

Date In: <b>06/12/2017 13:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/uo1.170231564</b>	SAS e-mail		
Veh No: <b>Ym 9392U</b>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <b>05/12/2017 09:00</b>	I-Motor Claim Form		
<u>OD / TP / Reporting Only</u>	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: ( ) INC ( ) / Non-INC ( )

Owner / Drivers: ( ) 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 repairer.

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

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

Remarks	INC/Boothline (678816616)	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

Human's Particulars:	Invoice Preparation Charges:	AMOUNT	AMOUNT
Driver/Owner:	1) AR: Accident Reporting (\$30):		
Contact No:	2) DA: Damage Assessment (\$100):	INC (\$30)	
Damage Portion:	3) TP: Towing Fee	\$40/\$40	
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$10	
Additional Comments:	Excluding against INC Only (w/ef 10 Jan 2018)		
	6) TR: Re-inspection	\$75	
L 1:	7) NI: (DA + SMRT Survey)	\$160	
	8) NTUC Additional Services:		
L 2/3:	9) NI: (DA + SMRT Survey)	\$20	
	10) NI: (DA + SMRT Survey)	\$20	

## 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 ability.
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 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	06/12/2017 13:53
Date Of Accident	05/12/2017 09:00
Exact Location Of Accident	ITE CHOA CHU KANG GROVE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9392U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEO ENG JOO FROZEN FOOD PTE LTD
Co Reg No	-
Email Address	THOMASNG@SEJ.COM.SG
Mobile Phone No	(LOCAL) +65-91555755
Alternative Phone No	OFFICE-96644400

### Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM11010517007
Cover Note Number	

### Driver

Name of Driver	CHUA WEI MING(CAI WEIMING)
NRIC No	S7925432J
Date Of Birth	11/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91555755
Fax Number	
Contact Number	OTHERS-96644400
Email Address	THOMASNG@SEJ.COM.SG

Address	BLK 266C BOON LAY DRIVE #09-556
Postcode	643268
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
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

I WAS MAKING SERVICE CALL AT 7-11 OUTLET LOCATED IN THIS ITE COLLEGE WEST CHOA CHU KANG. AS I WAS FIRST TIME INTO THIS PLACE, I AM NOT FAMILIAR WITH THE INTERIOR. WHEN I ENTER, ALL HEIGHT IS ABOVE 4M. THEN I TRAVELLED ALONG TILL I FINISH SERVICE CALL AT THE 7-11. AS I DEPARTED OUT, I WAS FOLLOWING THE MARKER SIGN ON THE GROUND TO GO TO THE EXIT. AT THE JUNCTION, WHILE CLEARING THE TRAFFIC, I MOVE FORWARD AND THE ACCIDENT OCCURED. THE HEIGHT LIMIT BARRIER WHICH WAS NOT BEING NOTICE WAS DAMAGE BY THE VEHICLE I AM DRIVING THAT ALL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE


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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 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:

