NATIONAL Assessment Cont	re Services 🦠	or i Januari	Musterso	11641		
Date 10: 14/06/2019	Job description		Date & Time Comp	leted	Done by	errettelstofi G
REINONBATOBEL90105741	SAS e-filing					11
Val No 8kf 21928 7	E-mail (within 8h	ış, AIC 2hış;				
DON 13 18/ 2018 1919	D. I-Motor Claim	Form -				
1 8100 000 1 1.00	I-Mator W/O (	Within: OD Thes.	TP 4tres)		** *****	
OD TP) Reporting Only	i-Photo Uplone				TON	
	Assessment/Sur	vey Report	1			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wkap / INC Assign Wkap / QW: {			Tel:	Fax:		)
TP Particulars: Veh No:	SR 9266.4	INC (	)/Non-INC (	)		
Owner / Driver: (			Tel:	N.	)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Constrained by : (		Date:	Time?		)	
Insured/Driver Limbility: (%)	[Note-Est Status (W	O): N: 0.20	0%; P: 21-79%.	F: \$0-100%	]	
Year of Registration: ( )	Wattanty: YES (	)/NO(	)			
Excess: (\$ ) Londing: \$	1,000 ( ) / \$2,000 (	)			Name of Street	
General Remarks:	4.5157744月胜推		ETT STREET, FALL	11.		
( ) Walk-In Customer : Customer's in	nformation strictly Con	fidential & St	rictly NO refer of re	pairer.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.					· · · Cit Cities of
Drive-In ( )/ Yowed-In ( ); Invo	oice: YES ( ) / N	O( );T	owing Co. (		-	)
Remarks: 7 (INC horline: 6788 6616	And Samuel Andrews Williams		Date&Tune Com	le set	Done b	V
and the second s	the state of the s	Geographic Com-	Datace Land Commit	-		
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )					
3) Upload Resurvey Photo [Repair Cost >	\$30001 ( )					
	( /	·				
Injury:						
Date/Time Actions					NEAL SE	ــــــــــــــــــــــــــــــــــــــ
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ver/Owner:		4) PT : Fellow-Through Survey 3129 5) PT : Follow-Through Survey (Resurvey) 500				
Contact No:		Eng steining project INC Only (well 10 Jan 1995)				
Damaged Portion:	6) TR: Re-inspection 7) N1: Iday DA + SMRT Su			\$10	the same of the sa	
	3	6) NTUCALS	tional Servines:			
QC Checked by (Engr-In-Charge):		* NO: Course	sy Cor / Tpt Allowance			
		• No. Report	Co-ordination	\$1		
Auditors Comments:		*NB: DV / Collect Excess Coordination 55				
lat.li		2 P (N11) :	TP (Nat INC) against IN		01	
Sat. 2.73	·	Invoice dated		in Charged		SEAT
1 /1 11		A	F	w Charged		

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding 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.

- 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.

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Date Of Report

14/06/2019 14:49

Date Of Accident

13/06/2019 19:20

Exact Location Of Accident

BKE TOWARDS WOODLANDS B/F RIFLE RANGE ROAD FLYOVER

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKE7192B

Insured/Policyholder

Name Of Registered Owner

ONG YUAN HONG SEAN (WANG YUANHONG)

NRIC No

S8327226J

Email Address

HANCARREPAIRS@GMAIL.COM

Mobile Phone No

(LOCAL) +65-92995991

Alternative Phone No

OTHERS-92995991

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA

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

QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

8-V0021839-MVA

Cover Note Number

Driver

Name of Driver

ONG YUAN HONG SEAN (WANG YUANHONG)

NRIC No Date Of Birth Occupation S8327226J 04/09/1983

INDOOR 23/08/2004

Date Of Driving Pass Driving Experience

14 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-92995991

Fax Number

Contact Number

OTHERS-92995991

EMail Address

HANCARREPAIRS@GMAIL.COM

Address

BLK 39 SEMBAWANG CRESCENT

#04-36

Postcode

756987

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 (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?

