NATIONAL Assessment Centre S	elytices partition Date & Time Completed	Done by	
Date in Color Laced	cb description Date & Time examples	1	
RerNo NA/40I18008228 44	SAS e-filing	1	
Veh No SKE 70929	E-mail (within Shrs. AIC 2hrs)		-
DON 03 04 2018 11:00	i-Motor Claim Form		35
	I-Motor W/O (Within; OD 2hrs, TP 4hrs)		
OD 14 , Kebaiting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preforred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	
111 N.	arrier. INC( )/Non-INC( )		
TP Particulars:	_ Tel:		
Owner / Driver: ( ) Perio	1: ( ) Cover Type: (		
Policy No: (	Date: Time:	)	- TORKE
Confirmed by : ( %) [No	te-Est. Status (WO): N: 0-20%; P: 21-79%. F: 5	50-100%]	
Historica Davis	arranty: YES ( )/NO ( )		
Year of Registration. (			
BACCSS. (4	and the contraction of the second of the sec		
General Remarks;-	estion strictly Confidential & Strictly NO refer of repair	irer.	-
( ) Walk-In Customer: Customers mon	nation strictly Confidential & Strictly NO refer of repair		
( ) Total Loss Case : to e-mail Insurer	YES( ) / NO( ); Towing Co: (		)
i / \ \ lnvoice			
Remarks: (INC horline: 6788 6616)	Date&Time Complet	od Done by	
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) OC Check / Post Repair Inspection	urtesy Car ( )	ed Done by	
Remarks: (INC horline: 6788/6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$36	urtesy Car ( )	ed Done by	
Remarks: (INC horline: 6788/6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	urtesy Car ( )	ud Done by	
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30]  Injury:	urtesy Car ( )	July Done by	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30]  Injury:	urtesy Car ( )	ed Done by	
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Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Date&Time Compley  ourtesy Car ( )  ( )  000] ( )	Anic(s)	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	urtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Anic(s)	
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Date&Time Complete (1) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Anit(5)	
Remarks:- (INC horline: 6788/6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3/2]  Injury:  Date/Time Actions	Date&Time Complete (1)  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Anit (5)  1st Bill  INC (\$90)  \$40/\$45	
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3]  Injury:  Date/Time Actions  Claimant's Particulars:-	Invoice Preparation Checklist    1	INC (\$80) \$46/\$45 \$120 \$30	
Remarks:- (INC horline: 6788/6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3/2]  Injury:  Date/Time Actions	Invoice Preparation Checklist    1	INC (\$80) \$46/\$45 \$120 \$30	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Claimant's Particulars:	Invoice Preparation Checklist  Invoice Preparation Checklist  I) AR: Accident Reporting (530);  I) DA: Damage Assessment (5100);  I) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurve)  For claiming Seguinst ING Only (wef 10)	INC (\$80) \$46/\$45 \$120 \$30	
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner: Contact No:	Invoice Preparation Checklist  Invoice Preparation Checklist  I) AR: Accident Reporting (530);  I) DA: Damage Assessment (5100);  I) FT: Towing Fee  I) FT: Follow-Through Survey  For claiming Segulat ING Only (wef 10)  I) TR: Re-inspection  I) NI: Idea DA + SMRT Survey	INC (\$90) \$46/\$45 \$120 () \$30 ) Jan 2905) \$75	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	Date&Time Completed  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	INC (\$90)  \$40/\$45  \$120  () \$30  Jan 2005)  \$75  \$160	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	Invoice Preparation Checklist  Invoice Preparation Checklist  I) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  For claiming sgainst ING Only (wef 10)  6) TR: Re-inspection  7) NI: Idae DA + SMRT Survey  8) NTUC Additional Services:  OD*  +N6: Repair Co-ordination	Anit(\$)  INC (\$80)  \$40/\$45  \$120 ()  \$30  ] Jan 2005)  \$75  \$160	
Remarks: (INC horline: 6788/6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner: Contact No:	Invoice Preparation Checklist  Invoice Preparation Checklist  I) AR: Accident Reporting (530);  2) DA: Damage Assessment (5100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurve)  For claiming sgainst ING Only (wef 10)  6) TR: Re-inspection  7) NI: Idae DA + SMRT Survey  8) NTUC Additional Services:-  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection	AniC(5)  List Bill  INC (\$80)  \$40/\$45  \$120 ()  \$30  Dan 2005)  \$75  \$160  \$55  \$110  \$25	
Remarks: (INC horline: 6788/6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurve) For claiming sgainst ING Only (wef 10) 6) TR: Re-inspection 7) NI: Idae DA + SMRT Survey 8) NTUC Additional Services: OD*  *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	Anit(\$)  Ist Bill  INC (\$30)  \$40/\$45  \$120  ) \$30  ) \$30  ) \$30  \$55  \$160  \$55  \$10  \$25  m \$55	Amt (3 Add Bi
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No.  Damaged Portion:	Invoice Preparation Checklist  Invoice Preparation Checklist  I) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100);  3) TF: Towing Fee  4) FT: Follow-Through Survey  5) FT: Follow-Through Survey (Resurve)  Enclaiming signial ING Only (wef to  6) TR: Re-inspection  7) N1: Idae DA + SMRT Survey  8) NTUC Additional Services:  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N8: DY / Collect Excess Coordination  *N8: DY / Collect Excess Coordination	Anit(\$)  Ist Bill  INC (\$30)  \$40/\$45  \$120  ) \$30  ) \$30  ) \$30  \$55  \$160  \$55  \$10  \$25  m \$55	

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.

