

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MAINTENANCE**

Date In: <b>20/01/05-16:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/102142008/04</b>	SAS e-filing		
Veh No: <b>QJ19064</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>20/01/05 12:30</b>	i-Motor Claim Form		
OD: <b>(TP)</b> 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: <b>SE8894X</b>	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

<b>4A1408W0</b>	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		Int 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*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 \$0		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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	29/10/2019 16:01
Date Of Accident	27/10/2019 12:30
Exact Location Of Accident	JURONG WEST AVE 4 OPP DOU TIAN GONG TEMPLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1996H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR ONG SOON FOO
NRIC No	S1513771A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94361676
Alternative Phone No	OFFICE-94361676

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MB024725-R09
Cover Note Number	

### Driver

Name of Driver	ONG KWEE LEONG (WANG GUILIANG)
NRIC No	S8309553I
Date Of Birth	06/04/1983
Occupation	INDOOR
Date Of Driving Pass	21/11/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94361676
Fax Number	
Contact Number	OFFICE-94361676
Email Address	NOEMAIL

Address	BLK 124 BUKIT BATOK CENTRAL #01-375
Postcode	650124
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	CHAIN COLLISION
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	3
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: : PENG HUI LIAN, JILLIAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20191028/7011.

#### 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	SKR8292X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMF5398J  
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 KWEE LEONG (WANG GUILIANG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM1996H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PENG HUI LIAN, JILLIAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM1996H  
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:

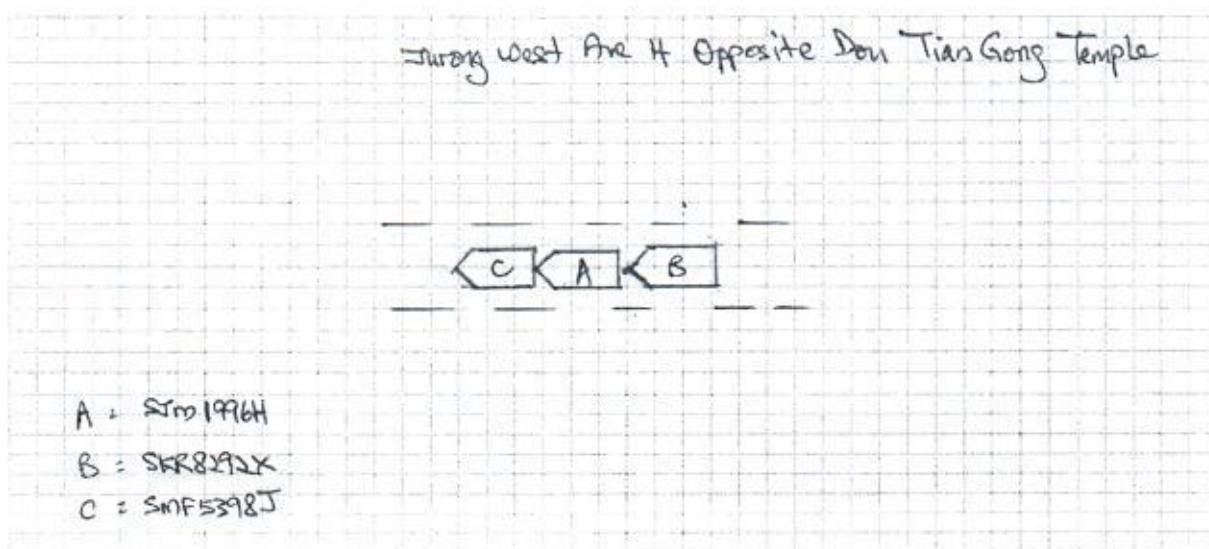
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

I WAS TRAVELLING ALONG JURONG WEST AVE 4 OPPOSITE DOU TIAN GONG TEMPLE. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C.

