

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

MANA19003782

Date In: 09/01/2019 11:59	Job description	Date & Time Completed	Done by
Ref No: NBA/EG/190005147	SAS e-filing		
Veh No: 8KR 16304	E-mail (w/oda 3hrs, AIC 2hrs)		
D.O.A: 08/01/2019 18:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Withlar: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 15937	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: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

MANA1900252	INVOICE REF: MANA1900252
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
Sal 1:	For claiming against INC Only (ver 10 Jan 2005)
12/3:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TE (Nil): TP (Nil) against INC \$20
	9) NI2: Idao 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 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. 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	09/01/2019 11:59
Date Of Accident	08/01/2019 18:00
Exact Location Of Accident	PIE TOWARDS CITY AFTER JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1630A
Insured/Policyholder	
Name Of Registered Owner	OONG KAH HWEE, NELSON (WEN JIAHUI)
NRIC No	S9137986D
Email Address	NELSONOONG231091@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83830378
Alternative Phone No	OTHERS-83830378

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 HD (M)
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005841
Cover Note Number	

Driver

Name of Driver	OONG KAH HWEE, NELSON (WEN JIAHUI)
NRIC No	S9137986D
Date Of Birth	23/10/1991
Occupation	INDOOR
Date Of Driving Pass	19/10/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83830378
Fax Number	
Contact Number	OTHERS-83830378
Email Address	NELSONOONG231091@GMAIL.COM

Address	BLK 414 PANDAN GARDENS #12-139
Postcode	600414
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD1593T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SU BOH
NRIC/Passport Number	
Contact Number	98361639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OONG KAH HWEE, NELSON (WEN JIAHUI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKR1630A
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.
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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:

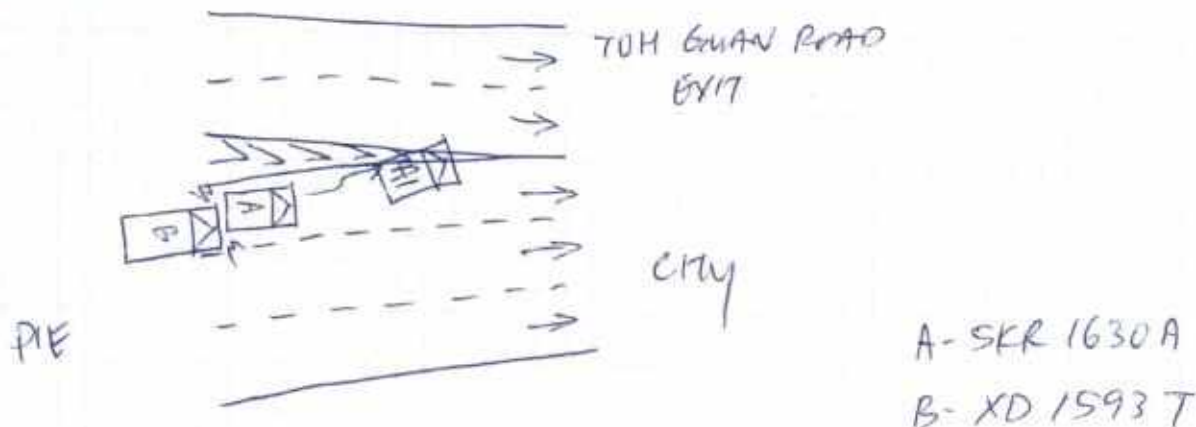
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARD CITY ON THE EXTREME LEFT LANE OF A 3 LANE ROAD, EXPRESSWAY. SOMEWHERE AFTER TOWN HALL EXIT, I DRIVING SWIMED ALONG THE SAID ROAD. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD AFTER THE ACCIDENT, I AWAKED AND REALISE THAT VEHICLE (B) CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE. A- SKR 1630 A
B- XD 1593 T

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: 08 JAN 2019	TIME: 18:00HRS	(hh:mm) 24 hrs Format	
LOCATION: PIE TOWARD CITY AFTER THROUGH TOWN HALL EXIT			
VEHICLE NUMBER: SKR 1630 A			
INSURED NAME: OONG KAH HWEI, NELSON			
NRIC / FIN: S9137986D	CONTACT: 8383 0378		
MAKE: HUNDAI	MODEL: AVANTE		
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 Only			
INSURANCE COMPANY: EQ			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: DMPPH1917-005841			
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN:	CONTACT:		
DATE OF BIRTH: 23 OCT 1991			
DRIVING PASS DATE: 19 OCT 2010			
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS: Nelsonnany231091@gmail.com	() NO EMAIL		
ADDRESS OF DRIVER: BLK 414 PANDAN GARDENS #12-139 S(600414)			
Number Of Passenger Include Driver: DRIVER ONLY			
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 () Others			
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: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Others			
Road Surface: () Dry (<input checked="" type="checkbox"/>) Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details: OONG KAH HWEI, NELSON 98361639			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B XPD1993T	S1130H S122186Z	(01) / Not Sure ()	98361639
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9137986D



Name

OONG KAH HWEE, NELSON
(WEN JIAHUI)

温家辉

Race

CHINESE

Date of birth

23-10-1991

Sex

M

Country of birth

SINGAPORE

S9137986D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9137986D

Holder

OONG KAH HWEE, NELSON
(WEN JIAHUI)

Birth Date 23 Oct 1991

Issue Date 10 Feb 2010



3348719

NRIC No. S9137986D



Date of issue

23-10-2006

Address

APT BLK 414 PANDAN GARDENS
#12-139
SINGAPORE 600414

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	10 Feb 2010
Class 2A	Motorcycles between 201 CC and 300 CC	31 Mar 2011
Class 1	Motorcycles > 300 CC	14 Aug 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	19 Oct 2010

S9137986D

S/No. 9000161080



T/P 425A

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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ17-005841

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID: Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

SKR1630A

2. Name of Policyholder

DONG KAH HWEI, NELSON (WEN JIAHUI)

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

04/11/2017

4. Date of Expiry of Insurance

12/01/2019

5. Person 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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

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

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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.

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 and Amendment, Act or Acts passed in substitution thereof.



Authorized Signatory
EQ Insurance Company Limited



> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7986D
Vehicle Details	
Vehicle No.:	SKR1630A
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 M
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	G4FC9U682618
Chassis No.:	KMH DU41BR9U804070
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$9,319.00
Original Registration Date:	13 Jul 2009
First Registration Date:	13 Jul 2009
Transfer Count:	2
Actual ARF Paid:	\$9,319.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jul 2019
PARF Rebate Amount:	\$4,659.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jul 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$7,789.00
COE Rebate Amount:	\$340.00
Total Rebate Amount:	\$4,999.00

The information contained herein is correct as at 09 Jan 2019

OK