

# NATIONAL Assessment Centre Services

port + Jase/09 MMA 119048611

Date In: 15/4/19 11:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CYI 1900 6620/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLJ 1564M	I-Motor Claim Form		
D.O.A: 13/4/19 13:25	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD:  Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: FT 1245C	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 Ref No: 6739/6616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

NA 1902736	Invoice/Repairation Checklist	Amo (\$)	STAB (\$)
Customer Particulars:	1) AR: Accident Reporting (\$30)	30.00	
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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ref 19 Jan 2005)		
	6) TR: Re-Inspection \$25		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (2-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	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	15/04/2019 11:50
Date Of Accident	13/04/2019 13:25
Exact Location Of Accident	BRADDELL RD SLIP RD INTO LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1564M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CASTOR & WHEEL (SINGAPORE) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67456944

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	OTW HOME
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	DMPCSN3006421900
Cover Note Number	-

### Driver

Name of Driver	ONG MENG KEAT (WANG MINGJIE)
NRIC No	S8316733E
Date Of Birth	06/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91712250
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 116 LORONG 2 TOA PAYOH #02-144
Postcode	310116
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (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 ATTACHED 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	FT1245C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	BALAKRISHNAN S/O PERIATHAMBY NAGAN
NRIC/Passport Number	S0242177A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ONG MENG KEAT (WANG MINGJIE)
------	------------------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ1564M
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.

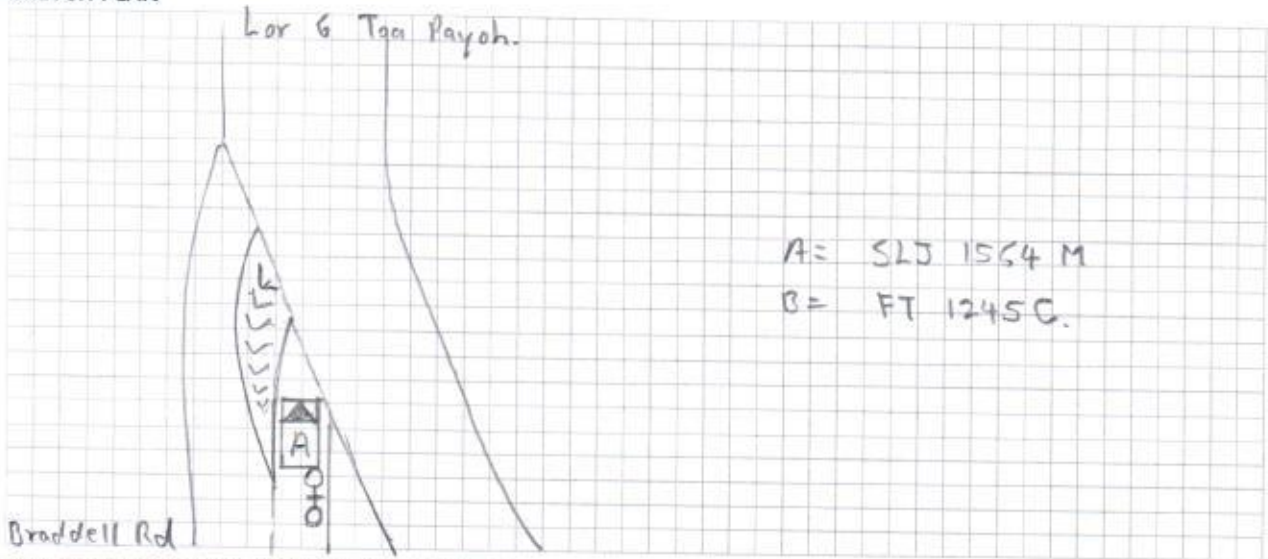


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement of

## 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.:

I WAS STOP AT THE SLIP RD FROM BRADDELL RD TO CHECK TRAFFIC  
COMING FROM THE LOR 6 TOA PAYOH. ALL OF A SUDDEN, I FELT AN  
IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH  
AND REALIZED A MOTORCYCLE FROM BEHIND HIT ONTO MY VEH REAR  
RIGHT PORTION



# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 4 / 19) (DD/MM/YYYY), TIME: (13 : 25) (HH:MM)

LOCATION: Braddell Rd slip Rd into Lor 6 Toa Payoh.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ 1564M  
 b) INSURANCE COMPANY: CTZ  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: otw home.  
 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: castor & wheel singapore pte ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT:  
 c) ADDRESS: CONTACT: 674569404

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Ong Meng Keat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT:  
 c) ADDRESS: CONTACT: 91712250.

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FT 1245C MODEL:  
 b) DRIVER'S NAME: Balakrishnan S/O Periathamby Nagan  
 c) NRIC/FIN/PASSPORT: S 0242177A 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)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

waiting chop & CT

Email = SAM@CastorWheel.com.

fax =

VIDEO = No



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8316733E



Name

ONG MENG KEAT  
(WANG MINGJIE)

王明杰

Race

CHINESE

Date of birth

06-05-1983

Sex

M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8316733E

Holder

ONG MENG KEAT  
(WANG MINGJIE)

Birth Date 06 May 1983

Issue Date 12 Jul 2005



5298726

NRIC No. S8316733E

Date of issue

25-04-2014

APT BLK 116 LORONG 2 TOA PAYOH #02-144  
SINGAPORE 310110

NRIC No: S8316733E

Date: 02/06/2010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

- Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg  
Class 4 Heavy motor cars and motor tractors > 2500 kg  
Class 5 Motor vehicles > 7250 kg not constructed to carry any load

12 Jul 2005

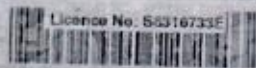
04 Dec 2006

04 Jun 2007

Mobile Number  
+65-91712250

S8316733E

S / No. 9000065599



NR 428A



**中国太平**  
CHINA TAIPING

**中国太平保险(新加坡)有限公司**  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0631A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3006421900
Account	AN0631A	Issued on	..... 18/01/2019 in SINGAPORE		
Client	3239545	Acceptance Date	18/01/2019		

Period of Insurance from 19/01/2019 to 18/01/2020 , both dates inclusive

Insured's Name	CASTOR & WHEEL(SINGAPORE)PTE LTD
Address	29 KAKI BUKIT PLACE EUNOS TECHPARK SINGAPORE 416207

Business/Occupn... BUSINESS

Financial interest OCBC BANK LTD AS HP OWNER

Premium	Base Annual Premium	S\$2,259.40		
	Less 20% Autosafe Scheme	S\$451.88-		
	No Claim Discount	..... 20.00%	S\$361.50-	
	Total Annual Premium	S\$1,446.02	Premium Due	S\$1,446.02
			Premium GST	S\$101.22
			Total Due	S\$1,547.24

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	29-11-2016		
1. Registration	SLJ1564M	Make/Model	CHEVROLET ORLANDO 1.4AT TURBO	
Type of Cover	Comprehensive	No. of seats	7	Body Type
Engine No.	A14NET162660012	Capacity cc's	1362	Yr of Manuf/Regn
Chassis No.	KL1YA7589HK608368			2016/2016
				Certificate Ref. MX4F
Sum Insured	Market value at the time of loss			
Named Drivers Ex Sect. I		S\$900.00		
Additional Ex Other than Named Drivers:				
Ex Sect. I - Age <= 25		S\$3,000.00		
Ex Sect. I - Age >= 26		S\$500.00		
* Age as at date of accident				
EX ON WINDSCREEN		S\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 3(c), 25, 57, 72, N & W(unltd).

**AUTOSAFE SCHEME (W)**

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00

Notwithstanding anything contained to the contrary, we will waive up to the first S\$500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

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