

NATIONAL Assessment Centre Services

(incl 1 hour)

NA18071078

Date In: 01/06/2018 12:57	Job description	Date & Time Completed	Done by
Ref No: N/A/CT2/8009912/Y	SAB e-illing		
Yeh No: SLX 1159B	E-moll (vehicle sheet, AIC 1212)		
DOA: 21/05/2018 16:45	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor V/O (vehicle sheet, AIC 1212)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/VWSP		

Preferred Wksp (INC Assign Wksp / OWI)	Tel:	Fax:
TP Particulars	Yeh No: GBE 8122D	INC () / Non-INC ()
Owner / Driver ()	Tel:	
Policy No ()	Period ()	Cover Type ()
Confirmed by ()	Date:	Time:
Insured/Driver Unwilling ()	% (Note: BIL 50% (WO); NI: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-In Condition: Customer's information strictly Confidential & strictly NO role of repeller.

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

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

Remarks:	Done by:
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury:

Other Tolls:

NA1803484

Involved Parties/Don/Chk/CL	
1) AR (Accident Report) (30)	INC (20)
2) DA (Driver's Admission) (300)	
3) TP (Towing Fee)	
4) PT (Follow Through Survey)	
5) PT (Follow Through Survey (Recovery))	
6) TR (Trailer Fee)	
7) H (Hail Damage Survey)	
8) NTUC Additional Survey (001)	
9) ()	
10) ()	
11) ()	
12) ()	
13) ()	
14) ()	
15) ()	
16) ()	
17) ()	
18) ()	
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25) ()	
26) ()	
27) ()	
28) ()	
29) ()	
30) ()	

Checked by (Engin-In-Charge):

Comments:

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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	01/06/2018 12:57
Date Of Accident	29/05/2018 16:45
Exact Location Of Accident	CLEMENTI AVENUE 6 TOWARDS BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1159B
Insured/Policyholder	
Name Of Registered Owner	OOI BOON KIAN (HUANG WENJIAN)
NRIC No	S8270143E
Email Address	RAYMOND.OOI82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97697577
Alternative Phone No	OTHERS-97697577

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
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	DMPCSN3021811800
Cover Note Number	

Driver

Name of Driver	OOI BOON KIAN (HUANG WENJIAN)
NRIC No	S8270143E
Date Of Birth	30/08/1982
Occupation	INDOOR
Date Of Driving Pass	19/10/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97697577
Fax Number	
Contact Number	OTHERS-97697577
EMail Address	RAYMOND.OOI82@YAHOO.COM.SG

Address	BLK 663A JURONG WEST STREET 65 #05-279
Postcode	641663
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : WU WEILING GENDER: : FEMALE

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 PLAN

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	GBE8122D
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)	

DETAILS OF INJURED PERSON 1

Name	OOI BOON KIAN (HUANG WENJIAN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLX1159B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	WU WEILING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLX1159B
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 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:

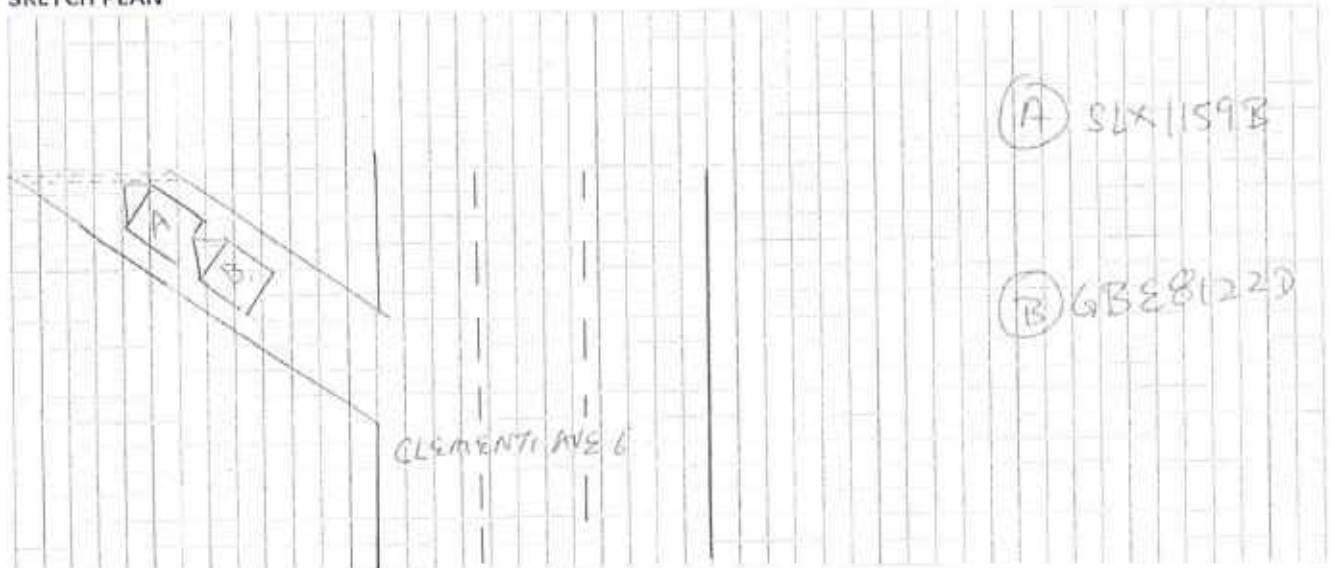
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 01/06/2018
NRIC/FIN No.: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 MAY 2018 AT 1645 HRS I WAS TRAVELLING ALONG CLEMENTI AVE 6 TOWARDS
BOON LAY WAY. WHEN I STOPPED TO GIVE WAY, VEHICLE B COLLIDED
INTO MY REAR.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 29 MAY 2018		TIME: 1645 HRS	(hh:mm) 24 hrs Format
LOCATION CLEMENTI AVE 6 TWDS BOON LAY WAY			
VEHICLE NUMBER SLX 1159 B			
INSURED NAME OO1 BOON KIAN			
NRIC / FIN S8270143E		CONTACT: 97697577	
MAKE HONDA		MODEL SHUTTLE 15 G CVT	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY CHINA TAIWAN INSURANCE			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : DMPCSN 7021211800			
NAME DRIVER : Ooi Boon Kian (Huang WenJian) (/) SAME AS INSURED			
NRIC / FIN S8270143E		CONTACT: 97697577	
DATE OF BIRTH: 30 AUG 1982			
DRIVING PASS DATE: 19 OCT 2007			
OCCUPATION: (/) INDOOR () OUTDOOR			
GENDER: (/) MALE () FEMALE			
EMAIL ADDRESS: Payment 20182 @ yahoo.com.sg () NO EMAIL			
ADDRESS OF DRIVER: BLK 663A JUFONG WEST STREET 65 #05-279 S(641663)			
Number Of Passenger Include Driver: 1 DRIVER + 1 PASSENGER (WU WEILING, S8584591H)			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle?: () YES (/) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : () Dry (/) Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? (/) YES () NO			
If YES, Injured details : WU WEILING S8584591H, OO1 BOON KIAN S8270143E			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B GBZ 8122D			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8270143E**

Name
**OOI BOON KIAN
(HUANG WENJIAN)**

Birth Date **30 Aug 1982**
Issue Date **15 Mar 2010**

001039521D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8270143E**

Name
**OOI BOON KIAN
(HUANG WENJIAN)**
黄文健

Race
CHINESE

Date of birth **30-08-1982** Sex **M**

Country of birth
MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASS DATE

19 Oct 2007

Licence No: S8270143E

1/P 430A

4556102

8270143E

22-03-2010

APT BLK 603A JURONG WEST STREET 65
#05-279
SINGAPORE 641063

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, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN3021811800	Engine No : L15B5461428
		Chassis No: GK01201205
1. Index Mark and Registration Number of Vehicle	6LX1159B	
2. Name of Policy Holder	MR OOI BOON KIAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 MARCH 2018 (10:48 HOURS)	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	14 MARCH 2019	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(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\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : SWER SENG CREDIT PTE LTD 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.

Countersigned By:



Authorised Officer

Authorised Signatory

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 0143E

Vehicle Details

Vehicle No.: SLX1159B
Vehicle to be Exported: Yes
Intended De-registration Date: 31 May 2018
Vehicle Make: HONDA
Vehicle Model: SHUTTLE 1.5G CVT
Primary Colour: White
Manufacturing Year: 2018
Engine No.: L15B5461428
Chassis No.: GK81201205
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$18,895.00
Original Registration Date: 15 Mar 2018
First Registration Date: 15 Mar 2018
Transfer Count: 0
Actual ARF Paid: \$8,895.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Mar 2028
PARF Rebate Amount: \$6,671.00

Intended COE Rebate Details

COE Expiry Date: 14 Mar 2028
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$38,830.00
COE Rebate Amount: \$31,064.00
Total Rebate Amount: \$37,735.00

The information contained herein is correct as at 31 May 2018

OK