

NATIONAL Assessment Centre Services

Form 1 (2010)

MWA 118053028

| | | | |
|--|--|------------------------|----------|
| Date In: 23/4/18 10:56 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA1618007400/64 | E-mail (within 5hrs, A/C 2hrs) | | |
| Veh No: SJE 3525A | i-Motor Claim Form | | |
| D.O.A: 21/4/18 17:45 | i-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| OB: <input checked="" type="checkbox"/> Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: (| Tel: | Fax: |
| TP Particulars: | Veh No: JFF 386 F | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1802573 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) 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) NI: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idas Mobile \$10 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Pat 1: | | | |
| Pat 2/3: | | | |

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 | 23/04/2018 10:56 |
| Date Of Accident | 21/04/2018 17:45 |
| Exact Location Of Accident | ALONG PIONEER CIRCUS AFTER JLN AHMAD IBRAHIM EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJE5525A |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG TZE HAO (WANG ZHIHAO) |
| NRIC No | S8212043B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96232485 |
| Alternative Phone No | OFFICE-96232485 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | VEZEL HYBRID 1.5X 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 |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD17V13471/VPC/R00 |
| Cover Note Number | - |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | ONG TZE HAO (WANG ZHIHAO) |
| NRIC No | S8212043B |
| Date Of Birth | 16/04/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/07/2004 |
| Driving Experience | 13 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96232485 |
| Fax Number | |
| Contact Number | OFFICE-96232485 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 376 CLEMENTI AVE 4 #06-120 |
| Postcode | 120376 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | DRIZZLING |
| Road Surface | WET |

Other Information

| | |
|---|-------------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JFF3868 (MOTORCYCLE) |
| 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) | 4 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI N.P.C |
| Police Station Address | ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 | JFF3868 |
|-----------------------------|---------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

WONG BOON LONG

F0330550M

1

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.:

[illegible]

Please Refer to Police Report

I/We declare the foregoing particulars are true in every respect.

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



**SINGAPORE
POLICE FORCE**



T/20180421/2181

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180421/2181

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 21/04/2018 22:08 | Vide Report No.: | Station Diary No.: 194 |
|--|------------------|---------------------------|

| | | | |
|--|------------|--|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: ONG TZE HAO | | Address: APT BLK 376 CLEMENTI AVENUE 4 #06-120 SINGAPORE 120376 | |
| ID Type / ID No.: NRIC NO / S8212043B | | Contact No.: Home/Office: Mobile: 96232485 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 36 | Date of Birth: 16/04/1982 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: FACILITIES ENGINEER | | Driving Licence Information: Class: 3 Date of Expiry: | |

| | | | | |
|--|-------------------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 21/04/2018 17:45 | Type of Location: Roundabout |
| Location: Along Road 1 PIONEER CIRCUS | | | | |
| Along Pioneer Circus Roundabout just after Jalan Ahmad Ibrahim exit beside Pioneer Hub | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|-------|------------------------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| JFF3868 | Motorcycle | | | | No Damage | 0 |
| SJE5525A | Car | HONDA | VEZEL HYBRID 1.5X AUTO | Black | Slightly Damaged | 3 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



SINGAPORE POLICE FORCE



T/20180421/2181

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180421

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------|--------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJE5525A | LIBERTY INSURANCE PTE LTD | SD17V13471/VPC/R00 | 29/11/2017 | 28/11/2018 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Rider | | | | |
| Name | WONG BOON LONG | | ID No. | F0330550M |
| Related Vehicle | JFF3868 (Motorcycle) | | Contact No. | - |
| 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 |
| Driver | | | | |
| Name | ONG TZE HAO | | ID No. | S8212043B |
| Related Vehicle | SJE5525A (Car) | | Contact No. | 96232485 |
| 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.

On 21/04/18 at about 1745hrs, I was driving my black colour Honda Vezel car - SJE5525A with my 3 passengers and was heading towards Pioneer Road North. While I was driving along Pioneer Circus roundabout after Jalan Ahmad Ibrahim exit near to Pioneer Hub, a Malaysian registered motorcycle - JFF3868 collided onto the right side of my car.

The collision caused some scratches and dent on the front and rear side doors. No one was injured and I have the accident footage from my in-car cameras. I had also taken photos following the accident. The rider decline to give his contact number but provided his work permit. He refused to take my particulars. I wish to state that I was driving in my lane on the left.



**SINGAPORE
POLICE FORCE**



T/20180421/2181

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180421/2181

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:

D /

Sr Staff Sgt SUZIANNA BINTE ZAINAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2018 22:08

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SN 37

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8212043B**
 Name
ONG TZE HAO
(WANG ZHIHAO)

Birth Date: 16 Apr 1982
 Issue Date: 19 Jul 2004



001261235E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8212043B**




Name
ONG TZE HAO
(WANG ZHIHAO)
 王志豪

Race
CHINESE

Date of birth
16-04-1982


Sex
M

Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

CLASS DATE
19 Jul 2004



Licence No: S8212043B

NP 428A

4855566



NRIC No **S8212043B**



Date of issue
18-09-2012

APT BLK 376 CLEMENTI AVENUE 4 #06-120
SINGAPORE 120376

NRIC No: **S8212043B** Date: **25/03/2018**

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)

Name of Policyholder:

ONG TZE HAO (WANG ZHIHAO)

Certificate No.:

SD17V13471/ VPC / R00

Date of Issue:

11 Dec 2017

Effective Date of Commencement:

29 Nov 2017 00:00

Date of Expiry:

28 Nov 2018 23:59

Registration No.:

SJE5525A

Chassis No.:

RU31263924

Type of Certificate:

MX1

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.

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.

Limitations as to use:

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

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) 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.

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).



For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$500, Section I - Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

VENTURE CREDIT PTE LTD (A1451-2)