

**NATIONAL Assessment Centre Services** [987 13 00]

Date In: <b>03/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/40218008061/13</b>	SAS e-filing		
Veh No: <b>SKP9672L</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>02/05/18 1945</b>	i-Motor Claim Form		
OD: <b>(P) Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **NEW HOUR TECH** Tel: Fax: )

TP Particulars:	Veh No: <b>SLD3065E</b>	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

<b>NA1802754</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2/3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	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 willful 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	03/05/2018 10:07
Date Of Accident	02/05/2018 19:45
Exact Location Of Accident	PIE TWDS AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9672L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TONG CHEE WAI
NRIC No	S7432542D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96986375
Alternative Phone No	OTHERS-96986375

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	OTW 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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120024871600
Cover Note Number	

### Driver

Name of Driver	MR TONG CHEE WAI
NRIC No	S7432542D
Date Of Birth	01/10/1974
Occupation	INDOOR
Date Of Driving Pass	10/04/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96986375
Fax Number	
Contact Number	OTHERS-96986375
EMail Address	NOEMAIL

Address BLK 942 TAMPINES AVE 5  
#08-239

Postcode 520942

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 CHAIN COLLISION

Weather Conditions CLEAR

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? YES

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? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD3065E

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB4288E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MR TONG CHEE WAI
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKP9672L
Were seat belts worn?	YES
Was this 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 Authorized 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:

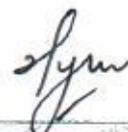
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:



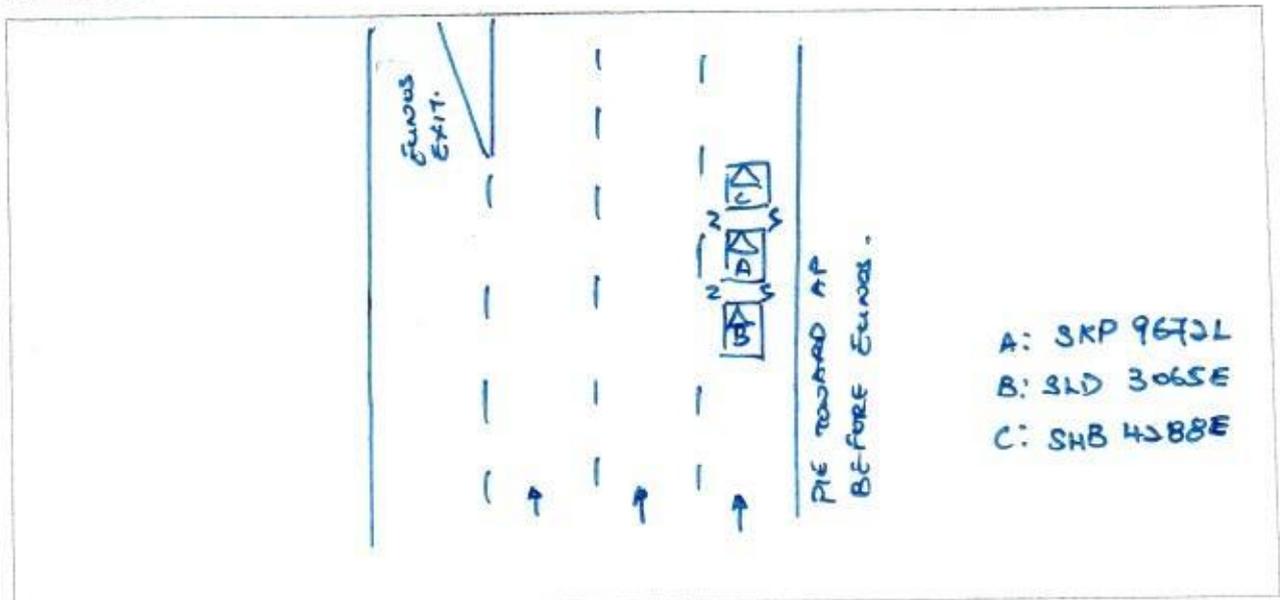
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



