

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 13/02/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/40818002897/13 | SAS e-filing | | |
| Veh No: GZ38527 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 12/02/18 2115 | i-Motor Claim Form | | |
| OD TP (Reporting Only) | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

UNKNOWN

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 repairer.

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

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

| Remarks:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1800935 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-in INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | 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 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 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 | 13/02/2018 14:55 |
| Date Of Accident | 12/02/2018 21:15 |
| Exact Location Of Accident | ALONG 566 MACPHERSON RD TWDS GENTING LANE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | GZ3852T |
| Insured/Policyholder | |
| Name Of Registered Owner | KIAN SOON MECHANICAL COMPONENTS PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62911177 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| Exact Purpose for which vehicle was being used at time of accident | OTW BACK TO OFFICE |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | DHOM110079090809 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | TEOW CHEE SIONG(ZHANG ZHIXIONG) |
| NRIC No | S7519889B |
| Date Of Birth | 07/07/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/06/1997 |
| Driving Experience | 20 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97432166 |
| Fax Number | |
| Contact Number | |
| Email Address | TEOW_75@YAHOO.COM.SG |

Address BLK 914 TAMPINES SYT 91
#01-21
Postcode 520914
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

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: : TAN SIA RUH
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180213/2073

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 UNKNOWN
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)


SKETCH PLANIMPORTANT 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 Authorized 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 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: 13/02/18


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

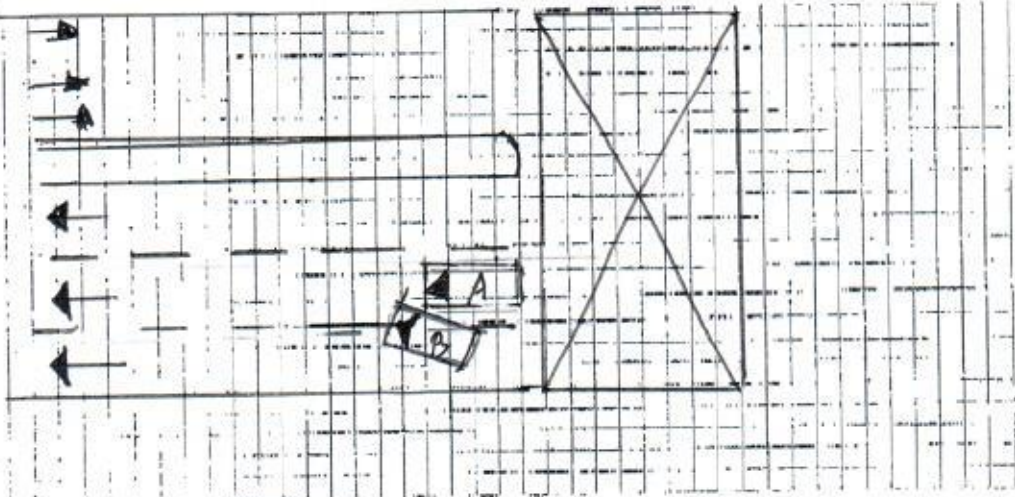
 13/02/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GENERAL INFORMATION

566 MACHERSON RD

SKETCH PLAN

A-G238521
B-UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 5/20180213/3073

DECLARATION

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



Reported by Signature
Date & Time:

Reported by Name

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

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



SINGAPORE POLICE FORCE



T/20180213/2073

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180213/2073

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 13/02/2018 14:14 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEOW CHEE SIONG | | | Address: APT BLK 914 TAMPINES ST 91 #01-21 HDB-TAMPINES SINGAPORE 520914 | | |
| ID Type / ID No.: NRIC NO / S7519889B | | | Contact No.: Home/Office: Mobile: 97432166 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 07/07/1975 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: WAREHOUSE ASSISTANT | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 12/02/2018 21:15 | Type of Location: |
| Location: Along Road 1 MACPHERSON ROAD ALONG 556 MACPHERSON ROAD TOWARDS GENTING LANE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| GZ3852T | Lorry | | | | Slightly Damaged | 1 |

Details of Person Involved

| | | |
|---------------------------------|--|--------------------------------|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | | |



