

NATIONAL Assessment Centre Services (with 10/000)

16/03/2018 19:08  
 NA1801770 58714  
 SF3 8111 C  
 16/03/2018 10:10

Date: 16/03/2018 19:08	Job description	Date & Time Completed	Done by
Ref No: NA1801770 58714	SAS e-tiling		
Veh No: SF3 8111 C	B-small (white van, A10711)		
D.O.A: 16/03/2018 10:10	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (with 10/000)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Assy Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )  
 TP Particulars: Yell No: **SHB 4085Z** INC ( ) / Non-INC ( )  
 Owner / Drivers: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( )  
 Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 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 | Customers information strictly Confidential & strictly NO rate of repair.  
 Total Loss Case | to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Recovery Photo (Repair Cost > \$3000) ( )	

Injury: \_\_\_\_\_  
 Date/Time/Action: \_\_\_\_\_

NA1801770	Invoice Preparation/Charges	Bill	Mod. Bill
Driver/Owner	1) AR   Accident Reporting (\$50)		
Vehicle No:	2) DA   Damage Assessment (\$190) INC (\$42)		
Damaged Portion:	3) TP   Towing Fee (\$40)		
C. Checked by (Ugr-In-Chrg):	4) PT   Follow-Through Survey (\$130)		
	5) PT   Follow-Through Survey (Repairer) (\$10)		
	6) TR   Re-inspection (\$11)		
	7) NI   (lev DA + SMRT Survey) (\$140)		
	8) NTUC Additional Fee (\$20)		
	9) NI   Courtesy Car / Tpl Allowance (\$1)		
	10) NI   Repair Coordination (\$10)		
	11) NI   Post Repair Inspection (\$13)		
	12) NI   DY / Callout Unassess Coordination (\$1)		
	13) TP (NI)   TP (INC)   Repair INC (\$10)		
	14) NI   Loss Abvls (\$0)		
	Invoice total		
	Invoice paid		

## 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 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.

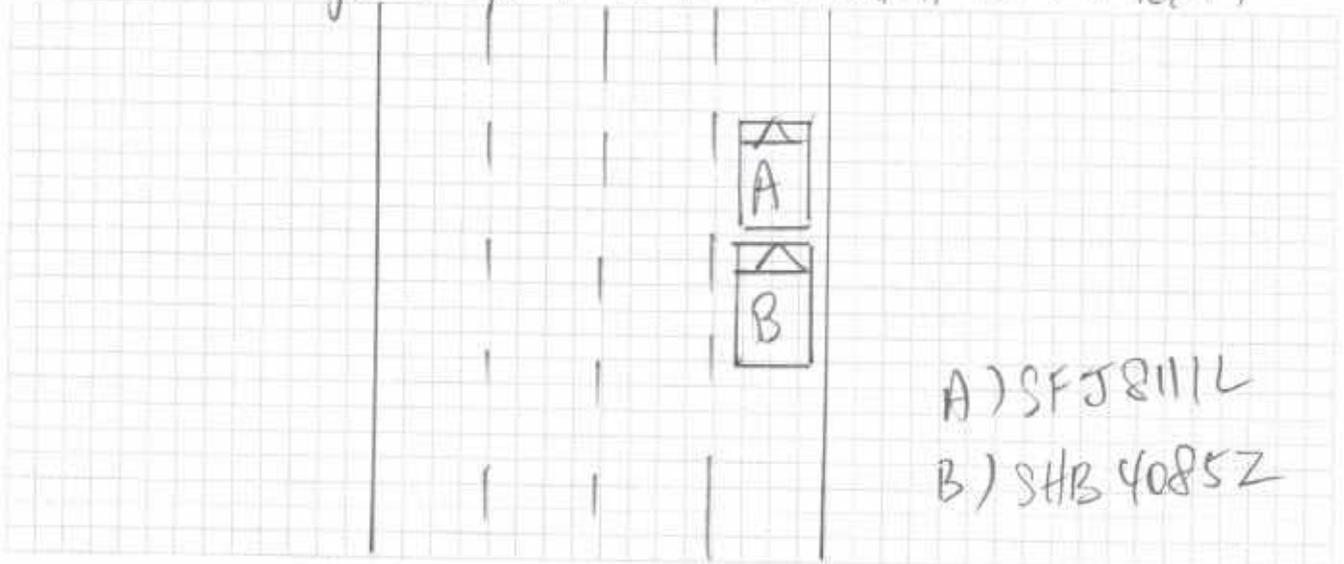
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/3/18 15:15pm

