/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180115/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2018 01:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG SEE BENG			Address: APT BLK 416 CLEMENTI AVENUE 1 #20-281 SINGAPORE 120416		
ID Type / ID No.: NRIC NO / S85008571			Contact No.: Home/Office: Mobile: 91068869		
Nationality: SINGAPORE CITIZEN			Email: ong.see.beng@gmail.com		
Sex: Male	Age: 32	Date of Birth: 21/01/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Management executive		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2018 15:03	Type of Location: Car Park
Location:  CLEMENTI AVENUE 1  Inside MSCP, Level 2. Carpark Lot No: 758				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFD3339L	Car	TOYOTA	COROLLA ALTIS	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFD3339L	TOKIO MARINE INSURANCE SINGAPORE LTD.		11/06/2017	10/06/2018





**SINGAPORE  
POLICE FORCE**



T/20180115/7000

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180115/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ONG SEE BENG	ID No.	S85008571
Related Vehicle	SFD3339L (Car)	Contact No.	91068869
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

Vehicle with carplate number SCW8183X collided into my parked vehicle SFD3339L at the above mentioned location. The driver came down to take a look but went off without leaving any contact details. I am reporting this as a hit-and-run accident as my vehicle suffered scratches and dislocation of the front bumper. The accident was captured by my in-vehicle video recording. Full length of video is available as unable to upload huge file onto this portal.







**SINGAPORE  
POLICE FORCE**



T/20180115/7000

3 of 3

Report No. T/20180115/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp  
NP168

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

Date/Time:  
15/01/2018 01:56

Classification Of Case:



# ACCIDENT STATEMENT

Reported on 15/11/2018  
@ 15:05 HRS

ACCIDENT DATE: 14/01/2018 (DD/MM/YYYY), TIME: 15:05 (HH:MM)

LOCATION: CLEMENTI AVE 1 Inside MSCP, Level 2, Carpark  
Lot No: 758

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFD 3339 L  
b) INSURANCE COMPANY:  
c) POLICY NUMBER:  
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

## 3. DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 9106 8869  
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

## 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: SCW 8183X MODEL: No of pass  
b) DRIVER'S NAME: Including d  
c) NRIC/FIN/PASSPORT: CONTACT: (-)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL: No of pass  
e) DRIVER'S NAME: Including  
f) NRIC/FIN/PASSPORT: CONTACT: (-)

Email = ong.see.beng@gmail.com

fax = ong.see.beng@gmail.com ✓





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S85008571



Name

ONG SEE BENG  
(WANG CIMING)

王 賜 銘

Race

CHINESE

Date of birth

21-01-1985

Country/Place of birth

SINGAPORE

Sex

M



5464823



NRIC No. S85008571



Date of issue

06-05-2015

Address

APT BLK 416 CLEMENTI AVENUE 1  
#20-281  
SINGAPORE 120416

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S85008571

Name

ONG SEE BENG

Birth Date: 21 Jan 1985

Issue Date: 04 Nov 2003



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

PASS DATE

Class 3

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

04 Nov 2003

NP 428A







## 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)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 17-MW000395-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SFD3339L Chassis No.: MR053ZEE106110147
2. Name of Policyholder MR ONG LEONG LEE
3. Effective date of the Commencement of Insurance for the purposes of the Act 11/06/2017 *S1253072 B*
4. Date of Expiry of Insurance 10/06/2018
5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 1803DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

