

NATIONAL Assessment Centre Services. [Unit 1 Jnr/03] **MAY 2008 3490**

Date In: <b>24/08/2008 17:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NIA/CT/20010294/1</b>	SAS e-illing		
Veh No: <b>SLW 675TY</b>	E-mail (by date time, AIC time)		
D.O.A: <b>23/09/2008 13:44</b>	1-Motor Claims Form		
OD: <b>(TP)</b> Reporting Only	1-Motor W/O (With/Out OD time, TP time)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Witness		

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

TP Participants: ( ) Veh No: **GBB 6140E** 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 repairer.

( ) 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: \_\_\_\_\_

<b>NIA2005108</b>			
Driver/Owner:	1) All Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (10)		
Damaged Portion:	3) TPI Towing Fee	\$6045	
QC Checked by (Engr-In-Charge):	4) TPI Follow-Through Survey	\$120	
	5) TPI Follow-Through Survey (Resurvey)	\$20	
	6) TPI (Re-inspection) NO Only (over 10 Jan 2008)	\$75	
	7) TR: Re-inspection	\$160	
	8) NI: No DA + EMRT Survey		
	9) N/UC Additional Services:		
	OD:		
	*NI: Courtesy Car / Tpl Allowance	\$3	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$3	
	TP (NI) TPI (Non-INC) at least 15%	\$10	
	9) NI: 1 day 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	24/09/2020 17:53
Date Of Accident	23/09/2020 13:45
Exact Location Of Accident	ALONG JALAN BERSEH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6757Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CLX55 PTE LTD
Co Reg No	2XXXXX868G
Email Address	GARYONG66@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-88661121
Alternative Phone No	OFFICE-88661121

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220D AUTO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00002282000
Cover Note Number	

### Driver

Name of Driver	ONG WOUI TECK(WANG WEIDE)
NRIC No	SXXXX121F
Date Of Birth	14/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1995
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88661121
Fax Number	
Contact Number	OFFICE-88661121
EEmail Address	GARYONG66@ICLOUD.COM

Address BLK 182 EDGEFIELD PLAINS  
#11-260

Postcode 820182

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200923/7015

#### 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 GBB6140E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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

Refer to police report  
No. T/20200923/7015.

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.:

24/09/2020  
Kee L. Wong

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/09/2020 (dd/mm/yy) Time of Accident: 13 45 (24-HR-FORMAT)  
Vehicle No.: SLW 6757 Y Vehicle Make & Model: MERCEDES BENZ E220D AUTO  
Exact location of Accident: JALAN BERSEH  
Policyholder's Name / IC No.: CLX55 PTE LTD 201807868G  
Driver's Name / IC No.: ONG WOUI TECK (WANG WEIDE) S7502121F (As Above)   
Driver's Contact No.: 8866 1121 Company Contact No.: \_\_\_\_\_  
Driver's Address: 22 SIN MING LANE #06-76 MIDVIEW CITY SINGAPORE 573969  
Insurance Company: CHINA TAIPING Email address (if any): garyong66@icloud.com

Relationship between Owner & Driver: Employee or Others specify: \_\_\_\_\_

### What do you wish to claim? (Please TICK one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

### Exact purpose for which the vehicle was being used at time of accident?

Private use /  Work purpose

Occupation (nature of job):  Indoor /  Outdoor

No. of Passengers (Including Driver): 00

Passenger Name : \_\_\_\_\_  
Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_  
Gender : \_\_\_\_\_

### Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: 10 UBI AVE 3

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBB 6140 E

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



**SINGAPORE  
POLICE FORCE**



T/20200923/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200923/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2020 15:31	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: ONG WOOL TECK		Address: 182 EDGEFIELD PLAINS #11-260 SINGAPORE 820182	
ID Type / ID No.: NRIC NO / S7502121F		Contact No.: Home/Office: Mobile: 88661121	
Nationality: SINGAPORE CITIZEN		Email: victor.ong0114@gmail.com	
Sex: Male	Age: 45	Date of Birth: 14/01/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/09/2020 13:45	Type of Location: Car Park
Location:  JALAN BERSEH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB6140E	Lorry	TOYOTA	DYNA	Silver		0
SLW6757Y	Car	MERCEDES BENZ	E220D	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20200923/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200923/7015

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW6757Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000228 2000	05/04/2020	04/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WOUI TECK	ID No.	S7502121F
Related Vehicle	SLW6757Y (Car)	Contact No.	88661121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE 23RD SEPTEMBER 2020 AT ABOUT 1310HRS I PARKED MY VEHICLE ALONG JALAN BERSEH PARKING LOT NUMBER 8. BEFORE I LEFT EVERYTHING WAS INTACT NO DAMAGES ON MY VEHICLE AND I ENSURED MY VEHICLE WAS PARKED WITHIN THE PARKING LOT. AT ABOUT 1345HOURS I WENT BACK TO MY VEHICLE AND A LADY CAME FORWARD AND INFORMED ME THAT A LORRY BEARING "GBB6140E" HAD COLLIDED AGAINST MY VEHICLE FRONT PORTION WHILE HE WAS REVERSING AND DID NOT LEAVE DOWN ANY CONTACT NUMBER AND LEFT THE SCENE. I WENT ON TO CHECK MY VEHICLE INDEED THERE WA DAMAGES FOUND ON MY VEHICLE FRONT PORTION. I TOOK DOWN THE WITNESS, MRS QUEK CONTACT NUMBER AND LEFT THE SCENE.



**SINGAPORE  
POLICE FORCE**



T/20200923/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200923/7015

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NOR AFFENDY BIN JAFFAR  
Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:  
23/09/2020 15:31

Classification Of Case:

Motor Hire Car

MZ406L/B

N SN

AN0420A

Cov. Type C

**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, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1992 (Malaysia)

CERTIFICATE No.	DMHCSNA00002282000	Engine No. 65492080032072	
		Chn No. WDD02130042A061017	
1. Index Mark and Registration Number of Vehicle	5LW0757Y	AUTOSAFE	
2. Name of Policy Holder	CLX55 PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/04/2020	Excess Sect I	\$51,500.00
		Excess Sect I (Outside Singapore)	\$53,000.00
		Excess Sect II	\$51,500.00
4. Date of Expiry of Insurance	04/04/2021	Excess Sect II (Outside Singapore)	\$53,000.00
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below: 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.			
ANY EMPLOYEE OF THE COMPANY		ANY AUTHORISED HIRER/DRIVER	
6. Limitations, as to Use *			
(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.			
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.			
The Policy does not cover:			
(1) Use for racing, pace-making, reliability trial or speed testing.			
(2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.			
HIRE PURCHASE CO. - SPEEDO CAPITAL PTE LTD AS HP OWNER			
* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia) are not to be included under these markings.			

**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, 1967 (Malaysia).

Please see reverse

Issued By



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory