

ASS. REC. BY:

REF:

U02/ CS/UOI24100014/Kvp3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

LHMK

of

Insured:

Policy No.

Claims No. M11D00042410

Sum Insured:

Excess:

500

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

860k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SX 7628A

Yr Regn:

04, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

VolksWagen

Passat

c.c

1798

Colour

M. D. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

37628

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WVW 888 30 Z J E 151879

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

14/9/24

D.O.I.

14/11/2024

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1

No 2nd parts available, rec order over sea.

23/11

4496.00

Contra

(red 589.50, 11%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

5

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 588D

Vehicle Details

Vehicle No.: SLX7628A
Vehicle to be Exported: Yes
Intended Deregistration Date: 16 Sep 2024
Vehicle Make: VOLKSWAGEN
Vehicle Model: PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ
Primary Colour: Brown
Manufacturing Year: 2018
Engine No.: CJS261537
Chassis No.: WVVWZZZ3CZJE151879
Maximum Power Output: 132.0 kW (177 bhp)
Open Market Value: \$32,128.00
Original Registration Date: 10 Apr 2018
First Registration Date: 10 Apr 2018
Transfer Count: 0
Actual ARF Paid: \$36,980.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 09 Apr 2028
PARF Rebate Amount: \$24,037.00

Intended COE Rebate Details

COE Expiry Date: 09 Apr 2028
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$37,605.00
COE Rebate Amount: \$13,407.00
Total Rebate Amount: \$37,444.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 16 Sep 2024

OK



Member of the UOB Group

United Overseas Insurance Limited

146 Robinson Road

#02-01 UOI Building

Singapore 068909

Tel: (65) 6222 7733

Email: contactus@uoi.com.sg

uoi.com.sg

Co.Reg.No.197100152R

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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110167111905	Excess	\$500.00/-NAMED DRIVERS \$1500.00/-OTHERS \$3000.00/-APPL TO <25 YRS & OR <3YRS EXP \$100.00/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLX7628A		
Name of Insured	LEE YOKE CHONG		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	10 April 2024 to 09 April 2025	Engine#	CJS261537
		Chassis#	WWWZZZ3CZJE151879

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

(1) The Insured

(2) Any other person who is driving on the Insured's order or with his permission

(3) In the event of the death of the Insured

(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

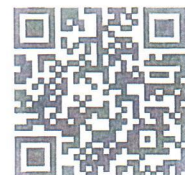
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*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.

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).

UNITED OVERSEAS INSURANCE LTD

For the Company



Scan this QR Code
for Reporting Centre.

FSGMY

11/03/2024

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 First Submission	16/09/2024 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/09/2024 14:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	turning to Ang Mo Kio Avenue 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7628A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Yoke Chong
NRIC No	SXXXX588D
Email Address	leeyokechong.1956@gmail.com
Mobile Phone No	(Phone) +65-97572166
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110167111905

DRIVER

Name of Driver	Lee Yoke Chong
NRIC No	SXXXX588D
Date Of Birth	02/01/1956
Occupation	Indoor
Driving Pass Date	15/10/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97572166
Alt. Phone Number	-
Email Address	leeyokechong.1956@gmail.com
Address	10 Ang Mo Kio Avenue 2 #08-08
Address complement	-
Postcode	567696
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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 the sketch plan/attachment.

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	SNF3024P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	Andrew
Contact Number	SXXXX417H
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to your insurance company.
2. This Form must be completed by the Party who is responsible for the Accident.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation will be reported to the relevant authorities.
4. The use and disclosure of this Form by insurance companies is not an admission of liability and is not a part of the insurance claim process.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the relevant party to the GIC Road Safety Centre for investigation by the General Insurance Association of Singapore (GIA) for following and handling of the claim. It will not be made available upon application by other third parties.
7. By the signing of this report to the relevant party, you are deemed to have agreed to its use and to accept the report being made available as stated.

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 need to collect, use, disclose, transfer, store and retain my personal information submitted in this Form, and any other personal information provided by me or those who have indicated to be involved in the accident (the "Parties") with my insurer, workshop, GIA, and relevant government agencies, including the Insurers, the Insurers' Regulatory Framework Authority of Singapore and any relevant government agencies, and only such as the Parties, for the purposes of:

- (i) processing, handling and dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
- (ii) investigating the accident and for my claims;
- (iii) conducting and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the issuing of correspondence, documents, receipts, reports or notices to me, which could involve disclosure of certain personal data about me to third parties, any of the same as well as the collection, storage of personal data); and/or
- (v) complying with applicable law in administering, processing, handling and dealing with my claims.

(collectively the "Purposes")

(b) all insurers (who have insured vehicles) involved in this accident and the Insurers' Regulatory Framework Authority, may use the data collected, disclosed and/or processed for purposes of processing of the above purposes and my Personal Information may be disclosed by any of the Parties and/or GIA to the relevant party service providers or agents, including their lawyers or firms, which may be third parties of Singapore, for any purpose of the above Purposes.

Party Responsible for Date & Time
16 SEP 2024

Accident Owner's Signature (for owner, not the policyholder) Date & Time

Witness (If Required) Date & Time
Jenny Lim

Sketch Plan

Please refer to attachment.

SL0M249

Describe Circumstances of the Accident

Please refer to attachment.

Declaration

I declare the foregoing part of this report is true.

