

NATIONAL Assessment Centre Services. MAH 20090779

Date In: 16/10/2020 16:37	Job description	Date & Time Completed	Done by
Ref No: 168/CT200/1336/4	SAS e-illing		
Veh No: SLF 689B	E-mail (by date time, AIO time)		
D.O.A: 14/10/2020 13:45	1-Motor Claims Form		
OID: TP: Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Incident/Type	Veh No: SMM 1296J	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 repair.

() 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: _____

NA2005530	1) Allt Accident Reporting (\$30)	
Driver/Owner:	2) DA1 Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP1 Towing Fee	\$100
Damage Portion:	4) PT1 Follow-Through Survey	\$100
QC Checked by (Engn-In-Charge):	5) PT1 Follow-Through Survey (Resurvey)	\$100
	For claiming against INC Only (over 10 Jan 2009)	\$75
	6) Tilt Re-inspection	\$100
	7) NI: Ideo DA + EMRT Survey	
	8) NIUC Additional Services	
	OID:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$10
	• NI: Post Repair Inspection	\$25
	• NI: DV / Collect Acccess Coordination	\$3
	• NI: TPUC/INC against WIG	\$10
	9) NI: Ideo Mobile	
	Invoice dated	
	Invoice dated	

2/2

Fee Charged

Fee Charged

MAH 20090779

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	16/10/2020 16:37
Date Of Accident	14/10/2020 13:45
Exact Location Of Accident	JURONG EAST AVENUE 1 JUNCTION
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-2.0 I4P TSS (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSNA00107572001
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 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92305589
Fax Number	
Contact Number	OTHERS 92305589

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	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?	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

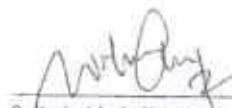
Vehicle Registration Number	SMM1296J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG RI HUA
NRIC/Passport Number	
Contact Number	90107030
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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:

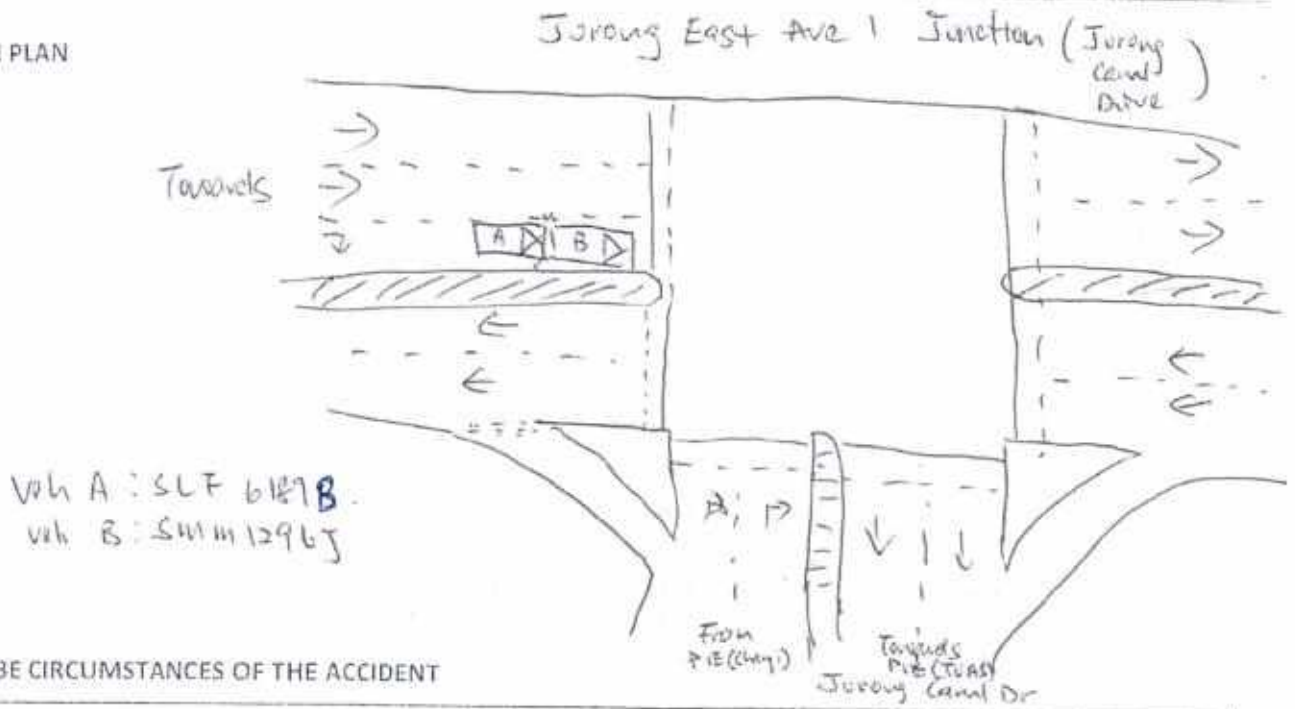
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


16/10/2020
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary behind vehicles ahead of me at the junction of Jurong East Ave 1 and Canal Drive. My vehicle inched forward without me realising and hit gently onto the rear portion of the vehicle ahead of me. My car did not have any visible damage.

Veh A: SLF 6189B

Veh B: STM 1296J

DECLARATION

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

[Signature]

[Signature]

[Signature] 16/10/2020
Rohi WA/Hors

Date of Accident : 14 Oct 2020 Accident Time: 1345hrs (24-HR-Format)
 Accident Place : Jong East Ave 1 Junction
 Vehicle No. (Car Plate No.) : SLF 6187B Make/Model: Jaguar
 Insurance Company : China Taiping Policy No: 1
 Owner or Company Name IC No. : ONG Thiam Huat
 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 Never
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BK 705 Tampines St 71 #16-54 S(570705)
 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 info@caremith.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>SMN 1296J</u>	Vehicle No: _____
Vehicle Make Model: _____	Vehicle Make Model: _____
Name Driver: <u>Ng Ri Hua</u>	Name Driver: _____
IC No. Driver/Contact: <u>90107030</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Private Car

MX1E

R SN

AN0325A

Cov. Type: C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPC5NA00107572001

Engine No.: 160707W0374204DTD

Chassis No.: SAJAB4AN5HCP01080

 1. Index Mark and Registration
Number of Vehicle

SLF6189B

2. Name of Policy Holder

ONG THIAM HUAT

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

31/08/2020

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30/08/2021

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.

E. 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.

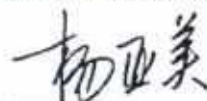
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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.

 Issued By: Chng Pei Wen Adeline
 Authorised Officer



Authorised Signatory