Reporting Centre Personnel's Signature  
Name: *Roshni*  
NRIC/FIN No.: *W1111111111*

SKETCH PLAN

Aye (CNY) BEFORE CUMMINS AVK 6 EX17



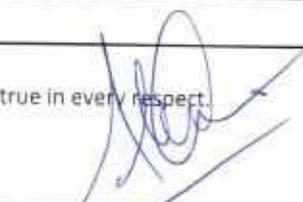
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 1 when the car in front of me slowed down. Traffic was heavy at that time so I applied my brakes, that's when I felt an impact from the rear. I came down and realised that a taxi had banged into the rear of the car.

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: 16/3/18 15:15pm

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

## 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	16/03/2018 19:08
Date Of Accident	16/03/2018 10:10
Exact Location Of Accident	AYE (CITY) BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ8111L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHARLES SEO CHYE BOON
NRIC No	S7637498H
Email Address	ALWINCHAN@SEJ.COM.SG
Mobile Phone No	(LOCAL) +65-96887577
Alternative Phone No	OTHERS-96887577

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A45
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110137761403
Cover Note Number	

### Driver

Name of Driver	ALWIN CHAN KIN PENG
NRIC No	S7635908C
Date Of Birth	20/10/1976
Occupation	INDOOR
Date Of Driving Pass	19/08/1996
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96887577
Fax Number	
Contact Number	OTHERS-96887577
Email Address	ALWINCHAN@SEJ.COM.SG

Address	BLK 272A JURONG WEST STREET 24 #11-84
Postcode	641272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : FRIEND GENDER: : MALE
Passenger 2	NAME: : FRIEND GENDER: : MALE

### 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

PLEASE REFER TO SKETCH PLAN

### 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	SHB4085Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIMON LIM MENG HAN
NRIC/Passport Number	S7200220B
Contact Number	98501763
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ALWIN CHAN KIN PENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SFJ8111L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 3 / 2018) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: ANE (CITY) Before Gemanti ave 6 exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SF38111L  
b) INSURANCE COMPANY: UOI  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MERC AUS  
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

- 7 a) NAME: CHARLIE SFO CHYE BOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S736148H CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

2 FRIEND (M)

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

No of passenger  
(including driver)  
(3)

- DRIVER  
a) NAME: ALWIN CHAN KIN PENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7635908C CONTACT: 96887577  
c) ADDRESS: BLK 272A JURONG WEST ST 24 # 11-84

d) DATE OF BIRTH: 20 / 10 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 19/8/96

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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

No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: SHB40852 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SIMON LIM MENG HAN  
c) NRIC/FIN/PASSPORT: S72002206 CONTACT: 98501763

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

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

email = ALWIN CHAN @ SES . COM . SG

fax =

video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7635908C



Name  
ALWIN CHAN KIN PENG

Race  
CHINESE  
Date of Birth  
20-10-1976 M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7635908C

Name  
ALWIN CHAN KIN PENG

Birth Date: 20 Oct 1976

Issue Date: 13 Aug 2004



001273636E



3966281

NRIC No. S7635908C



Date of Issue  
28-11-2006

APT BLK 272A JURONG WEST STREET 24 #11-84  
SINGAPORE 641272

NRIC No: S7635908C Date: 17/05/2011 No: 6788850

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

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

19 Aug 1996



License No: S7635908C

NP 428A

**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>	DHOM110137761403	<b>Excess:</b>	\$1000/-ALL DRIVERS \$2000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	SFJ8111L		
<b>Name of Insured</b>	SEO CHYE BOON CHARLIE		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 30 July 2017 to 29 July 2018

**Hire Purchase** SINGAPURA FINANCE LTD

**Engine#** 13398080011896  
**Chassis#** WDD1760522J272590

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

FCTTS Date : 23/05/2017