

NATIONAL Assessment Centre Services (Int'l 1-800-222-2222) **NA2203473**

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/12/2022 10:49 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/CT122012580/4 | SAS e-filing | | |
| Veh No: SW-6 2851L | E-mail (within 3hrs, A/C this) | | |
| D.O.A: 10/12/2022 05:20 | I-Motor Claim Form | | |
| OD (TP) Reporting Only | I-Motor W/O (Whins: OD this, TP this) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Whsp | | |

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

TP Particulars: Veh No: () INC () / Non-INC () Tel: ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () (Note: Bst Status (WO): N: 0-30%, 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 repeller.

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

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

Remarks: (INC hot line: 6788-0616) Date & Time Completed: () Done by: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |

NA2203473

Invoice Preparation Checklist:

| Item | Amount | Remarks |
|---|------------|---------|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| 3) TP: Towing Fee | \$40/\$40 | |
| 4) PT: Follow-Through Survey | \$150 | |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| Excluding repair INC Only (up to 12 Jan 2023) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) NI: Issue DA + SMRT Survey | \$140 | |
| 8) NTUC Additional Services: | | |
| QW: | | |
| *NI: Courtesy Car / Tpt Allowance | \$5 | |
| *NI: Repair Coordination | \$10 | |
| *NI: Post Repair Inspection | \$20 | |
| *NI: DV / Collect Excess Coordination | \$1 | |
| *NI: (NI): TP (Non-INC) against INC | \$1 | |
| 9) NI: 12mo Moins | 10 | |

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 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 | 15/12/2022 10:49 (SGT) |
| Reported by | Both |
| Date of Accident | 10/12/2022 05:20 (SGT) |
| Exact Location of Accident | 65 Airport Blvd., Terminal 1 Level 3 Departure Hall, Singapore 819663 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SNC2451L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | ONG CHENG KEAT |
| NRIC No | SXXXX680A |
| Email Address | ongchengkeat@yahoo.com |
| Mobile Phone No | (Phone) +65-97845642 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Byd |
| Model | E6(ME-2) |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 0 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00010592200 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | ONG CHENG KEAT |
| NRIC No | SXXXX680A |
| Date Of Birth | 13/02/1987 |

| | |
|--|-------------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 25/05/2000 |
| Driving experience | 22 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97845642 |
| Alt. Phone Number | - |
| Email Address | ongchengkeat@yahoo.com |
| Address | BLK 803B PUNGGOL ROAD #02-716 |
| Address complement | - |
| Postcode | 822803 |
| 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 to Rear |
| 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) | 3 |
| 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 | - |

PASSENGER 1

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 2

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | PUNGGOL N.P.C.(151 PUNGGOL CTRL) |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221210/2097

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---|
| Vehicle Registration Number | PC5356K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | China Taiping Insurance (Singapore) Pte. Ltd. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-----------------|
| Name of injured person | ONG CHENG KEAT |
| Gender | Male |
| Phone No | (Phone) +- - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SNC2451L |
| 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 :

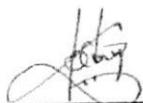
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

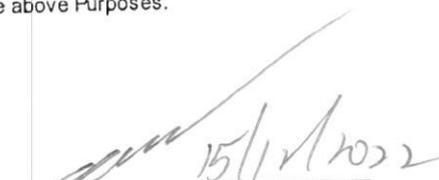


Policyholder's Signature / Date & Time

Sketch Plan



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



15/11/2022
Witnessed by Reporting Centre Personnel



A = SNC 3451L

B = PC 5356K

Describe Circumstances of the Accident

on 10/12/22 @ 5:20hrs, along Changi Airport T1
departure hall, I was travelling slowly, suddenly
PC 5356K just drive behind me car & I
hit the back of my car right.

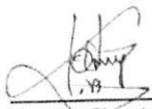


POLICE REPORT T/2022/210/297

Declaration

We declare the foregoing particulars are true in every respect.

