

NATIONAL Assessment Centre Services

160418049792

Date In: 16/04/2018 09:44	Job description	Date & Time Completed	Done by
Ref No: NBS/160118006936/Y	S&S e-thing		
Vali No: SGA 365A	E-mail (within 24hrs, NO later)		
D.O.A: 15/04/2018 12:15	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 24hrs, NO later)		
	I-Photo Uploaded		
TP Insured:	Assessment/Storage Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OVI	Tell	Fax
TP Particulars	Yell No: SKQ 9228G	INC () / Non-INC ()
Owner / Driver ()	Tell	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	% (Note: BSL Status (WO): NI 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: \$ ()	Loading: \$1,000 () / \$3,000 ()	
General Remarks		
() Walk-In Customer: Customers information solely confidential & solely NO refer of reporter		
() Total Loss Case: To e-mail Insurer URGENTLY		
Drive-In () / Towed-In () / Invoiced YES () / NO () / Towing Co: ()		

Ref No: 160118006936/Y	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Reserve Photo (Repair Cost > \$3000) ()		

Injury: ()	
Date Time	Action

160418049792	Invoice Preparation Checklist	Wksp	Wksp
1) A/R Accident Reporting (330)			
2) D/A Damage Assessment (3100)	INC (40)		
3) T/P Towing Fee	24/11/18		
4) T/P Follow Through Survey	11/00		
5) T/P Follow Through Survey (Return)	11/00		
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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	16/04/2018 09:44
Date Of Accident	15/04/2018 12:15
Exact Location Of Accident	ALONG EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ365A
Insured/Policyholder	
Name Of Registered Owner	LOW KHEE THONG ANTOINE
NRIC No	S0394702E
Email Address	ANTOINELOW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97381381
Alternative Phone No	OTHERS-97381381

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	DHOM110133011304
Cover Note Number	

Driver

Name of Driver	LOW KHEE THONG ANTOINE
NRIC No	S0394702E
Date Of Birth	14/12/1938
Occupation	INDOOR
Date Of Driving Pass	04/11/1965
Driving Experience	52 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97381381
Fax Number	
Contact Number	OTHERS-97381381
EMail Address	ANTOINELOW@YAHOO.COM.SG

Address	5 PRINCESS OF WALES ROAD
Postcode	266904
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : DANNY LOW
	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	SKQ9228G
Vehicle Make/Model/Colour	ASTON MARTIN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

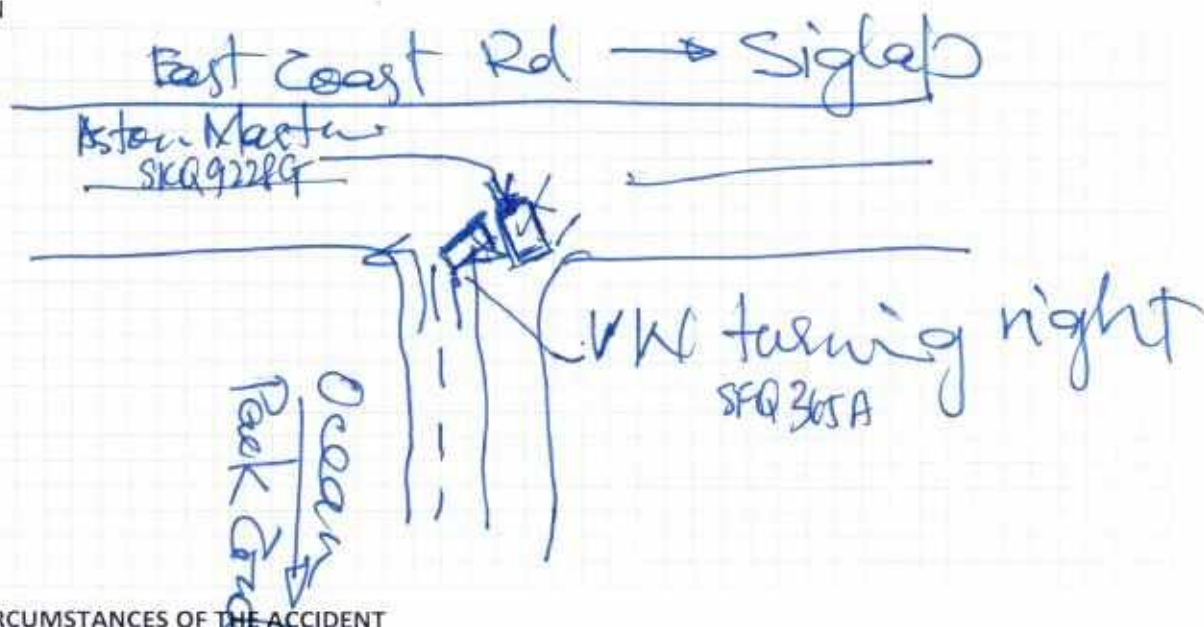
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:
16/04/18
09:20

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

I was driving out of Ocean Park Condo and turning right into East Coast Rd towards Siglap.

The Aston Martin was on East Coast Rd from Katong and turning into Ocean Park Condo with his right turn signal on.

I misjudged his intention and had a minor accident. My VW front right bumper grazed the Aston Martin rear right wheel with a few scratches and a slight displacement. front bumper which was pushed back into place.

DECLARATION

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

Antonieta

Policyholder's Signature

Date & Time:

16/04/2018
09:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 16/04/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 15/04/2018 (DD/MM/YYYY), TIME: 12:15 (HH:MM)

LOCATION: East Coast Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF SGA 365A
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 110133011304
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VW TOURAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: LOW KHBE THONG ANTOINE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0394702F CONTACT: 97381381
 c) ADDRESS: 5 PRINCESS OF WALES RD S(266904)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 14/12/1938 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 4/11/1965

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

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: SKQ9228G MODEL: ASTON MARTIN
 b) DRIVER'S NAME: ANDY
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = ANTOINE LOW @ YAHOO.COM.SG

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0394702E



Name

LOW KHEE THONG ANTOINE

刘奇通

Race

CHINESE

Date of Birth

14-12-1938

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



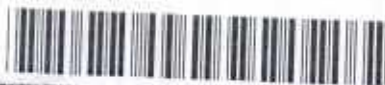
Licence Number S0394702E

Name

LOW KHEE THONG ANTOINE

Birth Date 14 Dec 1938

Issue Date 06 Oct 2003



1823388

NRIC No. S0394702E



Blood Group: Date of issue

AB+ 24-03-1994

5 PRINCESS OF WALES ROAD
SINGAPORE 266904

NRIC No. S0394702E

Date: 10-01-2001

No. 3647345

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars and Motor Tractors the weight
unladen does not exceed 2500 kg

PASO DATE

04 Nov 1965

S0394702E

S / No. 9000021733

NP 428A





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@uoil.com.sg
uoil.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.	DHOM110133011304	Excess:	\$1000/-ALL DRIVERS \$2000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	SGQ365A		
Name of Insured	LOW KHEE THONG ANTOINE		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 30 December 2017 to 29 December 2018

Engine# CAV363482
Chassis# WVGZZZ1TZCW052629

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

FCTTS Date : 17/10/2017


For the Company