Penetration's Signature Date: 15 SEP 2024


Actual Driver's Signature (If driver is not the police officer)

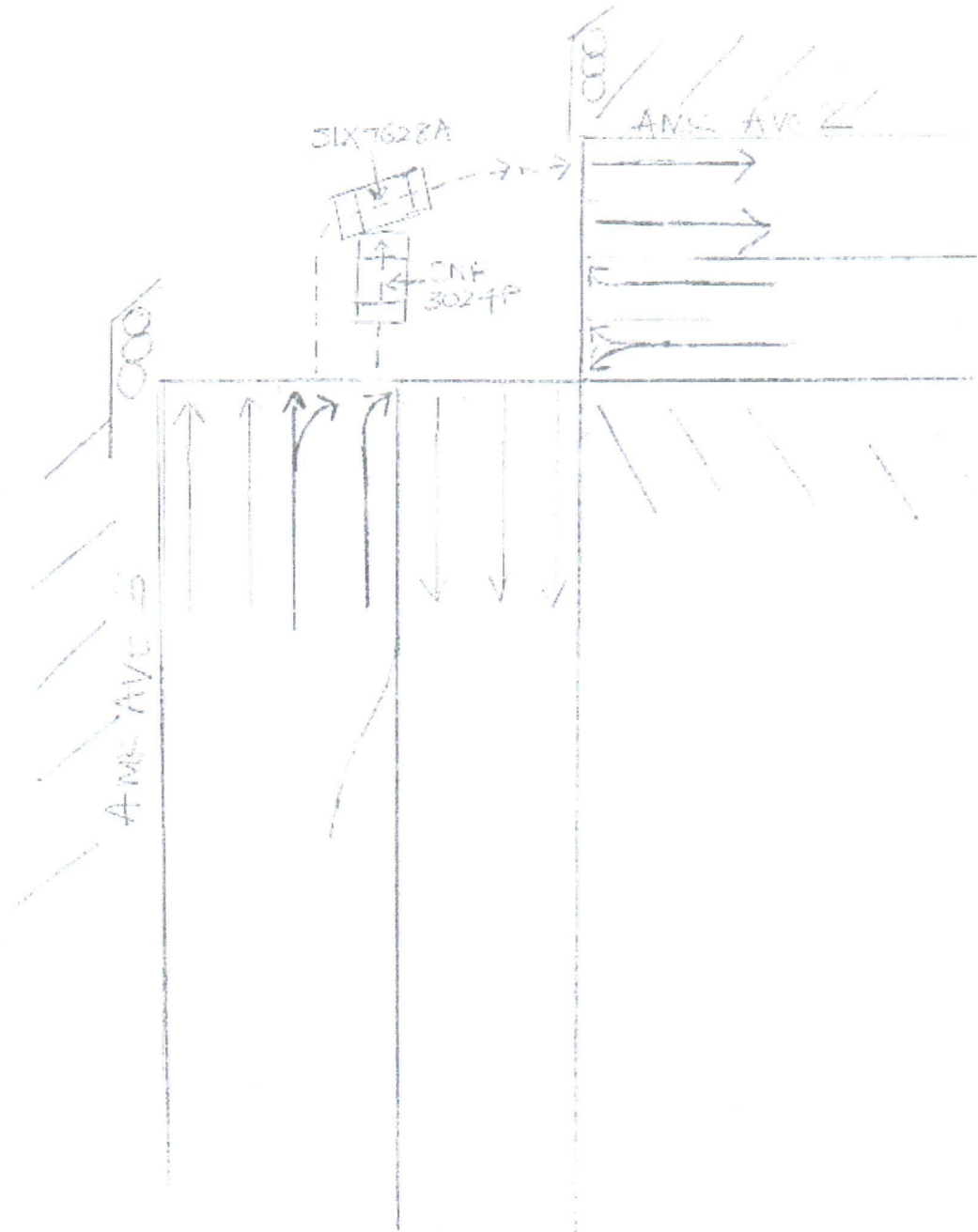
Witness's Signature (If witness is not the police officer)
Jenny Lim

WIND

I am reporting a road accident that occurred at the traffic junction of Ank Ave 5 and Ave 2 on 14 September 2024 at around 2.30pm. My car (car plate SLX 7628A) was in the outer turning lane of Ank Ave 5, making a right turn into Ank Ave 2. Another car (car plate ~~SNF~~ 3024P) was in the inner turning lane of Ank Ave 5, designated for a turn or right turn only. However, this car proceeded straight and knocked the rear right side of my vehicle. The driver of the other car admitted fault. There was no injury.

The driver of the other car is Mr Andrew Wong, NRIC S1568417H. His car insurance is with INCOME.


Lee Yoke Along



Lee Yoke Chong



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: SL0M249G0009 Vehicle Registration No: SLX 7629A
 Name (as shown in NRIC): Lee Yoke Chong NRIC/FIN/Passport No: S1200588D
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 10 Ang Mo Kio Avenue 2 #08-08 Singapore (557696)
 Contact (Tel): _____ Mobile No.: 97572158
 Email Address: _____
 Date of Accident: 14/09/2024 Time of Accident: 1430 hours
 Place of Accident: ANG MO KIO AVENUE 5 TURNING TO ANG MO KIO AVENUE 2
 Insurance Company: United Overseas Insurance Limited

(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:

I would like to claim against my insurance for the repair of my car and claim uninsured losses against the third party.

 Policyholder / Driver's Signature
 Date: 27 SEP 2024

 Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: _____
 Date: 27 SEP 2024