

# NATIONAL Assessment Centre Services.

part 1 Jan 2021 SN0921250006

Date In: 05/02/2021 14:55	Job description	Date & Time Completed	Done by
Ref No NA/INC21001748/h4	SAS e-filing		
Veh No SJ2 2058 R	E-mail (within 3hrs, AIC 2hrs)		
IP A : 04/02/2021 17:20	I-Motor Claim Form	MT/1120276-001	08/02/2021 08:59
OD: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: SMJ 1809 X	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 repolar.	
( ) 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: ( )	
Date/Time:	Action:

Client's Particulars:	NA2101442
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditors' Comments:	
Tel: ( )	
2/3	

1) AL: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$40)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claimant against INC Only (wef 10 Jan 2021)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + EMRT Survey \$160	
8) NTUC Additional Services:-	
OD:	
*NS: Courtesy Car / Tpt Allowance \$3	
*NG: Repair Co-ordination \$10	
*NT: Post Repair Inspection \$25	
*NB: DV / Collect Excess Coordination \$3	
TP (Nil) : TP (Nil) against INC \$20	
9) NI2: Idao 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 Submission	05/02/2021 14:55 (SGT)
Date of Accident	04/02/2021 17:20 (SGT)
Exact Location of Accident	19 Eunos Cres, Block 19, Singapore 400019
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2058R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WEI ZHEN
NRIC No	SXXXX977C
Email Address	DIXOU301090@GMAIL.COM
Mobile Phone No	(Phone) +65-81680521
Alternative Phone No	+65-81680521

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120488472
Cover Note Number	-

#### DRIVER

Name of Driver	ONG WEI ZHEN
NRIC No	SXXXX977C
Date Of Birth	30/10/1990
Occupation	Outdoor

Date Of Driving Pass .....	27/08/2012
Driving experience .....	8 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81680521
Alt. Phone Number .....	+65-81680521
Email Address .....	DIXOU301090@GMAIL.COM
Address .....	BLK 521 HOUGANG AVENUE 6 #08-43
Address complement .....	-
Postcode .....	530521
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head on collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210205/7019

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMJ1809X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ONG WEI ZHEN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK
Injured person in which vehicle? .....	SJZ2058R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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.

#### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



VEHICLE A: SJZ 2058 R

VEHICLE B: SMJ 1809 X

**Describe Circumstances of the Accident**

REFR to POLICE REPORT

**Declaration**

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



Witnessed by Reporting Centre  
Personnel





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

Report No. T/20210205/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/02/2021 13:20	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ONG WEI ZHEN			Address: 521 HOUGANG AVENUE 6 #08-43 SINGAPORE 530521		
ID Type / ID No.: NRIC NO / S9041977C			Contact No.: Home/Office: Mobile: 81680521		
Nationality: SINGAPORE CITIZEN			Email: DIXON301090@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 30/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2021 17:20	Type of Location: Car Park
Location:  EUNOS CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ2058R	Car	MAZDA	LANCER 1.5EX SPORTS AT ABS D/AB 2WD 4DR	Grey	Slightly Damaged	0
SMJ1809X	Car					0



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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ2058R	NTUC Income Insurance Co-Operative Limited	5120488472	09/01/2021	08/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WEI ZHEN		ID No. S9041977C
Related Vehicle	SJZ2058R (Car)		Contact No. 81680521
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	05/02/2021		Date 05/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time , I was at Blk 19 Eunos Crescent Carpark , As i was approaching an Bend inside of the car park i saw an oncoming vehicle entering the bend on the opposite direction i stop before the bend as i realize the vehicle oncoming has encroach into my lane , i started to horn the vehicle at the opposite direction but he continued coming towards my direction and collided onto the front driver portion of my vehicle , we came down of the vehicle and started to exchange particular , i felt unwell on the 2nd day of the accident and visited the doctor and was given 3 days mc from Intermedical Kovan , The other party has apologize to me and was willing to settle my damage car at his designated workshop but i will be going ahead with an insurance claim . I would like to state 3rd party vehicle bearing plate (SMJ1809X)





**SINGAPORE  
POLICE FORCE**



T/20210205/7019

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

3 of 3

Report No. T/20210205/7019

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
05/02/2021 13:20

Classification Of Case:

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5120488472

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJ22058R  
Chassis Number : JMYSRCY2ABU000397
2. Name of Policyholder : ONG WEI ZHEN
3. Effective Date of Insurance : 09 Jan 2021
4. Expiry Date of Insurance : 08 Jan 2022
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/her 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#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG WEI ZHEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)  
Date of Issue : 08 Jan 2021 17:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



TECK WEI CREDIT PTE LTD  
Co. Reg. No. 200512300K  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 287995

Chief Executive Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

Date of Accident : 04/02/21 Accident Time: 17:30 (24-HR-Format)  
Accident Place : BLK 19 EUNOS CRESCENT CARPARK  
Vehicle No. (Car Plate No.) : SJZ 2058 R Make/Model: MITSUBISHI LANCER  
Insurance Company : NTUC Policy No: 51 204884 72  
Owner or Company Name /IC No. : ONG WEI ZHEN / S9041977C  
Owner or Company Contact No. : 81680521 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 30/10/90 DRIVER'S License Pass Date 27/08/12  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: \_\_\_\_\_  
DRIVER'S Address : BLK 521 HOUGANG AVENUE 8 #08-43 S(530521)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : dixon301090@gmail.com  
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): 01  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): YES, BACK

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SMI 1809 X</u>	Vehicle. No: _____
Vehicle Make \Model: <u>OPEL</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW – Passenger's name & gender:**