

Date In: 29/8/19 17:30	Job description	Date & Time Completed	Done by
Ref No: NA107219015314164	SAS e-filing		
Veh No: SKC 9197K	E-mail (within 5hrs, AIC 2hrs)		
ICCA: 29/8/19 10:10	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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:

SLD 9722 C.

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 100115 0718 0016)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: Actions:

NA1906381

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. No:

Date:

Invoice Preparation Charge:

1) AR: Accident Reporting (\$30):

2) DA: Damage Assessment (\$100): INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-Inspection \$75

7) NI: Idau DA + SMRT Survey \$160

8) NTUC Additional Services:

OD:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

*N9: TP (N11) : TP (N-on INC) against INC \$20

9) N12: Idau 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	29/08/2019 17:30
Date Of Accident	29/08/2019 10:10
Exact Location Of Accident	ALONG SERANGOON GARDEN WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9197K
Insured/Policyholder	
Name Of Registered Owner	MR ONG BOON SIANG
NRIC No	S6846923F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97873998
Alternative Phone No	OFFICE-97873998

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	DMPCSN3060901800
Cover Note Number	-

Driver

Name of Driver	ONG CHIEW SIA ALEXIA
NRIC No	S9441211J
Date Of Birth	31/10/1994
Occupation	INDOOR
Date Of Driving Pass	15/08/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93880731
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 951 HOUGANG AVE 9 #04-510
Postcode	530951
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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

REFER TO 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	SLD9722C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA KENG PHANG WYNNE
NRIC/Passport Number	S1212867C
Contact Number	91291076
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

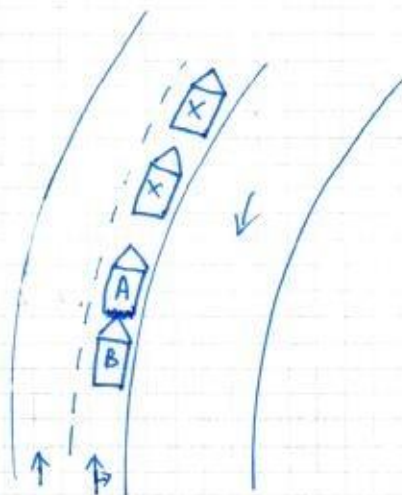


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/8/2019 4:55pm



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

SKETCH PLAN



(A) SKC 9197K

(B) SLD 9722C.

Along Serangan Garden way.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29-08-2019 @ about 10:10am, I was driving my car (SKC 9197K) along Serangan Garden way in the right lane. Vehicles in front of me slow down and stop so I slow down and almost complete stop too. Suddenly I felt an impact from behind & I realized that Veh. B (SLD 9722C) didn't stop in time and collided onto the rear portion of my car. Hence I hereto lodge this report to claim against Veh. B (SLD 9722C)'s Insurance for my accident damages. My car did installed car camera recorder & I willing to provide my accident video footage for my accident claim purpose. I will go to see doctor if feel any uncomfortable after this.

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: 29/8/2019 4.55pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO : SKC 9197K

MAKE & MODEL : Bmw 523i

Date of Accident	29 / 08 / 2019
Time of Accident	10:10 AM / PM
Location of Accident	Along Serangoon Garden way
Exact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial
NAME OF OWNER :	Ong Boon Siang
Contact No.	97873998
Nric No	S6846923F
Type Of Claim	Third Party / Own Damage / Reporting only
Insurance Co.	China Taiping Insurance
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No	DMPC SN 3060 9018W
NAME OF DRIVER :	As above / If No: Ong Chiew Sia Alexia
Nric No	89441211J Any Passenger: —
Date Of Birth	31 / 10 / 1994
Occupation	Outdoor / Indoor Student
Date Of Driving Pass	15 / 08 / 2016
Gender	Male / Female
Contact no	93880731 Office: — Home: —
Address	Blk 951 Henggang Ave 9 #04-510 S(530 951)
Driver Have Any Own Vehicle	NO / If Yes (Reg no):
Relationship	Employee / If No: Father & Daughter
Weather Condition	Clear / Raining / Other:
Road Surface	Dry / Wet / Other:
Any Injuries	NO / If Yes Who?
Name	Contact:
Name	Contact:
Police Report	NO / If Yes: Where?

Vehicle B No :	SLD 9722C	Any Passenger:
Name Of Driver	Chia Keng Phang Wayne (S1212867C)	
Contact No :	91291046	
Vehicle C No :		Any Passenger:
Vehicle D No :		Any Passenger:
Vehicle E No :		Any Passenger:
Vehicle F No :		Any Passenger:
Any Witness		
Witness Contact No		

Have you been approach by unknow person soliciting (s) / offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP	PRECISE AUTO SERVICE
Address	1 Kaki Bukit Ave 6 #02-34
	Kaki Bukit @ Auto Bay
	Singapore 417883
Email : alexia.ong@gmail.com	Tel : 6745 7367 Fax : 6841 3390

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9441211J**
Name: **ONG CHIEW SIA ALEXIA**

Birth Date: **31 Oct 1994**
Issue Date: **15 Aug 2016**

For LKK/NAC Use Only

002599068J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9441211J**

Name: **ONG CHIEW SIA ALEXIA**

王秋霞
Race: **CHINESE**
Date of birth: **31-10-1994** Sex: **F**
Country of birth: **SINGAPORE**

4413369



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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	15 Aug 2016

For LKK/NAC Use Only

Licence No: S9441211J

NP 428A

4413369

For LKK/NAC Use Only

NRIC No. **S9441211J**

Date of issue: **03-06-2009**

Address: **APT BLK 951 HOUGANG AVENUE 9
#04-510
SINGAPORE 530951**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6846923F

Name
ONG BOON SIANG

王 文 祥

Race
CHINESE

Date of Birth
10-11-1968

Sex
M

Country of Birth
SINGAPORE

S6846923F

For LKK/NAC Use Only

1050556

Barcode

NSIC No: S6846923F

Fingerprint

Blood Group
O+

Date of Issue
22-06-1993

Address
APT BLK 951 HOUGANG AVENUE 9 #04-510
SINGAPORE 530951

NRIC No: S6846923F

Date: 24/07/2008

No: 5970830

For LKK/NAC Use Only

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.

DMPCSN3060901800

Engine No : 02847711N52B25AF

Chassis No: WBAFP32030C865237

1. Index Mark and Registration
Number of Vehicle

SKC9197K

2. Name of Policy Holder

MR ONG BOON SIANG

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment

11 SEPTEMBER 2018
(17:43 HOURS)

NAMED DRIVERS EX SECT. I.....S\$1,000.00
IN ADDITION TO NAMED DRIVERS EX:

4. Date of Expiry of Insurance

10 SEPTEMBER 2019

EX SECT. I - AGE <= 25.....S\$3,000.00
EX SECT. I - AGE >= 26.....S\$500.00

5. Persons or Classes of Persons entitled to drive *

* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN.....S\$100.00

(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\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT
OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* 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