

# NATIONAL Assessment Centre Services. (First & Jan 2008)

Date In: 13/03/2018 15:31	Job description	Date & Time Completed	Done by
Ref No: NA/GAI18004759.14	SAS e-Milling		
Veh No: SKF4763T	E-mail (withins 3hrs, AIC 3hrs)		
D.O.A: 10/03/2018 12:45	I-Motor Claim 1' or in		
OD / TP / Reporting Only	I-Motor W/O (withins OD 3hrs, TP 3hrs)		
TP Insure:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Yell No: SGQ3338J, 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: Customers information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Remarks: (UNC 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

NA1801639

Human's Particulars:	Invoice Preparation Credits	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
C. Checked by (Diagr-In-Charge):	4) FT: Follow-Through Survey \$120		
Diagr-In-Charge:	5) FT: Follow-Through Survey (Resurvey) \$30		
Diagr-In-Charge:	6) TR: Re-inspection \$75		
Diagr-In-Charge:	7) NI: Idav DA + SMRT Survey \$160		
Diagr-In-Charge:	8) NTUC Additional Services:		
Diagr-In-Charge:	9) NI: Courtesy Car / Tpt Allowance \$5		
Diagr-In-Charge:	10) NI: Repair Coordination \$10		
Diagr-In-Charge:	11) NI: Post Repair Inspection \$25		
Diagr-In-Charge:	12) NI: DY / Collect Unpaid Coordination \$5		
Diagr-In-Charge:	13) TP (NI): TP (NI) against INC \$20		
Diagr-In-Charge:	14) NI: Idav h/able \$10		
Diagr-In-Charge:	Invoice dated	Paid Charged	
Diagr-In-Charge:	Invoice dated	Paid 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 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	13/03/2018 15:31
Date Of Accident	10/03/2018 12:45
Exact Location Of Accident	PAYA LEBAR PIE EXIT CROSS JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4763T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWL
Co Reg No	53341875E
Email Address	WILSONOWS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87231473
Alternative Phone No	OFFICE-87231473

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20170582

### Driver

Name of Driver	ONG WEE SENG ( WANG WEISHENG )
NRIC No	S8940723J
Date Of Birth	16/11/1989
Occupation	INDOOR
Date Of Driving Pass	28/08/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87231473
Fax Number	
Contact Number	OTHERS-87231473
Email Address	WILSONOWS@GMAIL.COM

Address	BLK 561B JURONG WEST STREET 42 #09-1153
Postcode	642561
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

### 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)	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

PLS REFER TO THE ATTACHED STATEMENT.

### 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	SGQ3338J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81888770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 GI 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:

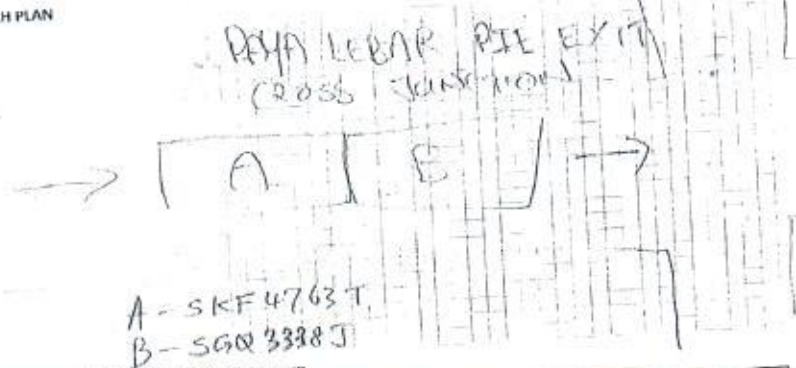
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

13/3/2018



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both car was station at Red light  
A didn't know brake was slightly feet release  
and slightly hit B.

DECLARATION

I/We declare the following 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.:

13/3/2018

Reported on 13/3/2018  
@ 1258 Hrs.

## ACCIDENT STATEMENT

ACCIDENT DATE: 10/3/2018 (DD/MM/YYYY), TIME: 12:45 PM (HH:MM)  
LOCATION: PAYA LEBAR PIE EXIT CROSS JUNCTION

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 4763T  
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

\* No of passenger  
(Including driver)  
(1)

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87231473  
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) Friend  
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

\* No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: SGQ 3338J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81888770

### 9. THIRD PARTY VEHICLE

\* No of passenger  
(Including driver)  
( )

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

Email = Wilsonows@gmail.com

fax = Wilsonows@gmail.com

Waiting for Certificate  
Great American?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8940723J



Name  
ONG WEE SENG  
(WANG WEISHENG)  
王伟盛

Race  
CHINESE

Date of birth  
16-11-1989

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8940723J



ONG WEE SENG  
WANG WEISHENG

Birth Date: 16 Nov 1989  
Issue Date: 11 Aug 2015



002460201F



4218528




NRIC No. S8940723J

Date of issue  
15-02-2008

APT BLK 561B JURONG WEST STREET 42 #09-1153  
SINGAPORE 642561  
NRIC No: S8940723J Date: 20/12/2017

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	03 Mar 2008
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	28 Aug 2008

NP 428A







GREAT AMERICAN INSURANCE COMPANY  
UEN: T157C00208 GST REG. NO.: M00375081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039195  
TEL: +65 6804 8000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT20170582**

The Insured mentioned in this Cover Note, having proposed for Insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium payable for such Insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: TWL
Insured Nric/Passport No/ Rac	: 53341875E
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: TOYOTA COROLLA ALTIS 1.8 AUTO
Vehicle Registration No.	: SKF4763T
Year Of Manufacture	: 2008
Engine No.	: 3ZZ4787225
Chassis No.	: MR053ZEE106115836
Engine Capacity/ Tonnage/ Seater	: 1598 cc
Hire Purchase	: Nil
Value (\$\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 17/02/2017 TO: 21/03/2018
Excess (\$\$)	: Section I : \$1500 : Section II : \$1500 : Windscreen Excess : \$100
Great American Authorized Workshop	: YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue : 15/02/2017

Intermediary : LCH Lockton Pte. Ltd.

MT2017COVERNOTE/V02/16