

NATIONAL Assessment Centre Services (ver 1.1/2000)

Date In: 16/01/2018 12:53	Job description	Date & Time Completed	Done by
Ref No: NBA/0018000961/KP	SAS e-Milling		
Veh No: SJT 32642	E-mail (with 3hrs, AIO 3hrs)		
D.O.A: 05/01/2018 11:05	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor VVO (VVO/MS OD 3hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SJH 910.6 J. INC () / Non-INC ()		
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Thru: ()
Insured/Driver Liability: () % (Note: BSL Status (WO): NI: 0-20%; PI: 21-79%; PI: 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem: () 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: UNCL boillie 5788 0016	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

NAC1800504 Insured's Signature: Driver/Owner: Contact No: Damaged Portion: C. Checked by (Engi-In-Charge): Comments: L 1: L 2/3:	Invoice Preparation Checklist	GR Bill	Mod Bill
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$40)	
	3) TP: Towing Fee	\$40/\$40	
	4) PT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	Exclusion against INC Only (ver 10 Jan 2000)		
	6) TR: Re-inspection	\$15	
	7) NI: NI/DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
Q11:			
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DY / Collect Excess Coordination	\$5	
	TP (NI) + TP (Run INC) against INC	\$20	
	9) NTUC: Idas Mobile	\$0	
	Invoice dated	File Charged	
	Invoice Paid	File 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 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	16/01/2018 12:53
Date Of Accident	05/01/2018 11:05
Exact Location Of Accident	PAYA LEBAR RD TWDS UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3264L
Insured/Policyholder	
Name Of Registered Owner	CHIA WAI YIN
NRIC No	S0120890Z
Email Address	BLOODKNIVES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97566007
Alternative Phone No	OTHERS-97566007

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120013381501
Cover Note Number	

Driver

Name of Driver	CHIA WEI RONG, EUGENE (XIE WEIRONG, EUGENE)
NRIC No	S8407507H
Date Of Birth	15/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97566007
Fax Number	
Contact Number	OTHERS-97566007
EEmail Address	BLOODKNIVES@GMAIL.COM

Address	1 PEARL BANK, #04-12
Postcode	169016
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LUNA LIM GENDER: : FEMALE

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

DRIVING TOWARDS PAYA LEBAR ROAD TO UPPER PAYA LEBAR ROAD. (FILTER LANE). CAR B STOPPED TO CHECK ON THE ONCOMING TRAFFIC AT THE FILTER LANE, DROVE OFF THEN BRAKED SUDDENLY. THIS SUDDEN BRAKING CAUSED ME (CAR A) TO NOT REACT IN TIME AS I WAS UNDER THE ASSUMPTION THAT CAR B DROVE OFF. I WAS CHECKING THE ONCOMING TRAFFIC SECONDS BEFORE THE ACCIDENT HAPPENED. THE WEATHER CONDITIONS ALSO DID NOT AID IN THE PREVENTION OF THE ACCIDENT. THE VISIBILITY WAS QUITE BAD.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH9106J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Reported on 15/1/2018 @ 1420hrs ▽ ACCIDENT STATEMENT

ACCIDENT DATE: (5/01/2018) (DD/MM/YYYY), TIME: (11:05 AM) (HH:MM)

LOCATION: Paya Lebar Rd towards Upper Paya Lebar Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT32641
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97566007
- c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) After Rain

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: SJH9106J 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) (2)

Passenger
Luna Lim
female
owner (Father)
Driver (Son)

* No of pass (including d) (-)

* No of pass (including f) (-)

Email = bloodknives@gmail.com

fax = bloodknives@gmail.com ✓

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.
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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.
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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:

