

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA 11905965**

Date In: 8/5/19-18:24	Job description	Date & Time Completed	Done by
Ref No: NA 1072190081W 1W	SAS e-filing		
Veh No: DMK 9928	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 7/5/19-18:20	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: DMK 9928	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

NA 11905965	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpl 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 30			
	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	08/05/2019 15:29
Date Of Accident	07/05/2019 18:30
Exact Location Of Accident	SENGKANG EAST RD TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9928C
Insured/Policyholder	
Name Of Registered Owner	MR MOONG KHAI CHEE
NRIC No	S7269624G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98581478
Alternative Phone No	OFFICE-98581478

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	DMPCSN3021401900
Cover Note Number	

Driver

Name of Driver	ONG WEE KEE
NRIC No	S7269625E
Date Of Birth	29/01/1972
Occupation	INDOOR
Date Of Driving Pass	20/08/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85003981
Fax Number	
Contact Number	OFFICE-85003981
EMail Address	NOEMAIL

Address	BLK 232 COMPASSVALE WALK #07-454
Postcode	540232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : MOONG YEN JEE 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

REFER TO STATEMENT.

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	SJN9521L
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)

DETAILS OF INJURED PERSON 1

Name ONG WEE KEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMK9928C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MOONG YEN JEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMK9928C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN


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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:

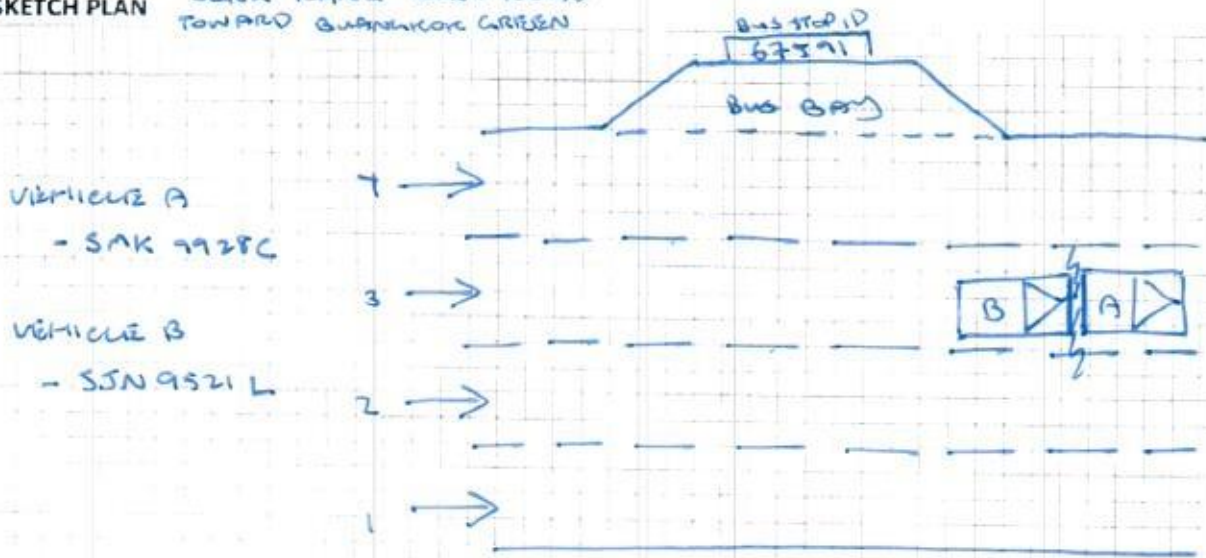
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



VEHICLE A
- SMK 9928C

VEHICLE B
- SJN 9521 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SENGA KANG EAST ROAD, TOWARDING BHANGKOK GREEN DIRECTION. I WAS ON THE THIRD LANE.
WHILE DRIVING STRAIGHT AHEAD AT THE "SPEED LIMIT SPEED" OF THE ROAD, WHICH SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE, THEN I REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SJN 9521 L) THAT COLLIDED TO THE REAR OF MY VEHICLE.
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.
VEHICLE A - SMK 9928C
VEHICLE B - SJN 9521 L

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.:

Vehicle No.	SMK 9928 C	Model / Make	HONDA VIZEL
Date of Accident	07/05/19		
Time of Accident	1830	HRS	
Location of Accident	SENG KANG EAST ROAD TOWARD BUANG KOK GARDEN		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUONH KHAI CHEE		
Telephone No.	H/P: 98581478	Home :	Office :
NRIC	S72 69624 G		
Address	BLK 232 COMPASSVALE WALK #07-454 S(540232)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIANH		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPC SN 3021401900		
Name of Driver	As Above If <u>No</u> ONG WEE KEE		
NRIC	S 7269625 E	Any Passengers :	1 (FEMALE DAUGHTER)
Date of birth	29 JAN 1972		
Occupation	Outdoor / Indoor		
Driving License Pass Date	20 AUG 2009		
Gender	Male / Female		
Contact No.	H/P: 85003981	Home :	Office :
Address	BLK 232 COMPASSVALE WALK #07-454 S(540232)		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state	Sponsor	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	ONG WEE KEE (85003981)		
Name And Contact No.	MUONH YEN JEE (DAUGHTER) (85003981 / 98581478)		
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SSN 9521 L	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	<u>Yes</u> / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7269625E



Name

ONG WEE KEE

王 慧 琪

Race

CHINESE

Date of birth

29-01-1972

Country/Place of birth
MALAYSIA

Sex
F

5653893



NRIC No. S7269625E



Date of issue

27-09-2016

Address

APT BLK 232 COMPASSVALE WALK
#07-454
SINGAPORE 540232

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7269625E

Name

ONG WEE KEE

Birth Date: 29 Jan 1972

Issue Date: 01 Jun 2012



002073036H

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 20 Aug 2009

NP 428A



Licence No. S7269625E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7269624G



Name

MOONG KHAI CHEE

蒙 啟 嗣

Race
CHINESE

Date of birth
03-05-1972

Sex
M

Country/Place of birth
MALAYSIA



5653892



NRIC No. S7269624G



Date of issue
27-09-2016

Address

APT BLK 232 COMPASSVALE WALK
#07-454
SINGAPORE 540232

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.	DMPCSN3021401900	Engine No : L15R5559966 Chassis No: RU11309953
1. Index Mark and Registration Number of Vehicle	SMK9928C	
2. Name of Policy Holder	MR. MOONG KHAI CHIEE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 MARCH 2019	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	19 MARCH 2020	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
5. Persons 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 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. : HL BANK 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