

NATIONAL Assessment Centre Services

(incl 1 Jan 2022)

SN 0922BF0007

Date In: 15/1/2022 15:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 13818mo2001/4387	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SMV-4387D	I-Motor Claim Form		
D.O.A: 14/1/2022 16:30	I-Motor W/O (within 24hrs, 24 hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vision		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SNF 9328Z	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%, F: 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 repair.

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

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

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date	Time	Actions

Invoice Preparation Checklist	AM-13	Ass/BM
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$42	
4) FT: Follow-Through Survey	\$130	
5) FT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: H&A DA + SMRT Survey	\$140	
8) NTUC Additional Services:		
OD:		
*NI: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$5	
*TP (NI): TP (Non INC) against INC	\$20	
*NI: 24hrs Mobile	\$0	
Invoice dated	Fee Charged	
Invoice total	Fee Charged	

C. Checked by (Engr-In-Charge):

Motor Comment:

1.2/3:

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 Actual 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	15/11/2022 15:56 (SGT)
Reported by	Driver
Date of Accident	14/11/2022 16:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4347D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	QUAN FENG INVESTMENTS (SINGAPORE) PTE. LTD.
Company Reg No	2XXXXX006G
Email Address	jeremy_ong1975@hotmail.com
Mobile Phone No	(Phone) +65-90177855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	Commercial vehicle
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTTRAD000024

DRIVER

Name of Driver	ONG WU KHENG JEREMY (WANG WUQING JEREMY)
NRIC No	SXXXX614G
Date Of Birth	19/09/1975
Occupation	Outdoor

Date Of Driving Pass	29/12/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90177855
Alt. Phone Number	-
Email Address	jeremy_ong1975@hotmail.com
Address	BLK 172 HOUGANG AVENUE 1 #06-1435
Address complement	-
Postcode	530172
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF9328Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NEO ENG KEAT
NRIC No	SXXXX805E

Contact Number	(Phone) +65-87776223
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 WU KHENG JEREMY (WANG WUQING JEREMY)
Gender	Male
Phone No	(Phone) +65-90177855
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV4347D
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.



Policyholder's Signature / Date & Time

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

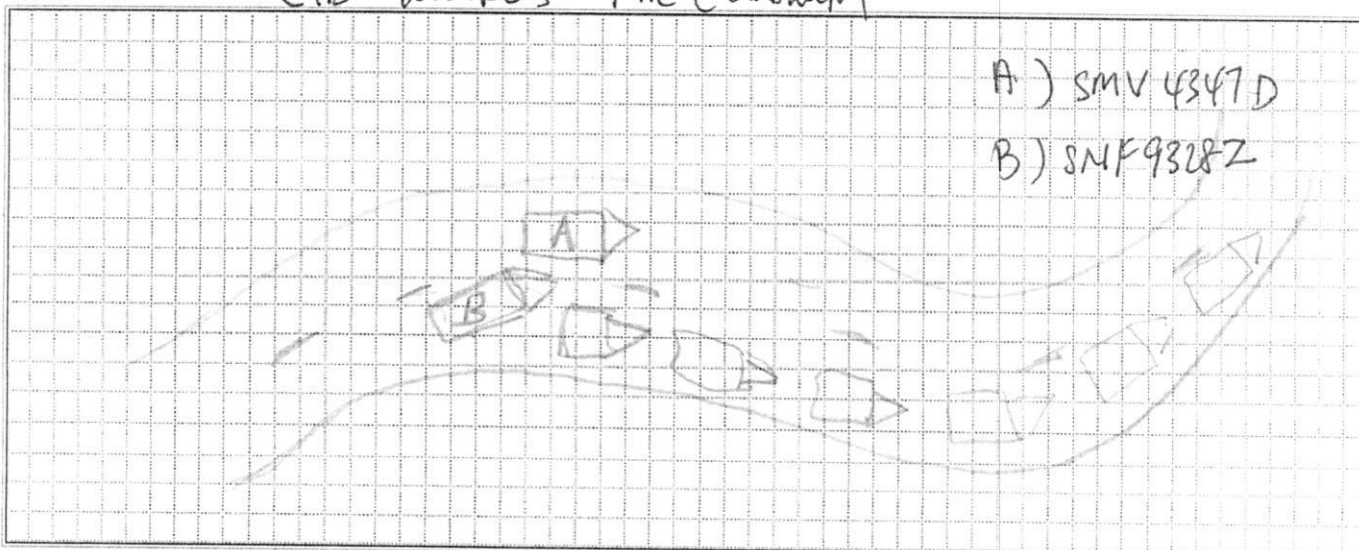
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