SINGAPORE POLICE FORCE



T/20180213/2073

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180213/2073

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|---|
| Driver | | | |
| Name | TEOW CHEE SIONG | | ID No. S7519889B |
| Related Vehicle | GZ3852T (Lorry) | | Contact No. 97432166 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | TAN SIA RUH | | ID No. G2793436L |
| Related Vehicle | GZ3852T (Lorry) | | Contact No. 94499840 |
| 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 |

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG MACPHERSON ROAD HEADING TOWARDS GENTING LANE AT THE MIDDLE LANE OF A 3-LANE ROAD. WHEN WE WERE AT A TRAFFIC LIGHT, A TAXI AT THE EXTREME LEFT SIGNALLED RIGHT TO CHANGE LANES TO THE RIGHT. I SLOWED DOWN THE LORRY AND STOPPED TO GIVE WAY TO THE TAXI. WE MOVED OFF AGAIN AND AFTER WE MOVED PAST THE TRAFFIC LIGHT, A METALLIC SILVER TOYOTA CAMRY ON THE EXTREME LEFT LANE CAME OUT TO OUR LANE WITHOUT SIGNALLING AND BUMPED AGAINST OUR LEFT HEADLIGHT. I SIGNALLED FOR THE CAMRY TO STOP IN FRONT OF THE BUS STOP. THE CAMRY DROVE ON SLOWLY AND SEEMED TO ME LIKE HE WAS STOPPING AT THE BUS STOP. HOWEVER IT JUST SIGNALLED RIGHT AND DROVE OFF. WE DID NOT HAVE ANY CAMERA IN OUR VEHICLES AT THAT TIME AND COULD NOT REMEMBER THE VEHICLE NUMBER OF THE CAMRY COMPLETELY. THE LORRY HAD THE LEFT HEADLIGHT DISMOUNTED AND SOME SCRATCHES AT THE LEFT DOOR. BOTH MY PASSENGER AND I DID NOT HAVE ANY INJURIES.



**SINGAPORE
POLICE FORCE**



T/20180213/2073

3 of 3

Report No. T/20180213/2073

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/02/2018 14:14

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 02 / 2018 (DD/MM/YYYY), TIME: 21 : 15 (HH:MM)

LOCATION: Along 566 MacPherson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2 3852T
b) INSURANCE COMPANY: uol
c) POLICY NUMBER: DHOM110079090809
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna lorry
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Driving back to office
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: Kian Soon MECHANICAL COMPONENTS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62911177 ext 128
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teow Chae Siang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7519889B CONTACT: 97432166
c) ADDRESS: Blk 914, rampines st 91 # 01-21
SC520914

*d) DATE OF BIRTH: 07 / 07 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21 June 1997

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: Traffic Police Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown 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: _____

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7519889B**

Name

TEOW CHEE SIONG
(ZHANG ZHIXIONG)

Birth Date: **07 Jul 1975**

Issue Date: **19 Feb 2004**

001129406B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7519889B**

Name




TEOW CHEE SIONG
(ZHANG ZHIXIONG)

Race
CHINESE

Date of birth
07-07-1975

Sex
M

Country of birth
SINGAPORE


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
21 Jun 1997

NP 428A

License No: **S7519889B**



3739123

NRIC No. **S7519889B**

Date of issue
08-07-2005

APT BLK 914 TAMPINES ST 91 #01-21
SINGAPORE 520914

NRIC No: **S7519889B** Date: **13/03/2009** No: **6115897**




13-02-18;10:09 ;



United Overseas Insurance Limited
 3 Anson Road #28-01 Springleaf Tower Singapore 079909
 Tel: (65) 6222 7733 Fax: (65) 6327 3889 / 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. DHOM110079090809 Excess: \$0/- NOT APPLICABLE
 Type of Cover THIRD PARTY
 Vehicle Number GZ3852T
 Name of Insured KIAN SOON MECHANICAL COMPONENTS PTE LTD
 Restricted Driver(s) NOT APPLICABLE

Period of Insurance 20 March 2017 to 19 March 2018

Engine# 5L5641271
 Chassis# JTFUF34YX03011773

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

For the Company

FCTTS Date : 02/03/2017