

NATIONAL Assessment Centre Services

Date In: 08/08/19	Job description	Date & Time Completed	Done by
Ref No: N3A/401/4013934/T1	SAS e-filing	8/8/19 1535	MTU
Veh No: SKT 9458T	E-mail (e-mail Mins. AIC 2hrs)	8/8/19 1600	MTU
D.O.A: 07/08/17	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: 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%; F: 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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	In Bill	Add. Bill		
Driver/Owner:	1) AR: Accident Reporting (\$30):			
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Cal. Li:	For claiming against INC Only (wef 10 Jan 2019)			
Cal. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	9) N11: TP (Non INC) against INC \$20			
	10) N12: Idm Mobile 30			
	Invoice dated	Fax Charged		
	Invoice dated	Fax Charged		

07-MAY-2019 16:39

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	08/08/2019 15:35
Date Of Accident	07/08/2019 10:00
Exact Location Of Accident	LIVIA CONDO CARPARK 69 PASIR RIS GROVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9458T
Insured/Policyholder	
Name Of Registered Owner	WONG KO SIONG PATRICK
NRIC No	S1304810Z
Email Address	PWONG5808@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97385091
Alternative Phone No	OFFICE-97385091

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK

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	DHOM120021561601
Cover Note Number	

Driver

Name of Driver	WONG KO SIONG PATRICK
NRIC No	S1304810Z
Date Of Birth	13/08/1958
Occupation	INDOOR
Date Of Driving Pass	16/02/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97385091
Fax Number	
Contact Number	OFFICE-97385091
EMail Address	PWONG5808@GMAIL.COM

Address	69 PASIR RIS GROVE #15-13
Postcode	518219
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	COLLIDED INTO PROPERTY
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	BEAM CURB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ACCIDENT STATEMENT

ACCIDENT DATE: (07.08.2019) (DD/MM/YYYY), TIME: (10.00) (HH:MM)

LOCATION: Livia condo carpark; 69, Pasir Ris Grove

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 9458T
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM120021561601
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Jaguar XF 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: driving to work
 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: Wong Ko Siang Patrick (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13048102 CONTACT: 97385091
 c) ADDRESS: 69 Pasir Ris Grove #15-13

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Ko Siang Patrick (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13048102 CONTACT: 97385091
 c) ADDRESS: 69 Pasir Ris Grove #15-13

*d) DATE OF BIRTH: (13.08.1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) SALES

f) DATE OF DRIVING PASS 38 16 Feb 1981

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Road curb 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)
 ()

* No of passenger
 (including driver)
 ()

email = pwong5808@gmail.com

VIDEO

rsmb@1kkauto.com
 rsbm

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**.
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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)

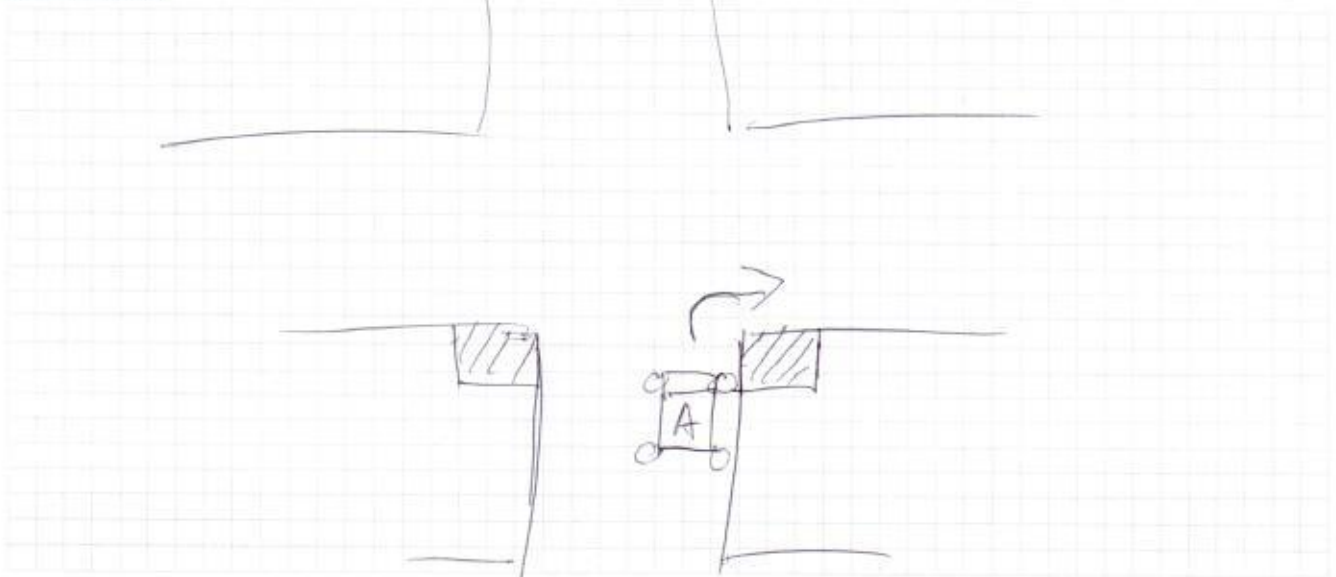
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving out of carpark and turning right, I miss the right side of beam ~~curb~~ curb. The right tyre hit the beam curb. & After that I found the control steering wobble & loud screeching.