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.:



# Accident Reporting Draft

VEHICLE NO: SJM1996H

MODEL: HYUNDAI AVANTE

DATE OF ACCIDENT	27/10/2019		
TIME OF ACCIDENT	1230 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	JURONG WEST AVE 4 OPPOSITE DOU TIAN GONG TEMPLE		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	ONG SOON FOO		
CONTACT NO.	94361676		
NRIC	S1513771A		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	TOKIO MARINE		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	ONG KWEE LEONG (WANG GUILIANG) AS ABOVE / IF NO:		
NRIC	S83095531I	ANY PASSENGER: 1	
DATE OF BIRTH	Peng Hui Lian, Jilian (F)		
OCCUPATION	OUTDOOR <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	94361676	OFFICE:	HOME: 64255178
ADDRESS	BLK 124 BUKIT BATOK CENTRAL #01-375 S(650124)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF <u>NO</u> : Father		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u> : Driver & passenger		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SKR8292X	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SMF5398J	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			



## Report No. J/20191028/7011

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 28/10/2019 12:26	Vide Report No.	Station Diary No.
Name Of Informant ONG KWEE LEONG	Address APT BLK 124 BUKIT BATOK CENTRAL #01-375 SINGAPORE 650124	
ID Type / ID No. NRIC NO / S8309553I	Contact No. Home/Office:                      Mobile: 94361676	
Nationality SINGAPORE CITIZEN	Email Address ONG Kwee Leong@spf.gov.sg	
Occupation Police officer	Sex Male	Age 36
	Date of Birth 06/04/1983	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 27/10/2019 12:30 - 27/10/2019 13:00	Location Of Incident JURONG WEST AVENUE 4	

On the 27 Oct 2019 at about 1230hrs, together with my wife I was travelling in my vehicle SJM1996H (Hyundai Avente) along Jurong West Ave 4 towards Pioneer Road North. Weather was sunny and dry.

While travelling along Jurong West Ave 4 near opposite Dou Tian Gong temple, a Toyota Prius - SMF5398J - brake in front of me. As such I applied my brake and manage to stop behind the vehicle in time. However a Toyota Altis - SKR8292X - knocked onto my rear bumper causing me to knock onto the Toyota Prius - SMF5398J - in front. No one was injured during that point of time and no ambulance or

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	28/10/2019 12:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20191028/7011

towing crew was activated. No assault or dispute took place. The drivers exchanged particulars and we agreed to proceed for insurance claim.

While we were on the way to the workshop, my wife and I began to feel unwell and we proceeded to see a doctor. After relating what happen earlier, the doctor performed a check on my us and issued us with 3 days MC.

I roughly remember there were 2 passengers and 1 driver inside the Toyota Prius and 4 passengers and 1 driver inside the Toyota Altis. All vehicles were able to drive off after the accident. I am lodging this report for my insurance claim.

Driver of Toyota Prius - SMF5398J

Leong Sing Tai, Male, 1971

NRIC: S7142593B

HP: 98627108

Driver of Toyota Altiss - SKR8292X

Yu Zheng Way, Male, 1988

NRIC: S8871404J

HP: 98515345

**Subjects Involved**

**Victim**

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

28/10/2019 12:26

Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20191028/7011

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191028/7011

Person Name	ONG KWEE LEONG		
ID Type	NRIC NO	ID No	S8309553I
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	Police officer	Address Type	
Address	APT BLK 124 BUKIT BATOK CENTRAL #01-375 SINGAPORE 650124	Mobile No	94361676
Is Informant A Victim?	Yes		
Person Name	Peng Hui Lian, Jillian		
ID Type	NRIC NO	ID No	S8702686H
Gender	Female	Age	32
Race	Chinese	Language	English
Occupation	Police officer	Address	124 Bukit Batok Central #01- 376 SINGAPORE 650124
Mobile No	96941579	Relation To Informant	Wife
Person Name	ONG KWEE LEONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

28/10/2019 12:26

Classification Of Case:



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E [tmis@tokiomarine.com.sg](mailto:tmis@tokiomarine.com.sg) W [www.tokiomarine.com](http://www.tokiomarine.com)

Member of the  
Tokio Marine Group



TOKIO MARINE  
INSURANCE GROUP  
FORM MX1

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)

Policy No.: 18-MB024725-R09 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJM1996H Chassis No.: KMHDU41BR9U649805
  2. Name of Policyholder MR ONG SOON FOO
  3. Effective date of the Commencement of Insurance for the purposes of the Act 24/12/2018
  4. Date of Expiry of Insurance 23/12/2019
  5. Persons or Class 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. 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.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 1460DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600 ✓
	Windscreen Excess	SGD 100 ✓
Financial Interest:	MAYBANK	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

雙華保險專業公司  
SUN HWA INSURANCE AGENCY  
BLK 256 JURONG EAST ST 24  
#01-383 SINGAPORE 600256  
H/P: 9763 9833 TEL: 6560 9933