

NATIONAL Assessment Centre Services.

Part 1 Jan 05

NA 490 12833

Date In: 28/01/2019 12:42	Job description	Date & Time Completed	Done by
Ref No: N/A/402/190012833/4	SAS e-filing		
Veh No: SF 5260D	E-mail (w/dln 8hrs, AIC 2hrs)		
D.O.A: 27/01/2019 13:15	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: 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: JPW 826 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: ()

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NA/1900776

Client Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2005)	
Tel. 1:	6) TR: Re-inspection \$73	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Nin INC) against INC \$20	
	*N12: Idan Mobile \$0	
	Invoice dated Fee Charged	
	Invoice dated Fee Charged	

2/2

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	28/01/2019 12:42
Date Of Accident	27/01/2019 13:15
Exact Location Of Accident	JALAN KUNING 2 JOHOR BAHRU MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5210D
Insured/Policyholder	
Name Of Registered Owner	WANG BING
NRIC No	S2699896D
Email Address	WB.WANG.BING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93257198
Alternative Phone No	OTHERS-93257198

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS TITANIUM
Exact Purpose for which vehicle was being used at time of accident	SHOPPING

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120031121701
Cover Note Number	

Driver

Name of Driver	WANG BING
NRIC No	S2699896D
Date Of Birth	08/09/1965
Occupation	INDOOR
Date Of Driving Pass	07/07/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93257198
Fax Number	
Contact Number	OTHERS-93257198
EMail Address	WB.WANG.BING@GMAIL.COM

Address	BLK 91 TANGLIN HALT ROAD #24-304
Postcode	142091
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPW826 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 27/01/2019 AT ABOUT 13:15HRS I CAME OUT FROM PELANGI SHOPPING CENTRE CARPARK EXIT AND DRIVED AROUND 100 METRES IN LEFT 1ST LANE, THEN TRIED TO MAKE A U'TURN THE CAR FROM THE LEFT 2ND LANE HIT MY CAR.(TRAFIK JOHOR BAHRU(S)/002492/19)

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	JPW826
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)

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:

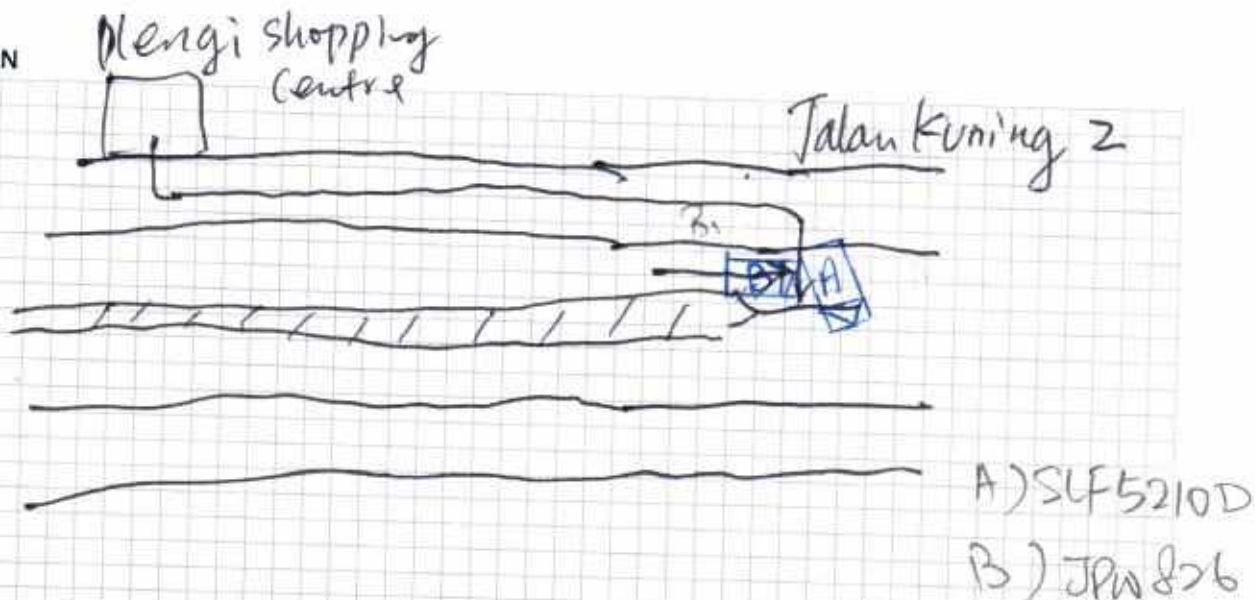
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/1/2019

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came out from Plengi Shopping Centre Carpark exit, and drove around one hundred meters in the left 1st lane. Then I tried to "U Turn", the car from the left 2nd lane hit my car.