- 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.

aforesaid.	
CONTROL OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	05/05/2018 12:33
Date Of Accident	03/04/2018 11:00
Exact Location Of Accident	SAFRA TOA PAYOH ( CARPARK )
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE7092G
Insured/Policyholder	
Name Of Registered Owner	ANDY CHAN WEE BOON ( ANDY ZENG WEI WEN )
NRIC No	S7606410E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98245305
Alternative Phone No	OTHERS-98245305
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90 T5 A/T ABS D/AB 4WD 5DR TC
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	DHOM120027371700
Cover Note Number	

### Driver

ANDY CHAN WEE BOON ( ANDY ZENG WEI WEN ) Name of Driver

S7606410E NRIC No 27/02/1976 Date Of Birth INDOOR Occupation 29/07/1998 Date Of Driving Pass

19 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-98245305 Mobile Number

Fax Number

OTHERS-98245305 Contact Number

NOEMAIL EMail Address

50 LORONG 40 GEYLANG Address

#06-49 398074

Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

Weather Conditions CLEAR DRY Road Surface

### 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?

Was any injured conveyed to hospital by

ambulance?

NO NO

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> : FEMALE GENDER:

: NIL

Passenger 2

NAME: : NIL

GENDER: : FEMALE

Passenger 3

NAME: : NIL GENDER:

: MALE

Passenger 4

NAME:

: NIL

GENDER:

: MALE

Passenger 5

NAME:

: NIL

Passenger 6

GENDER:

GENDER:

: MALE

NAME:

: MALE

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given? If Yes, against whom?

# Circumstances of Accident

I WAS EXITING THE CAR PARK AT SAFRA TOA PAYOH AT AROUND 11 AM. THE CAR INFRONT OF ME ( X IN DIAGRAM ) WENT AHEAD AND THE EXIT BARRIER WAS UP FOR MY TURN. I DROVE TOWARDS THE EXIT BARRIER AND THE BARRIER UNEXPECTEDLY CAME DOWN ON MY CAR. I BELIEVE THERE WAS A SYSTEM GLITCH IN THE BARRIER AS THE EXIT BARRIER WAS UP BEFORE I APPROACHED IT. I WAS DRIVING TOWARDS THE BARRIER IN A SLOW MANNER ONLY WHEN MY CAR WAS HALF WAY THROUGH AND UNDER THE BARRIER, THE BARRIER CAME DOWN IN A JERKY MANNER . I WAS CAUGHT OFF GUARD AND WAS NOT ABLE TO REACT IN TIME, LUCKLY THERE WAS NO DAMAGE DONE TO MY CAR, I STOPPED FOR A WHILE AND THE BARRIER CAME UP AGAIN BEFORE I DROVE OFF.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

Was there any audio recorded?

REVERT

NO

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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)
  - (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
- 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.
- 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

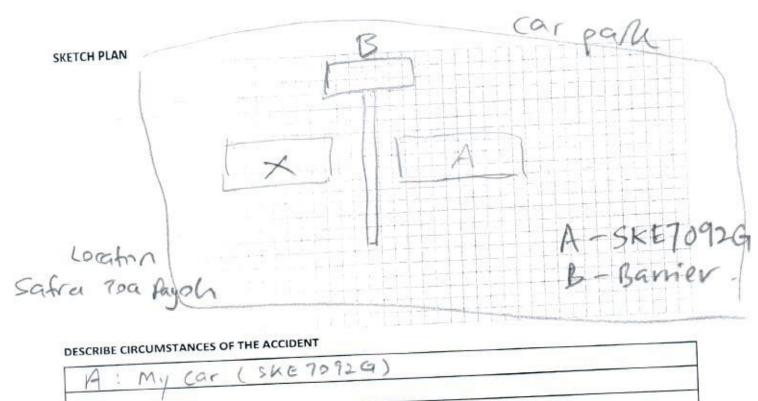
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ext barrier went

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.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7606410E





ANDY CHAN WEE BOON (ANDY ZENG WEIWEN)





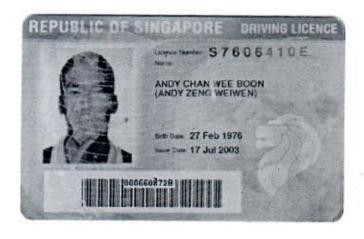


CHINESE

27-02-1976 M

SINGAPORE





3857725



S7606410E

17-03-2006

50 LORONG 40 GEYLANG #06 - 49 SINGAPORE 398074

NRIC No: \$7606410E Date: 18/01/2011 No: 6571760

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

PASS DATE

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



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 sa 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.

DH0M120027371700

Excess:

\$500/-NAMED DRIVERS

\$1500/-OTHERS

Type of Cover

COMPREHENSIVE

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

SKE7092G

Name of Insured

ANDY CHAN WEE BOON (ANDY ZENG WEI WEN)

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance

28 March 2017 to 27 March 2019

Engine#

B5254T4555193

Hire Purchase

UNITED OVERSEAS BANK LIMITED

Chassis#

YV1CZ5957C1638103

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

(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

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

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

\*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

Date: 24/02/2017 FCABM