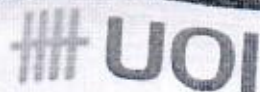
DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 8/8/19
 Reporting Centre Personnel's Signature
 Name: *Taylin*
 NRIC/FIN No.:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#26-01 Springleaf Tower
Singapore 079909
Tel (65) 6322 7733
Fax (65) 6322 3869 / 6327 1670
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197109152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM120021561601	Excess:	\$500/- NAMED DRIVERS \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKT9458T		
Name of Insured	WONG KO SIONG PATRICK		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 26 June 2018 to 25 June 2020
Hire Purchase MALAYAN BANKING BHD

Engine# 251114062513204PT
Chassis# SAJAC05M2FPU70796

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

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

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD


For the Company

FCTTS Date : 15/05/2018

The owner and vehicle particulars for Vehicle No. SKT9458T as at 26 Jun 2015 are as follows:

1. Name	: WONG KO SIONG PATRICK
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: S1304810Z
4. Place Of Passport Issue	: -
5. Registered Address	: 69 PASIR RIS GROVE
	: #15-13
	: SINGAPORE 518219
6. Mailing Address	: -
7. Vehicle No.	: SKT9458T
8. Effective Date of Ownership	: 26 Jun 2015
9. Original Registration Date	: 26 Jun 2015
10. First Registration Date	: 26 Jun 2015
11. Vehicle Type	: P10 - Passenger Motor Car
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: JAGUAR
17. Vehicle Model	: XF 2.0P TSS
18. Year of Manufacture	: 2015
19. Primary Colour	: Black
20. Secondary Colour	: -
21. Passenger Capacity	: 4
22. Chassis/Trailer Chassis No.	: SAJAC05M2FPU70796 / -
23. Propellant/Emission Standard	: Petrol / Euro V
24. Engine No./Motor No.	: 251114062513204PT / -
25. Engine Capacity(cc)/Power Rating(kW)	: 1999 / -
26. Maximum Power Output(kW/bhp)	: 177.0 / 237
27. Unladen Weight(kg)	: 1873
28. Maximum Laden Weight(kg)	: 2230
29. Open Market Value	: \$49,966.00
30. PARF Eligibility	: Yes
31. PARF Eligibility Expiry Date	: 25 Jun 2025
32. Minimum PARF Benefit	: \$30,976.00
33. IU Label No.	: -
34. COE No.	: 2015070103001496Z
35. COE Expiry Date	: 25 Jun 2025
36. COE Category	: B - Car (above 1600cc or 97kW (130bhp))
37. Quota Premium/Prevailing Quota Premium	: \$71,509.00
38. Actual Quota Premium/PQP Paid	: \$71,509.00
39. Actual ARF Paid	: \$61,953.00
40. CO2 Emission(g/km)	: 189.00
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Road Tax Amount	: \$510.00
46. Road Tax Start Date	: 26 Jun 2015
47. Road Tax End Date	: 25 Jun 2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1304810Z



Name
WONG KO SIONG PATRICK
黄可祥
Race
CHINESE
Date of Birth **13-08-1958** Sex **M**
Country of Birth
SINGAPORE

04302

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S1304810Z**
Name **WONG KO SIONG PATRICK**
Date of Birth **13 Aug 1958**
Date of Issue **08 Apr 2003**

000969724D

For LKK/NAC Use Only

04302




NRIC No. **S1304810Z**

Blood Group **A+** Date of issue **16-07-1992**

69 PASIR RIS GROVE #15-13
SINGAPORE 518219

NRIC No: **S1304810Z** Date: **07/01/2012** No: **6963616**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE CLASSIFICATION	PASST DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Apr 1979
Class 2A	Motorcycles between 201 cc and 400 cc	16 Apr 1979
Class 2	Motorcycles exceeding 400 cc	16 Apr 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Feb 1981

For LKK/NAC Use Only

NP 428A

License No: **S1304810Z**