03/05/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE RIGHT MOST LANE ALONG PIE TOWARDS AIRPORT, AS I WAS TRAVELLING STRAIGHT SOMEWHERE BEFORE EUNOS EXIT, VEHICLE (A) IN FRONT OF ME BRAKE AND STOP AND I ALSO MANAGE TO STOP, WHEN SUDDENLY ONE M/CAR SLD3065E CAME FROM MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE, DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO M/TAXI SHB 4288E IN FRONT OF ME. I WOULD LIKE TO STATE THAT MY VEHICLE HAD STATIONERY STOP WHEN THE ACCIDENT HAPPENED. AS THE RESULT OF THE ACCIDENT I SUSTAINED PAIN ON MY NECK.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

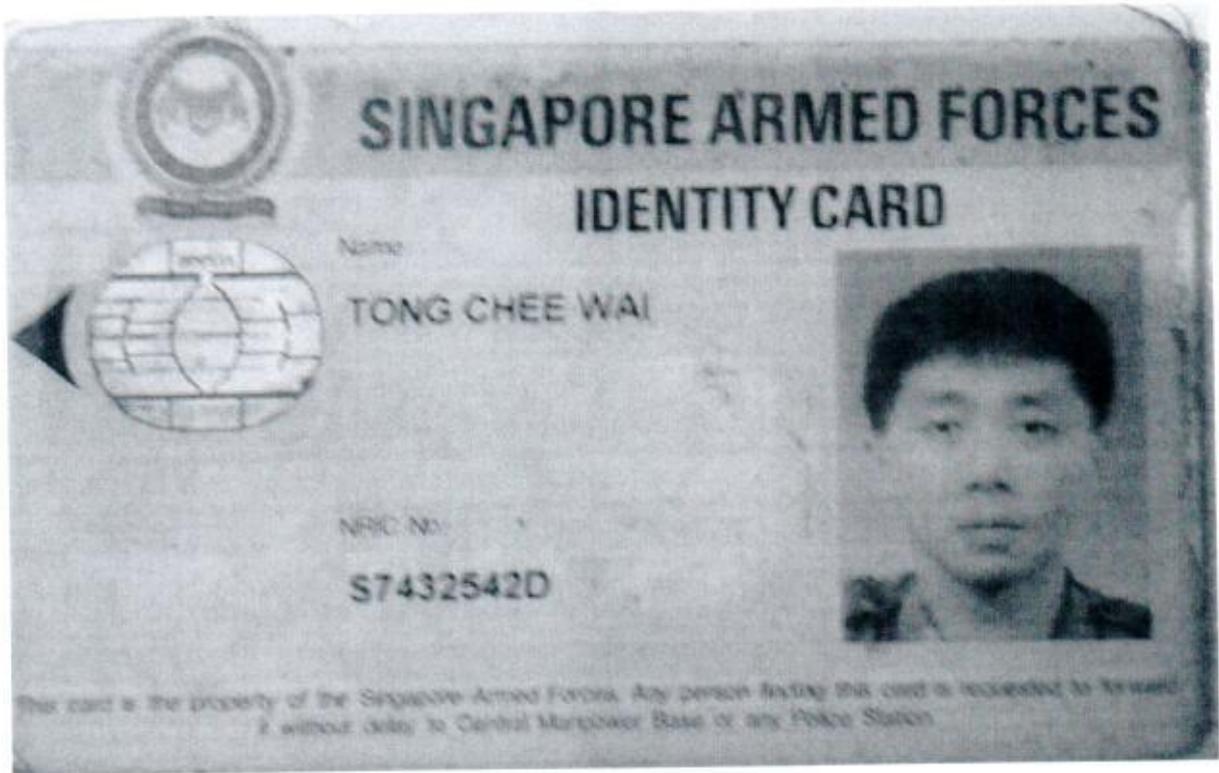
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