 10/12
Policyholder's Signature / Date &
Time

 10/12
Driver's Signature (if driver is not the policyholder) / Date
& Time

 15/12/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221210/2097

1 of 3

Report No. T/20221210/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 10/12/2022 19:59 | Vide Report No.: | Station Diary No.: 82 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: ONG CHENG KEAT | | Address: APT BLK 603B PUNGGOL ROAD #02-716 SINGAPORE 822603 | |
| ID Type / ID No.: NRIC NO / S2706680A | | Contact No.: Home/Office: | Mobile: 97845642 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 55 | Date of Birth: 13/02/1967 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: 2B,3,4,5 | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/12/2022 05:20 | Type of Location: Straight Road |
| Location: AIRPORT BOULEVARD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-----------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| PC5356K | Van | TOYOTA | | Silver | Slightly Damaged | 0 |
| SNC2451L | Car | BYD | E6 (ME-2) | Black | Seriously Damaged | 2 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNC2451L | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSNW000105 92200 | 23/06/2022 | 22/06/2023 |



**SINGAPORE
POLICE FORCE**



T/20221210/2097

2 of 3

Report No. T/20221210/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ABDUL RAHMAN BIN SAMSUDIN | ID No. | S1808633F |
| Related Vehicle | PC5356K (Van) | Contact No. | 92952455 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ONG CHENG KEAT | ID No. | S2706680A |
| Related Vehicle | SNC2451L (Car) | Contact No. | 97845642 |
| Hospital/Clinic | ONEDOCTORS FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 10/12/2022 | Date Discharge | 10/12/2022 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the 10th December 2022 at about 5.20 am, I was driving my vehicle (SNC2451L) towards Changi Airport Terminal 1 Departure Hall. As I was approaching the upwards slope towards the Departure Hall, I was on the left of the 2 lane road. Due to the heavy traffic, I had slowed down my vehicle but suddenly another vehicle (PC5356K) had collided into the rear of my vehicle. I had 2 passengers with me at that point of time and they told me that they were not injured. Thereafter, I had exchanged particulars with the driver of the other vehicle. I noticed that the other vehicle, which is a van, had passengers but I am unsure as to how many passengers were in the van. Due to the accident, I felt pain at my neck, shoulder and back area and I went to OneDoctors Family Clinic at 83 Punggol Central #02-17 Waterway Point to seek treatment. I was given 3 days medical leave. There are front and rear in-car cameras installed in my vehicle and I have retrieved the footages.



**SINGAPORE
POLICE FORCE**



T/20221210/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20221210/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F/

STAFF SGT ALZRIN SHAFIQ
BIN AHMAD TARMIDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/12/2022 19:59

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

Date of Accident : 10.12.2022 Accident Time : 0520hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Terminal 1

Vehicle No (Car Plate No) : SN C 2451L Make/Model: BYD E6 (ME-2)

Insurance Company : China Taiping Policy No: DMHCSNW00010592200

Fleet Policy : YES/NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Ong Cheng Keat (S 2706680A)

Owner Contact No : 9784 5642 Owner's Hp _____ Company Tel _____

Driver Name / IC No : As above

Driver's Date of Birth : 13.02.1967 Driver's License Pass Date: 25 Mar 2000

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 603B Punggol Road #02-716 S 820603

Driver's Contact No : 1) 9784 5642 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : ongchengkeat@yahoo.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 3 person (1 driver, 2 passenger)

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes

Other Party Driver's Particular (if any)

VEH B : PC 5356K (China Taiping) Name & Contact No: _____

VEH C : _____ Name & Contact No: _____

VEH D : _____ Name & Contact No: _____

VEH E : _____ Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

1 F: Unknow

1 M: Unknow

\$2910.67

Motor Hire Car

MZ406L/B

N SN

AN0695A

Cov. Type:C

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, 1950 (Malaysia)

CERTIFICATE No DMHCSNW00010592200

Engine No
Chs No LC0CE4DCXM0013716

1 Index Mark and Registration Number of Vehicle SNC2451L

2 Name of Policy Holder ONG CHENG KEAT

3 Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment 23/06/2022 (00 00:00)

Excess Sect I S\$1,500.00
Excess Sect I (Outside Singapore) S\$3,000.00
Excess Sect II S\$1,250.00
Excess Sect II (Outside Singapore) S\$2,500.00
EX ON WINDSCREEN S\$100.00

4 Date of Expiry of Insurance 22/06/2023

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

ONG CHENG KEAT

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 drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

HIRE PURCHASE CO HONG LEONG FINANCE LTD

* 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



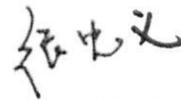
TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995

Issued By: TECK WEI CREDIT PTE LTD
Authorised Officer Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg



Authorised Signatory