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJS9266Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THAM ZHI LONG

NRIC/Passport Number

S9325980G

Contact Number

91009805

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 Pers

NRIC/FIN No.:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN

Policyholder's Signature

Date & Time:

Onver ohly

# PERSONAL PARTICULARS

Date of Accident: 13/06/2019	Time of Accider	T 20	P (24Hrs)	
Vehicle No: SKE7192B	Vehicle Make/Mc	idel: Hyundai	Elantra	
Exact Location of Accident:BK	E Towards	Woodlands	Before	RiFle Ronge Rd F
Owner's Name/NRIC:Ong_	Vuan Hong	Sean 58	3327	2261
Driver's Name/NRIC: Ong				2265
Driver's Contact: 9299 5991	Insurance Co 8	Policy No:	BE	
Driver's Email Address: hanca	repairs Ogi	majl.com		
Relationship between Owner & Driver: Spo	use/Children/Friend/Pa	arents/Others specif	y:	
What do you wish to claim (Please circ	le one only)			
1) Own Insurance 2) Other Vehicle (Th	ne one you want to clai	m against) 3) Repo	rting (For Reco	ording Purposes)
Exact Purpose for which the vehicle w	as being used at tim	e of accident? (Ple	ease circle one	e only)
Private Use / Work Purpose		of occioents (in	THE LAND LAND	- GHIY
Weather Condition & Road Conditions	s?			
Clear & Dry / Raining & Wet / After-R		& Wet		
Occupation				6
Incor / Outdoor				mooranly
Any Injuries? (MC of 3 Days or more,	police report is requ	ired)		, and
Yes / 🍪 If Yes, which polic	e station?			_
The Other Party (Vehicle B) Details Driver's Name/IC: Tham	thi way (5	93 25 98 G Vehicle No	575	92664
Insurance Company:		Driver's C	ontact: 9	1009805
(If more than 2 vehicles involved, ple	ease indicate the oth	er party vehicle n	umbers belov	N).
Other Vehicle (Vehicle C) :				
independent Witness (if Any);			Contact:	
Preferred Workshop (If Any);			Contact:	
* If no proper document are produced	d, IDAC should not file	e the report	commetter and	
* Information will be discarded aft	er one week.	70		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8327226J



ONG YUAN HONG SEAN (WANG YUANHONG)

£ 元

CHINESE

04-09-1983

SINGAPORE

FOT LYKINAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8327226J

ONG YUAN HONG SEAN (WANG YUANHONG)

Bitti Date 04 Sep 1983 e 14 Sep 2018

09-04-2018

APT BLK 39 SEMBAWANG CRESCENT #04-36 SINGAPORE 756987

NRIC No. \$8327226J

Date: 11/09/2018

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

Motor cars with uniaden weight =< 3000kg with =< 7 23 Aug 2004 passengers, exclusive of driver; and other motor vehicles with uniaden weight =< 2500kg

For LKK NAC Use Only

NP 428A

#### aBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018

AWW.gbir.com.eg



#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. 8-V0021839-MVA

Account Name PANA HARRISON (ASIA) PTE

MCI Type MX1

LTD

1 Index Mark and Registration Number of Vehicle or Chassis No:

SKE7192B

2 Name of Policyholder ONG YUAN HONG SEAN

3 Effective date of Commencement of Insurance for the purpose of the Regulations 16/04/2019

4 Date of Expiry

15/04/2020

- 5 Person or Classes of Person entitled to drive\*
  - (a) The Policyholder

. The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any person who is driving on the Policyholder's order or with his/her 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 the driving the Motor Vehicle

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

6 Limitations as to use\*

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

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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.

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Hire Purchase : STANDARD CHARTERED BANK (SINGAPORE)
LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 22/03/2019

Authorized Signature