 03/05/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

VEHICLE NO: SKP 9672L

MAKE & MODEL: TOYOTA ALTIS

DATE OF ACCIDENT	02 / 05 / 2018
TIME OF ACCIDENT	7.45 <del>5.45</del> AM/PM
LOCATION OF ACCIDENT	PIE TOWARDS AP BEFORE EQUUS BKT
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY HOME
<b>NAME OF OWNER</b>	TONG CHEE WAI
TEL NO	96986375
NRIC	S74325420
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE CO	UOI
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	D40M120024871600
<b>NAME OF DRIVER</b>	<u>As Above</u> / If No:
NRIC	Any Passengers: NO
DATE OF BIRTH	01 / 10 / 1974
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	10 / 04 / 1992
GENDER	Male / Female
CONTACT NO.	Office: Home:
ADDRESS	BLK 942 TAMPAKES AVES #08-239 2(520942)
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	Dry / <u>Wet</u> / Other:
ANY INJURIES	No / <u>If yes:</u> Who? TONG CHEE WAI
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	S2D 3065E Any Passenger: NOT SURE
NAME	
CONTACT NO.	
VEHICLE C NO.	2NB A288E Any Passenger: 1
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<u>In car camera</u>	Yes
PARTICULAR WORKSHOP	SM AUTOMOTIVE 1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883 TEL: 6747 9241 Reena / Sukyi FAX: 6741 7276 reena@nhtmotor.com <u>admin@nhtmotor.com</u>
TEL NO	
CONTACT PERSON	
FAX NO.	
EMAIL	



**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**TONG CHEE WAI**

NRIC No:  
**S7432542D**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

19304

NRIC No / Colour	Race	Blood Group
<b>S7432542D / PINK</b>	<b>CHINESE</b>	<b>O+</b>
Date Of Birth	Country Of Birth	Sex
<b>01/10/1974</b>	<b>SINGAPORE</b>	<b>M</b>
Service Status	Military Rank Status	
<b>REGULAR</b>	<b>OFFICER</b>	

ADDRESS: APT BLK 942 TAMPINES AVENUE 5 #08-239  
SINGAPORE 520942 DATE: 14.04.2008

Use governed by CashCard Terms & Conditions  
**1111020103542079**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7432542D**  
Name:

**TONG CHEE WAI**  
**(TONG ZHIWEI)**

Birth Date: **01 Oct 1974**  
Issue Date: **15 Apr 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	10 Apr 1992



NP 428A



United Overseas Insurance Limited  
3 Anson Road #28-01 Springleaf Tower Singapore 079909  
Tel: (65) 6222 7733 Fax: (65) 6327 3859 / 6327 3870  
Email: ContactUs@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 197100152R

**ORIGINAL**

TAX INVOICE  
Debit Note

No. .... HO/MN1645662  
Transaction/Due date 03/10/2016

GST Reg.No. M2-0011746-8

MR TONG CHEE WAI  
942 TAMPINES AVENUE 5  
#08-239  
SINGAPORE 520942

---

Type of Policy..... MOTOR UNIDRIVE  
Policy Number..... DHOM120024871600  
Period of Cover..... from 28/10/2016 to 27/10/2018  
Vehicle Registration no.. SKP9672L  
Insured's Name..... MR TONG CHEE WAI  
Mailing Address..... 942 TAMPINES AVENUE 5 #08-239  
SINGAPORE 520942  
Branch/Territory..... UOI/SINGAPORE  
Account/Agency..... A000401/A000401 UNITED OVERSEAS BANK LIMITED

---

	SINGAPORE DOLLARS
Premium.....	SGD1,239.02
STANDARD RATED GST 7.00%	SGD86.73
	<hr/>
	SGD1,325.75
	<hr/>
Total Due.....	SGD1,325.75

---

IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

-----  
Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds

Payment Before Cover Warranty requiring that premium must be paid on or before inception date.

Applicable to all corporate policyholders

Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.  
PLEASE EXAMINE THIS DOCUMENT IMMEDIATELY AND INFORM US OF ANY DISCREPANCY.