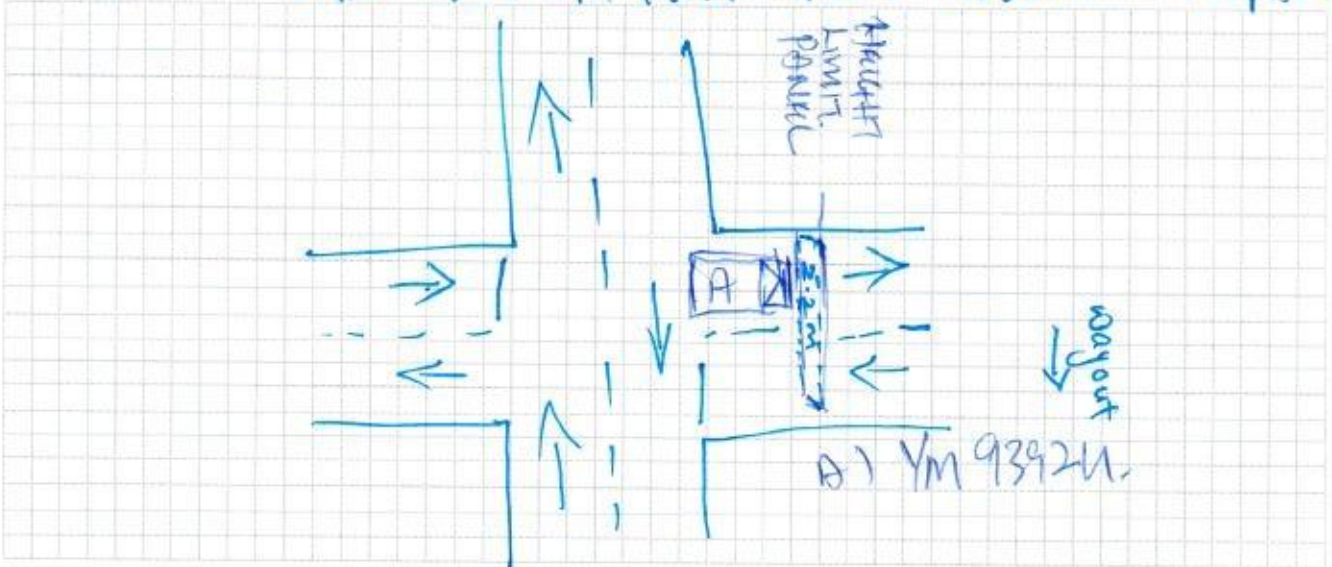


\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No: \_\_\_\_\_

SKETCH PLAN

ITE College West Choa Chu Kang Roadside Carpark



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making service call at 7-11 outlet located in this ITE College West Choa Chu Kang. As I was first time into this place, I am not familiar with the interior. When I enter, all height is above 4m. Then I travelled along till I finish service call at the 7-11. As I departed out, I was following the marker sign on the ground to go to the exit. At a junction, while clearing the traffic, I move forward and the accident occurred. The height limit barrier which was not being notice was damaged by the vehicle I am driving.

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 6/12/17  
9:30am

*[Signature]* 06/12/2017  
Name: *[Signature]*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 5 / 12 / 2017 ) (DD/MM/YYYY), TIME: ( 09:00 ) (HH:MM)

LOCATION: 17E Choa Chu Kang Grove

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 9392-U  
b) INSURANCE COMPANY: UDI  
c) POLICY NUMBER: DHOM 110105171007  
d) POLICY TYPE: ( COMPREHENSIVE ) THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: ISUZU  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: SEO ENG JOO FROZEN FOOD PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91555755  
c) ADDRESS: 5 BUROH LANG SINGAPORE 618289

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHUA WEI MING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57925432-J CONTACT: 96644400  
c) ADDRESS: BLK 268C BOON LAY DRIVE SINGAPORE 643268

\*d) DATE OF BIRTH: ( 11 / 08 / 1979 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 14/04/2009

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: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

Email = thomas ng@sej.com.sg

Fax =

Video

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7925432J



Name  
 CHUA WEI MING.  
 (CAI WEIMING)  
 蔡 伟 明

Race  
 CHINESE

Date of birth 11-08-1979 Sex M

Country of birth  
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7925432J  
 N. no.

CHUA WEI MING  
 (CAI WEIMING)

Birth Date: 11 Aug 1979  
 Issue Date: 05 Apr 2008

001588043A



3818743



NRIC No S7925432J



Date of issue  
 24-09-2004


Address  
 AP 7 BLK 266C BOON LAY DRIVE  
 #09-556  
 SINGAPORE 643268

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 CC	30 Oct 2000
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 Apr 2009
Class 4 Heavy motor cars and motor tractors > 2500 kg	25 May 2010
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	28 Sep 2010

S7925432J

S / No. 9000130565





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road  
#28-01 Springleaf Tower  
Singapore 079909  
Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
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**

<b>CERTIFICATE NO.</b>	DH0M110105171007	<b>Excess:</b>	\$500/-SECTION 1
<b>Type of Cover</b>	COMPREHENSIVE		\$2000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	YM9392U		
<b>Name of Insured</b>	SEO ENG JOO FROZEN FOOD PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

<b>Period of Insurance</b>	23 September 2017 to 22 September 2018	<b>Engine#</b>	4JJ1581008
		<b>Chassis#</b>	JAAHNR85E87100013

Goods carrying - Private Type [MZ 300]

**AUTHORISED DRIVER**

Any person who is driving on the Insured's order or with their permission

**LIMITATIONS AS TO USE**

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

**THE POLICY DOES NOT COVER**

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle


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**

FCTTS Date : 27/07/2017

  
\_\_\_\_\_  
For the Company