C7E TOWARDS PIR (CHANGI)

A) SMV 4347D

B) SMF 9328Z



Describe Circumstance of the Accident

ON 14/11/2022 AT ABOUT 16:30HRS I WAS DRIVING MY
COMPANY VEHICLE ON THE TOWARDS PIE (CHANGE) TRAFFIC
WAS HEAVY, SUDDENLY I FELT A BUMP ON MY RIGHT
OF MY CAR, I STOP IMMEDIATE & CAME OUT & SAW
A CAR SNF 93282 BACK INTO ME.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 11 / 92) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: CTE Towork Pte. Limosa

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMV 4347D
 b) INSURANCE COMPANY: SAMP
 c) POLICY NUMBER: D22MTTCA000024
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BOLKSWAGEN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Susan Pong Investments (Singapore) PTE. LTD. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 0211300069 CONTACT:
 c) ADDRESS:

* CONTINUE TO 3. & IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG WU HENG JEREMY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SMV 30286146 CONTACT: 90177853
 c) ADDRESS: 81K172 Hengway Ave 1 #06-1425 Space S30172

* d) DATE OF BIRTH: (19 / 09 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/12/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNF 93282 MODEL:
 b) DRIVER'S NAME: Neo Eng Kent
 c) NRIC/FIN/PASSPORT: S7821805E CONTACT: 87776223

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email: Jeremy Ong 1975 @ Housel.com

VINED

Certificate of Insurance**ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

Cert No./Policy No. : D22MTTRAD000024
1. Registration No. : MOTOR TRADE (See Item 7.)
2. Insured Name : QUAN FENG INVESTMENTS (SINGAPORE) PTE. LTD.
3. Commencement Date : 13 JULY 2022 00:00
4. Expiry Date : 12 JULY 2023 23:59
5. Coverage : Third Party
6. Excess : \$2000 - Section II
7. Any Motor Vehicle the property of the Policy-holder or in his custody or control
8. Persons or Classes of Persons entitled to drive*

ONG WEI HAO ANDREW(S8212860C)

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.

9. Limitations as to use*
Use for Motor Trade purposes on Road Use Only

The Policy does not cover:

1. Use for social, domestic or pleasure purpose.
2. Use for hire or reward, racing pacemaking, reliability trial or speed testing
NB. Use solely for 'Breakdown' purpose is not deemed to be use for hire or reward.
3. All commercial vehicles and/or private cars with cubic capacities exceeding 3500cc.

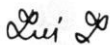
10. Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 30 JUNE 2022 13:38

**Limitation 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.*

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11E07804 & ENSURE PTE. LTD. CI Code: 27A DFPDHS4NK3MTOZA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

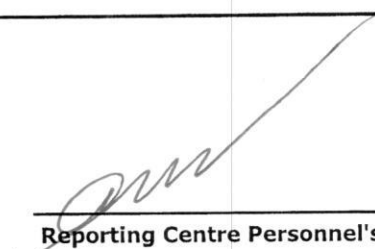
Original Report No: SN0922BF0007 Vehicle Registration No: SMV4347D
Name (as shown in NRIC): ONEK WA KHING JARANY NRIC/FIN/Passport No: XXXX6146T
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 90177855
Email Address: _____
Date of Accident: 14/4/2022 Time of Accident: 16:30
Place of Accident: C7K towards PM Chong
Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

VEHICLE MODEL 20 VOLKSWAGEN

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 15/4/2022