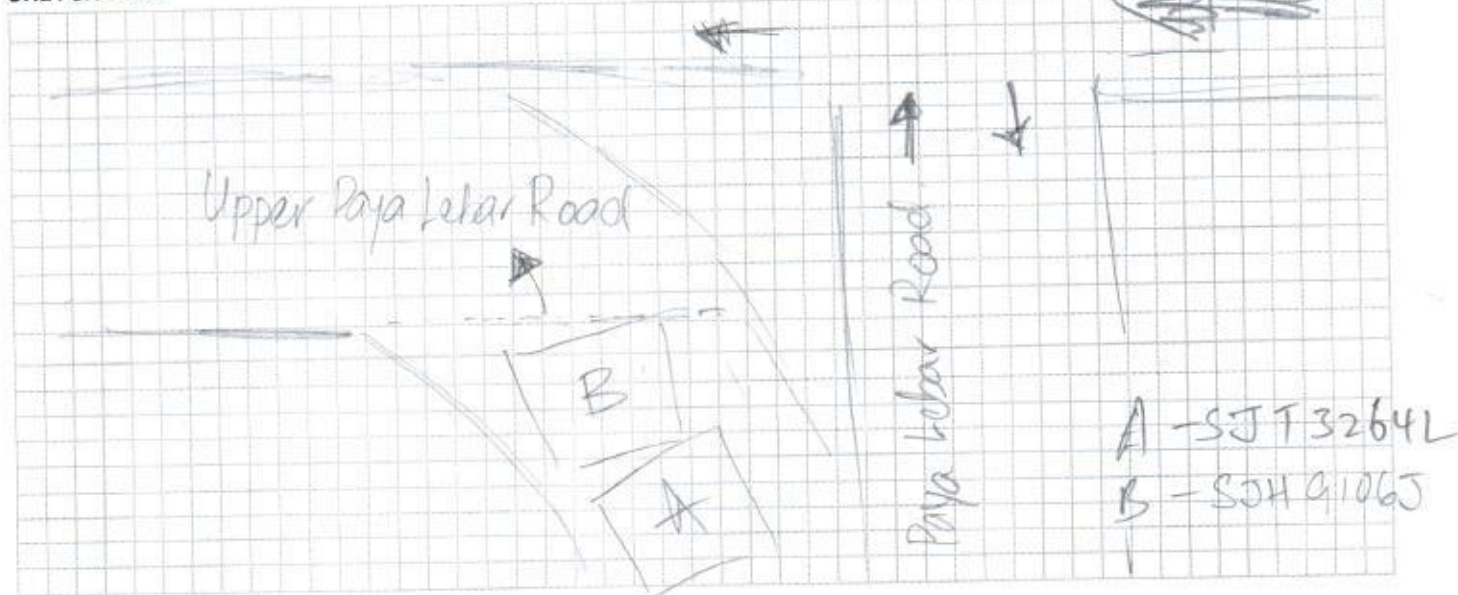
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving towards Paya Lebar Road to Upper Paya Lebar Road. (Filter lane).
Car B stopped to check on the oncoming traffic at the filter lane, drove off then braked suddenly. This sudden braking caused me (car A) to not react in time as I was under the assumption that car B drove off. I was checking the oncoming traffic seconds before the accident happened. The weather conditions also did not aid in the prevention of the accident. The visibility was quite bad.

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.:



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

08 January 2018

Our Ref : DHOM120013381501

Chia Wai Yin
1 Pearl Bank
#04-12 Pearl Bank Apartments
Singapore 169016

Dear Sirs

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES SJT3264L AND SJH9106J ON 5.01.2018**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copies of the following letter(s) are attached for your information:-

- (1) Letter dated 05.01.2018 from Vision Law LLC representing vehicle no SJH9106J.

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving licence immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle.

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully
for **UNITED OVERSEAS INSURANCE LTD**

Jenny Lew
Claims Dept

Encl.
/fy

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8407507H



Name
CHIA WEI RONG, EUGENE
(XIE WEIRONG, EUGENE)

谢伟荣

Race
CHINESE

Date of birth
15-03-1984

Country/Place of birth
SINGAPORE

Sex
M



5430126



NRIC No. S8407507H



Date of issue
02-03-2015

Address

1 PEARL BANK,
#04-12
SINGAPORE 169016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8407507H

Name

CHIA WEI RONG, EUGENE
(XIE WEIRONG, EUGENE)

Birth Date 15 Mar 1984

Issue Date 19 Dec 2007



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 100 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2A Motor cars without clutch pedals <= 3000 kg with <= 7 passengers,
exclusive of the driver; and motor tractors/vehicles without clutch
pedals <= 2500 kg

EXPIRY DATE
19 Dec 2007
28 Feb 2011
08 Sep 2009

S8407507H

S / No. 9000144409

NP 42BA





MEMBER OF THE UOB GROUP

S0120890Z

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

CERTIFICATE NO.	DHOM120013381501	Excess:	\$500/- NAMED DRIVERS \$1500/- OTHERS
Type of Cover	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SJT3264L		\$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured	CHIA WAI YIN		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 1 October 2017 to 30 September 2018
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# L13A4176496
Chassis# GE61161226

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

RCHJC Date : 27/09/2017