POLICE REPORT TRAFIK JORAN BAHAM (S)/002492/12

DECLARATION

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

Policyholder's Signature

Date & Time: 28/1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/002504/19
Tarikh : 27/01/2019
Waktu : 1625 PM
Bahasa Diterima : B. Malaysia

Pegawal Penyiasat : R130812
No Repot Bersangkut : TRAFIK JOHOR BAHRU
(S)/002492/19

Butir-butir Penerima Repot

Nama : MOHAMAD IZUDDIN B. ABD WAHAB

No Personel : R205061

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : WANG BING

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : K0416189E

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 08/09/1965

Umur : 53 tahun 4 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : APT BLK 91 TANGLIN HALT ROAD #24-304 SINGAPORE , 142091

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 93257198

Emel : ---

Pengadu Menyatakan:-

PADA 27/01/2019 JAM LEBIH KURANG 1315HRS SAYA MEMANDU M/KAR NO SLF5210D DARI KAWASAN PARKING PLAZA PELANGI MENUJU KE COUNTRY GARDEN. PADA KETIKA ITU SAYA TIBA DI JALAN KUNING, SAYA BERADA DI LORONG PALING KIRI, SAYA MEMPERLAHANKAN M/KAR SAYA DAN MEMBERI ISYARAT UNTUK MEMBELOK (PUSINGAN "U") DAN MEGUBAH LORONG KE LORONG KANAN, TIBA-TIBA SEBUAH M/KAR NO JPW826 DARI ARAH BELAKANG DATAN DAN MELANGGAR TEPI SEBELAH KANAN M/KAR SAYA. SAYA MENGALAMI LUKA DI BAHAGIAN HIDUNG, LEBAM DI SIKU KANAN, DAN LUKA DI LENGAN KANAN. KEROSAKAN M/KAR SAYA ADALAH : PINTU KANAN DEPAN BELAKANG, PERMIN PINTU KANAN DEPAN BELAKANG, MUDGURD BELAKANG KANAN, DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R130812 | 27/01/2019 05:09:13 PM

SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUKAN SIVIL)

.....
KETUA TRAFIK DAERAH JOHOR BAHRU JOHOR
TIDAK BOLEH DISUNGGKAN UNTUK TUJUAN PERHUKUMAN



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : WANG BING
No Kad Pengenalan / Paspot : K0416189E
No Repot Polis : TRAFIK JOHOR BAHRU(S)/002504/19
Tarikh @ Masa Repot Polis : 27/01/2019 @ 16:25
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R130812) SJN ROSMADIE BIN RAMLI
Tempat Tugas : JOHOR, J/BAHRU SELATAN
No Telefon Pejabat : **No Telefon Bimbit** : 018-9416332
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : **No Badan** : **Pangkat** :
Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☒
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

14 Hari (12/02/2019)

ACCIDENT STATEMENT

ACCIDENT DATE: 27/01/2019 (DD/MM/YYYY), TIME: 13:15 (HH:MM)

LOCATION: JALAN KUNING 2, JOHOR BAHRU, Malaysia

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF5210D
 b) INSURANCE COMPANY: UOL
 c) POLICY NUMBER: 040M120031121701
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: FORD FOCUS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Shopping
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WANG BING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S26998960 CONTACT: 93257198
 c) ADDRESS: BLK 91, #24-304, Tanglin Halt Road, Singapore 142091

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WANG BING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 08/09/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC JOHOR BAHRU

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JPW826 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Email = WB.WANG.BING@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2699896D



Name

WANG BING

王 兵

Race
CHINESE

Date of birth
08-09-1965

Sex
M

Country of birth
CHINA

S2699896D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2699896D

Name

WANG BING

Birth Date: 08 Sep 1965

Issue Date: 07 Jul 2006



001430612J



3814572

NRIC No: S2699896D



Date of issue
21-12-2005

APT BLK 81 TANGLIN HALL ROAD #24-304
SINGAPORE 142001

NRIC No: S2699896D

Date: 11/08/2014

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 07 Jul 2006



Licence No: S2699896D

NP 426A

UNIDRIVE
RENEWAL CERTIFICATE

ORIGINAL

Agency A000401	Class of Policy MOTOR UNIDRIVE	Policy Number DHOM120031121701
Account A000401	Issued on 15/08/2018 in UOI	Replacing Policy no. DHOM120031121700
Client 0360977	Acceptance Date 10/08/2018	Replacing Cover Note 17936

Period of Insurance from 30/08/2018 to 29/08/2020 , both dates inclusive

Insured's Name.... MR WANG BING
Mailing Address.... 91 TANGLIN HALT ROAD
#24-304 COMMONWEALTH VIEW
SINGAPORE 142091

Business/Occupn... INDOOR
Financial interest UNITED OVERSEAS BANK LIMITED

Premium	ANNUAL PREMIUM	SGD612.00		
	Total Annual Premium	SGD612.00	Premium Due	SGD1,224.00
			Premium GST	SGD85.68
			Total Due	SGD1,309.68

EXCESS FOR NAMED DRIVER
REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN
THREE (3) YEARS

Risk No. 001	UNIDRIVE		
1. Registration	SLF5210D	Make/Model ..	FORD FOCUS TITANIUM
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No. ..	GR44419	Capacity cc's	999
Chassis No. .	WF04XXGCC4GR44419	Body Type	STATION WAGON
		Yr of Manuf/Regn	2016/2016
		NCB%.....	50.00
		Certificate Ref.	PVI
INDEMNITY FOR TOTAL LOSS		MARKET VALUE	
NAMED DRIVERS			SGD500.00
OTHERS			SGD1,500.00
APPL TO <25 YRS & OR <3YRS EXP			SGD3,000.00
WINDSCREEN DAMAGE CLAIM			SGD100.00
Named Drivers WANG BING			

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 YEAR PLAN
- IN-CAR CAMERA
- 2 - EXCESS - DAMAGE CLAIMS
- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- 15 - HIRE PURCHASE
- TERRORISM EXCLUSION ENDORSEMENT
- CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- 25 - STRIKE RIOT AND CIVIL COMMOTION
- SECTION III - MEDICAL EXPENSES
- SECTION IV - PERSONAL ACCIDENT BENEFITS
- 2 E - YOUNG AND INEXPERIENCED DRIVERS