

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 17/08/2000 14:33	Job description	Date & Time Completed	Done by
Ref No: XBA/CTZ20008546/4	SAS e-filing		
Veh No: SF 6189 B	E-mail (E-jobs sheet, AIC sheet)		
DOA: 15/08/2000 17:30	I-Motor Claim Form		
OD: (1) Reporting Only	I-Motor W/O (with: OD sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wkep / INC Assign Wkep / QW: () Toll () Fax: ()

TP Particulars: Vch No: SKO 944 H 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Damage: ()

Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AIT: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100) INC (110)	
	3) TP: Towing Fee \$10/45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2000)	
	6) TR: Re-inspection \$75	
	7) NI: IDao DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* N3: Courtesy Car / Tpl Allowance \$5	
	* N6: Repairs Coordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Documents Coordination \$5	
	TP (Nil) : TP (Nil) INC against 1216 \$10	
	2) N13: Idea 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	17/08/2020 14:33
Date Of Accident	15/08/2020 17:30
Exact Location Of Accident	CARPARK DRIVEWAY OF BLK 226 TAMPINES STREET 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6189B
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM HUAT
NRIC No	SXXXX879I
Email Address	ONG-WILSON3@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92305589
Alternative Phone No	OTHERS-92305589

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED

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	DMPCSN1931121900
Cover Note Number	

Driver

Name of Driver	ONG THIAM HUAT
NRIC No	SXXXX879I
Date Of Birth	30/05/1952
Occupation	INDOOR
Date Of Driving Pass	10/06/1972
Driving Experience	48 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92305589
Fax Number	
Contact Number	OTHERS-92305589
Email Address	ONG-WILSON3@HOTMAIL.COM

Address	BLK 705 TAMPINES STREET 71 #16-54
Postcode	520705
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ444H
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICK
NRIC/Passport Number	
Contact Number	98317007
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

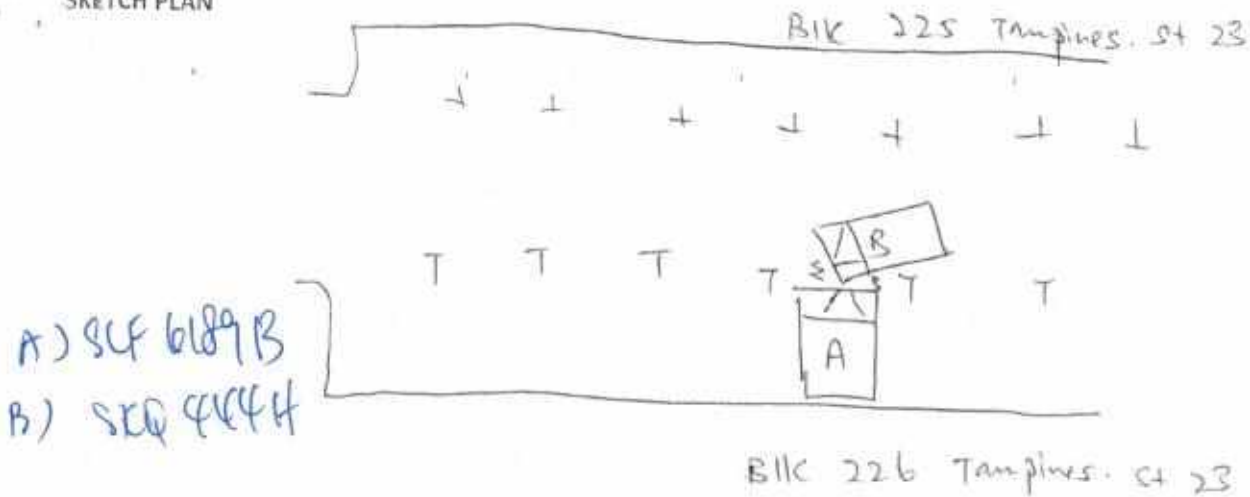


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was parked at carpark lot 7n between B1K 225 and B1K 226 Tampines St 23. When I came back to collect my car at about 1730hrs, I saw the front portion of my vehicle badly damaged and a note from the third party who had collided into my vehicle. I got video recording of the accident.

veh A: SLF 6189 B.

veh B: SKQ 444 H.

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.:

Date of Accident : 15/8/2020 Accident Time: 1730hrs (24-HR-Format)
 Accident Place : Carpark Driveway of Blk 226 Tampines S123
 Vehicle No. (Car Plate No.) : SLF 6189B Make/Model: Jaguar XE
 Insurance Company : CHINA TAIPING Policy No: DWP/CSN 1931121900
 Owner or Company Name / IC No. : ONG THIAM HUAT 502128791
 Owner or Company Contact No. : 92305589 Owner's Hp Company Tel
 DRIVER'S Name / IC No. : ONG THIAM HUAT
 DRIVER'S Date Of Birth : 30/5/1952 DRIVER'S License Pass Date
 Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others: Owner
 DRIVER'S Address : Blk 705 Tampines St 71 #16-54 (520705)
 DRIVER'S Contact No. / Alt No. : 1) 92305589 2)
 DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)
 Email Address : ong.wilson3@hotmail.com / 1760@carsmith.biz
 Weather & Road Surface : (CLEAR & DRY) RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
 Number of Passengers (Including Driver): NIL
 Was there any video Captured by car camera: (YES) NO
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
 Any injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: <u>SLG 444H</u>	Vehicle No: _____
Vehicle Make/Model: <u>*</u>	Vehicle Make/Model: _____
Name Driver: <u>Honda Fit (N11K)</u>	Name Driver: _____
IC No./Driver Contact: <u>98317007</u>	IC No./Driver Contact: _____

* NEW - Passenger's name & gender:

Hi,

I'm really sorry for bumping
the front of your car. Please let
me know the damages please.

My number is 9831 7007. Thanks.

Nick.

MOTOR PRIVATE CAR

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)

ANQ325A

Cov. Type: C

PLM 332651

ORIGINAL

CERTIFICATE No.

DMPCSN1931121900

Engine No : 160707W0374204DTP

Cheng: SA07AB4AN5HCP01080

1. Index Mark and Registration
Number of Vehicle

SLF6189B

2. Name of Policy Holder

ONG THIAM HOAT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, 31 August 2019
Ordinance or Enactment

Named Drivers Ex Sect. I \$3750.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age <= 25 \$33,000.00

Ex Sect. I - Age >= 26 \$3500.00

* Age as at date of accident

EX ON WINDSCREEN \$9100.00

4. Date of Expiry of Insurance

30 August 2020

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 user

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 \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage claim at our Authorized 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.

Issued By:

Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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