

Date In <b>315 118 10:53</b>	Job description	Date & Time Completed	Done by
Ref No. <b>NA/MS918008064164</b>	SAS e-filing		
Veh No. <b>STU 163 J</b>	E-mail (within 5hrs, A/C 2hrs)		
D.O.A. <b>315 118 09:45</b>	i-Motor Claim Form		
OD <b>(TP)</b> 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: **SLU 8895 D.** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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>Claimant's Particulars :-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>NA 1802783</b>		<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30)				30.00	
	2) DA: Damage Assessment (\$100), INC (\$80)					
	3) TF: Towing Fee \$40/\$45					
	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 + SMRT Survey \$160					
	8) NTUC Additional Services:-					
QP* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 *N11: TP (N+1) against INC \$20 *N12: Idac Mobile \$0						
Invoice dated Invoice dated		Fee Charged 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 10:53
Date Of Accident	03/05/2018 09:45
Exact Location Of Accident	YIO CHU KANG RD NEAR YIO CHU KANG CHAPEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU163J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG WEI HWEE (WANG WEIHUI)
NRIC No	S8033175D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91805953
Alternative Phone No	OFFICE-91805953

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4DR 2.0R-S AWD 4AT ABS
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 28923367 DMV
Cover Note Number	-

### Driver

Name of Driver	ONG WEI HWEE (WANG WEIHUI)
NRIC No	S8033175D
Date Of Birth	22/10/1980
Occupation	INDOOR
Date Of Driving Pass	15/09/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91805953
Fax Number	
Contact Number	OFFICE-91805953
Email Address	NOEMAIL



Address	BLK 212C COMPASSVALE DR #10-105
Postcode	543212
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 - MAJOR/MINOR RD
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?	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

I WAS TRAVELLING ALONG YIO CHU KANG RD AFTER CROSS THE TRAFFIC JUNC ON THE EXTREME RIGHT LANE, SUDDENLY VEH B (BEARING NO SLU8895D) COME OUT FROM THE MINOR RD BESIDE THE YIO CHU KANG CHAPEL CUT ACROSS TWO LANE INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. DUE TO THE IMPACT MY VEH BEEN PUSH TO THE RIGHT SIDE AND HIT THE KERB.

### 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	SLU8895D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU THI NAM HAI
NRIC/Passport Number	S7279121E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

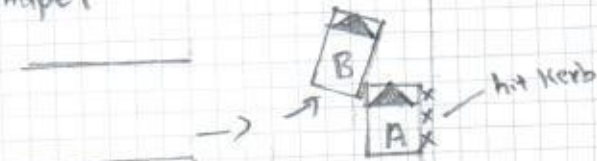
**DETAILS OF INJURED PERSON 1**

Name	ONG WEI HWEE (WANG WEIHUI)
Approximate Age	
Injuries Sustain	BACK & SHOULDER
Injured person in which vehicle?	SJU163J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# SKETCH PLAN

Yio Chu Kang  
Chapel

A = SJU 163J  
B = SLU 889SD



Yio Chu Kang Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8033175D



Name  
ONG WEI HWEE  
(WANG WEIHUI)  
王伟辉

Race  
CHINESE

Date of birth  
22-10-1980

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8033175D

Name: ONG WEI HWEE  
(WANG WEIHUI)

Birth Date: 22 Oct 1980

Issue Date: 15 Sep 2003





4541960




NRIC No: S8033175D

Date of issue  
22-10-2010

Address  
APT BLK 212C COMPASSVALE DRIVE #10-105  
SINGAPORE 543212

NRIC No: S8033175D

Date: 11/10/2011 (R)

No: 6965313


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

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

PASS DATE  
15 Sep 2003

NP 4284

Licence No: S8033175D





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7800, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

### DRIVESHIELD - VALUE PLAN Comprehensive

Certificate No. P 28923367 DMV

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJU163J

2. Name of Policyholder

Ong Wei Hwee (Wang Weihui)

3. Effective Date of the Commencement of Insurance for the purposes of the Act

30/05/2017

4. Date of Expiry of Insurance

29/05/2018

5. Persons or Classes of Persons entitled to drive\*

Ong Wei Hwee (Wang Weihui)

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 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 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.

PLEASE NOTE ALL CLAIMS' RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG  
AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Officer



## SKETCH PLAN

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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.: