

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 118110568

Date In: 12/1/15 - 11:15	Job description	Date & Time Completed	Done by
Ref No: 16/PA2180 8544/24	SAS e-filing		
Veh No: JANJ6217	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/5/18 - 20/15	i-Motor Claim Form		
OD / TP: 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: 16/PA 1590	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% P: 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	ON:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Lat 1:

Lat 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	27/08/2018 11:58
Date Of Accident	26/08/2018 20:15
Exact Location Of Accident	SLIP RD PUNGGOL E TWDS TPE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5621T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEE KEONG, ONG
NRIC No	S8306109Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94559050
Alternative Phone No	OFFICE-94559050

### Vehicle Particulars

Manufacturer	KIA
Model	PICANTO 1.1M
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00272791/02
Cover Note Number	

### Driver

Name of Driver	ONG CHEE KEONG (WANG ZHIQIANG)
NRIC No	S8306109Z
Date Of Birth	19/02/1983
Occupation	INDOOR
Date Of Driving Pass	08/09/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94559050
Fax Number	
Contact Number	OFFICE-94559050
EMail Address	NOEMAIL

Address	BLK 671B EDGEFIELD PLAINS #03-517
Postcode	822871
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	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?	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 JIN YI (WU JINGQI) 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED AS IT WAS CONGESTED, SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB9459U
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)

1

#### DETAILS OF INJURED PERSON 1

Name ONG CHEE KEONG (WANG ZHIQIANG)  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SGN5621T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name WU JIN YI (WU JINGQI)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGN5621T  
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: 27/08/2018 @ 12:05 hrs

Driver's Signature

(If driver is not the policyholder)

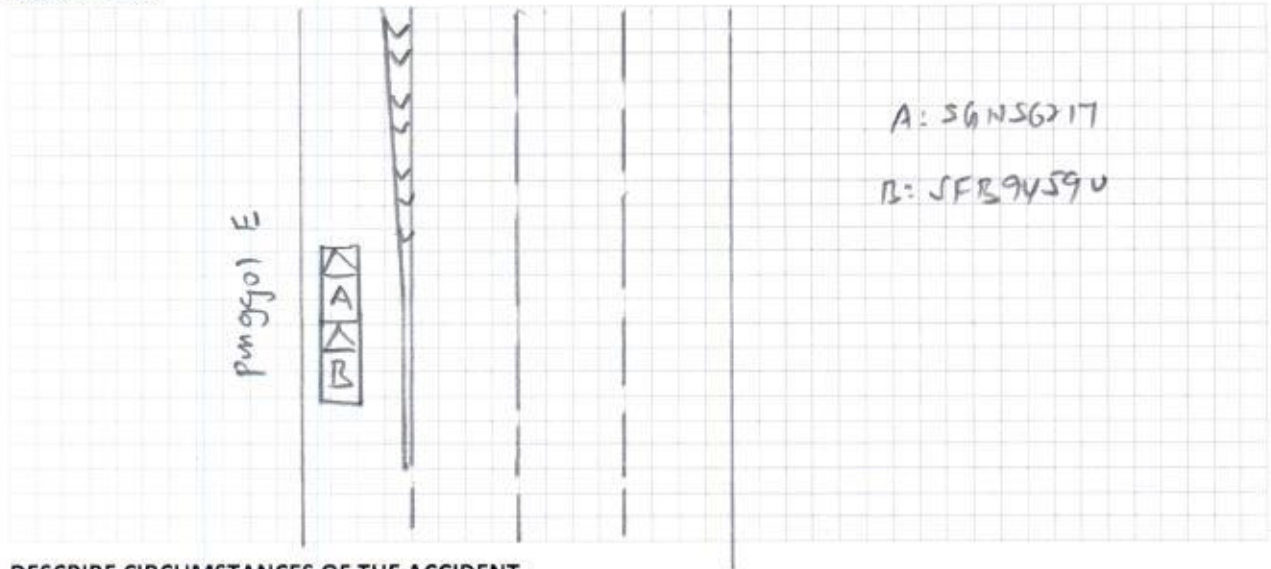
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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

ck.ong  
Policyholder's Signature  
Date & Time: 27/08/2018 @ 12:55hrs.

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

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




Reg No : 201220357K

EMD201812811

ORIGINAL

MEDICAL CERTIFICATE

Name WU JIN YI -WU JINGQI		NRIC No. S8023789H	
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>27-Aug-2018</u> to <u>28-Aug-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on _____		<input type="checkbox"/> Maternity Leave. Delivered on _____	
Discharged on _____		<input type="checkbox"/> Sterilization Leave. Operated on _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic  Emergency Medicine  Sengkang Health		Ward No. SKH Emergency Department  Date 26-Aug-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  WONG YIN THENG , 62472A

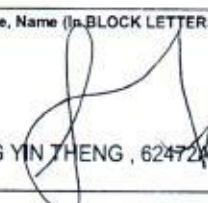


Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

EMD201812808

Name ONG CHEE KEONG -WANG ZHIQIANG		NRIC No. S8306109Z
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>27-Aug-2018</u> to <u>28-Aug-2018</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave Delivered on : _____ <input type="checkbox"/> Sterilization Leave Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Sengkang Health	Ward No. SKH Emergency Department Date 26-Aug-2018	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  WONG YIN THENG, 62472

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8306109Z**

Name: **ONG CHEE KEONG (WANG ZHIQIANG)**

Birth Date: **19 Feb 1983**

Issue Date: **25 Feb 2008**

001574509G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8306109Z**

Name: **ONG CHEE KEONG (WANG ZHIQIANG)**  
**王志强**

Race: **CHINESE**

Date of birth: **19-02-1983**

Sex: **M**

Country of birth: **SINGAPORE**

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

Class	Vehicle Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	16 Sep 2004
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	03 Sep 2005

NP 428A

Licence No: **S8306109Z**

4188312

NRIC No. **S8306109Z**

Date of issue: **25-02-2008**

APT BLK 671B EDGEFIELD PLAINS #03-517  
SINGAPORE 822871

NRIC No: **S8306109Z** Date: **02/09/2015**

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

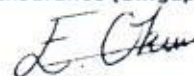
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MT/00272791/02
<b>Type of Coverage / Driver Plan</b>	:	Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	:	SGN5621T
<b>Chassis No.</b>	:	KNABA24327T368378
<b>2) Name of Policy Holder</b>	:	CHEE KEONG, ONG
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	22/11/2017 00:00
<b>4) Date/Time of Expiry of Insurance</b>	:	21/11/2018 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) Any named person under the policy who is driving on the Insured's order or with his permission.		
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission		
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
<b>Sum Insured</b>	:	Market Value
<b>Own Damage Excess</b>	:	S\$ 0.00 (before any applicable GST)
<b>Windscreen Excess</b>	:	S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	:	DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	:	Century Tokyo Pte Ltd
<b>Main driver</b>	:	CHEE KEONG, ONG
<b>Named driver</b>	:	None
<b>Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.</b>		

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 06/10/2017

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer

**Direct Asia Insurance (Singapore) Pte Ltd**  
88 South Bridge Road Singapore 058716  
www.DirectAsia.com