

NATIONAL Assessment Centre Services (Unit 1, 2000) **MINA91805877**

Date In: **08/05/2018** 12:33

Ref No: **NA/C11/18008381/4**

Veh No: **SLA97BYJ**

D.O.A: **08/05/2018** 20:55

QC **(TP)** Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

S&S e-illing

E-mail (vehicle data, AIO sheet)

Motor Claim Form

Motor W/O (within 100 days, W/O sheet)

Photo Uploaded

Assessment/Survey Report

Assessment Report by Fax/Hand to Owner/Whelp

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars

Yell No: **YN 9912P**

Owner / Drivers:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: BSL, SUNI (WO): NI 0.20%, PI 21.79%, PI 30.110%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & strictly NO release of report.

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

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

Remarks:

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check/Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Notes:

NA1802935

Driver/Owner:

Policy No:

Assigned Person:

Checked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist

| | |
|--|----------|
| 1) AA Incident Reporting (\$20) | |
| 2) DA/Damage Assessment (\$100) | INC (40) |
| 3) TP/Towing Fee | \$100.00 |
| 4) FT/Follow Through Survey | 110 |
| 5) FT/Follow Through Survey (Recovery) | 210 |
| Total Invoice Total: INC Only (W/O PI 30.110%) | |
| 6) TR/Recovery Fee | 110 |
| 7) NI/NI/DA+SMART Survey | 110 |
| 8) NIUC Additional Fee (\$110) | |
| Total | |
| NI/Courtesy Car/Tel Allowance | 11 |
| NI/Repel Coordination | 110 |
| NI/Post Repair Inspection | 110 |
| NI/IDY/Collier/Excess Coordination | 11 |
| NI/NI/TP/NA/INC/Total INC | 330 |
| NI/Incident Fee | 11 |
| Invoice Total | 711 |
| Net Charge | 711 |

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 | 08/05/2018 12:33 |
| Date Of Accident | 07/05/2018 20:55 |
| Exact Location Of Accident | BLK 940 TAMPINES AVENUE 5 OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA9734J |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG LIM HAP |
| NRIC No | S1161151F |
| Email Address | ONGLH@HIAPSENG.COM |
| Mobile Phone No | (LOCAL) +65-96839689 |
| Alternative Phone No | OTHERS-96839689 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C200 |
| 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 | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPCSN3036921802 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG LIM HAP |
| NRIC No | S1161151F |
| Date Of Birth | 30/10/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/01/1977 |
| Driving Experience | 41 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96839689 |
| Fax Number | |
| Contact Number | OTHERS-96839689 |
| Email Address | ONGLH@HIAPSENG.COM |

| | |
|---|--------------------------------------|
| Address | BLK 940 TAMPINES AVENUE 5 #08-189 |
| Postcode | 520940 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND 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 | YN9912P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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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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:

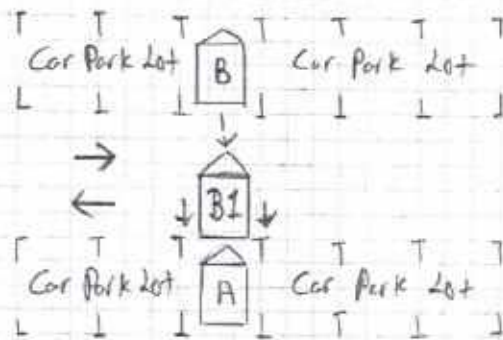
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

08/05/2018
Reporting Centre Personnel's Signature
Name: *Abdul Wahab*
NRIC/FIN No.:

SKETCH PLAN



BLK 940 Tampines Ave 5
Open Carpark

A = SLA9734J

B = YN9912P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 07.05.18 at about 20:55 hours at BLK940 Tampines Avenue 5 Open Car Park. I parked my vehicle (A) at the above mentioned carpark at lot 26. When I just wanted to leave my vehicle (A), the vehicle (B) reversing and collided onto front portion of my vehicle (A). I wish to state there was nobody inside my vehicle (A).

Vehicle (A): SLA 9734J

Vehicle (B): YN 9912P

Phy

an oplatpol
Resd. w. H. H. B.

SINGAPORE ACCIDENT STATEMENT

| | | | | | |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 07/05/2018 | | Time: 20:55 | | (hh:mm) 24 hr format | |
| Location Blk 940 Tampines Avenue 5 open Carpark | | | | | |
| Vehicle Number SLA 9734J | | | | | |
| Insured Name Ong Lim Hap | | | | | |
| NRIC/FIN S1161951F | | Contact Number 9683 9689 | | | |
| Make Mercedes | | Model C200 | | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | | |
| Insurance Company Chinn Teiping | | | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | | |
| Policy Number DMPCSN3036921802 | | | | | |
| Name of Driver | | | | () Same as Insured | |
| | | | | | |
| NRIC / FIN | | Contact Number | | | |
| Date of Birth 30/10/1956 | | | | | |
| Driving Pass Date 21/01/1977 | | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | | |
| Email Address Onglimhap@gmail.com | | () NO EMAIL | | | |
| Address of Driver Blk 940 Tampines Avenue 5 | | | | | |
| | | #08-109 Singapore S20940 | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If No, Relationship of the Driver with the Insured | | | | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | | |
| Insurance Company of Driver's Own Vehicle | | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| If yes, injured detail | | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact | |
| Veh B YN 9912P | | | | | |
| Veh C | | | | | |
| Veh D | | | | | |
| Veh E | | | | | |
| Veh F | | | | | |

Nobody inside vehicle.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1161151F



ONG LIM HAP

王 林 合

Race

CHINESE

Date of Birth

30-10-1956

Sex

M

Country of Birth

SINGAPORE

SLA9734J

owner & driver



1473414

NRIC No. S1161151F



Blood Group

B+

Date of issue

01-12-1993

APT BLL 740 TAMPINES AVENUE S 408-189

SINGAPORE 520740

NRIC No. S1161151F

Date 29-09-1997 No. 2361581

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1161151F**

ONG LIM HAP

Birth Date: **30 Oct 1956**
Valid Date: **19 Dec 2002**

000051371E




SLA9734J
owner & driver

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 21 Jan 1977 |

NP 425A

Licence No: S1161151F



PLM 310871

ORIGINAL

MOTOR PRIVATE CAR

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, 1950 (Malaysia)

CERTIFICATE No.

CMPCSH1036921802

Engine No: 27199031086564

Chassis No: WDD2040412A174009

1. Index Mark and Registration
Number of Vehicle

SLA3734J

2. Name of Policy Holder

ONG LIM HAP

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

20 April 2018

Named Drivers Ex Sect. 1 S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

Ex Sect. 1 - Age >= 26 S\$500.00

* Age as at date of accident

XX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21 September 2018

5. 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.

6. Limitations as to use.*

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

The policy does not cover use for hire or reward tuition driving test 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.Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)
will be doubled.One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event
of Own Damage Claim at our Authorized Workshops for each Policy Year.

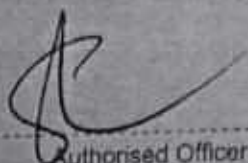
HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:


Authorised Officer
Authorised Signatory