

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA118080135

Date In: 21/6/18-15:32	Job description	Date & Time Completed	Done by
Ref No: NA / UOI18011319 / 24	SAS e-filing		
Veh No: JKP3888X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/6/18-17:40	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: JKP317R INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 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: 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: (INC hotline: 6788 6616)	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

NA1803932	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) 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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N=11) 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	21/06/2018 15:32
Date Of Accident	20/06/2018 17:40
Exact Location Of Accident	ALONG BUANGKOK EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3888X
Insured/Policyholder	
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Co Reg No	199308593E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110089880909
Cover Note Number	

Driver

Name of Driver	LIM GUEK NGOH
NRIC No	S1536464E
Date Of Birth	31/01/1962
Occupation	INDOOR
Date Of Driving Pass	05/01/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98335989
Fax Number	
Contact Number	OFFICE-98335989
EMail Address	NOEMAIL

Address	BLK 174A EDGEDALE PLAINS #09-155
Postcode	821174
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180620/2171.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV317R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82281091
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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:

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

SKETCH PLAN



DATA: 20/6/18

A: SKP 3888X

B: SKV 317 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

Personal Particulars

Date of Accident: 20/6/18 Time of Accident: 1740 hr
Exact Location of Accident: Bungloek East Drive
Owner's Name: Seow Khim Polythene Co PK Ltd NRIC No: _____ HP No: _____
Driver's Name: Lim Guek Ngoh NRIC No: 55364645 HP No: 98335989
Date of Birth: 31/1/1962 Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: _____
Relationship of Driver with Insured: _____ Email Address: _____
Vehicle No: _____ Make & Model: _____
Insurance Co: UOI Coverage: _____ Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ No Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☐ Work

*Weather Condition? ☐ Clear / ☐ Raining / Others: _____ ☐ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☐ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (☒ Yes/☐ No)

Third Party Driver's Particulars

Vehicle B No: SKV 317R Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



SINGAPORE POLICE FORCE



T/20180620/2171

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

/ 1 of 3

Report No. T/20180620/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 20:45	Vide Report No.: G/20180620/0190	Station Diary No.: 99
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Informant's Particulars			
Name of Informant: LIM GUEK NGOH		Address: APT BLK 174A EDGEDALE PLAINS #09-155 SINGAPORE 821174	
ID Type / ID No.: NRIC NO / S1536464E		Contact No.: Home/Office: Mobile: 98335989	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 56	Date of Birth: 31/01/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Business development manager		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2018 17:40	Type of Location: Bend
Location: Along Road 1 BUANGKOK EAST DRIVE				
Along Buangkok East Drive right after exit from KPE exit 9B				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3888X	Car	HYUNDAI		Gold	Seriously Damaged	0
SKV317R	Car	AUDI		White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180620/2171

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180620/2171

CONTINUATION OF REPORT

Driver			
Name	LIM GUEK NGOH	ID No.	S1536464E
Related Vehicle	SKP3888X (Car)	Contact No.	98335989
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/06/2018 at about 1740hrs, I was alone driving my car (gold colour Hyundai bearing plate no. SKP3888X) along Buangkok East Drive towards Sengkang on the left most lane. At that point it was drizzling and the floor was wet. As I was driving along Buangkok East Drive at the bend after the KPE exit 9B, my car suddenly skidded towards the left and I lost control of the car. My car then hit on to the left side a white colour Audi bearing plate number SKV317R and my car subsequently it stopped on the most right lane of the road. I do not remember if my car had hit any other thing other than the white Audi car.

I then went down from my car to make a check with the Audi driver if he is fine and I then called my company to inform of the accident as the car belongs to my company. There was no reported injuries at the scene. After a while, LTA came over and they called for Traffic Police. Subsequently Traffic Police arrived. As I have a in-car camera installed in my car, the officer requested for my camera SD card and I handed it over. I was then told to proceed to the nearest police station to lodge a traffic accident report.

I wish to state that that the front bumper of my car had fell off and there are dents and scratches and the front right side of the car. My car was towed away at scene by a towing company. I did not take down the Audi driver's particulars and only have his contact number 82281091. This is the first time such incident had happened.



**SINGAPORE
POLICE FORCE**



T/20180620/2171

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180620/2171

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:

F /

Staff Sgt ANG PEI YING, AGNES

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

20/06/2018 20:45

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20180620/0190

I, S94(2) T180028 FAIZ SHAH
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of 10, UBI AVE 3 (408865)
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 KINGSTON (8GB) MICRO SD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from LIM GUEK NGOH (S1536464E)
(Name, NRIC or Passport No. / Rank and No.)

of 174A EDGE DALE PLAINS
(Address / Police Station / NPC / NPP)

on 20/06/18 at 1930
(Date) (Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

(Signature)
(Signature)

LIM GUEK NGOH (S1536464E)
(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)
(Signature)

S94(2) T180028
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: ON BEHALF OF IO HIDAYAH

5815962



NRIC No. **S1536464E**



Date of issue

20-10-2017

Address

**APT BLK 174A EDGEDALE PLAINS
#09-155
SINGAPORE 821174**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1536464E



Name



LIM GUEK NGOH

林月娥

Race

CHINESE

Date of birth

31-01-1962

Sex

F

S1536464E

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a woman

Licence Number: **S1536464E**
Name: **LIM GUEK NGOH**

Birth Date: **31 Jan 1962**
Issue Date: **27 Feb 2003**

Barcode: 000238342H

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	05 Jan 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	08 Dec 1992

NP 428A

Licence No: S1536464E

Barcode

21 Jun 2018 11:21

W. 4373 E. 1



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 Springvale Tower
Singapore 079909
Tel (65) 6322 7733
Fax (65) 6327 3669 / 6327 3570
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.	DHOM110089880909	Excess:	\$500/- ALL DRIVERS \$2000/- APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKP3888X		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 29 April 2018 to 28 April 2019

Engine# G4FC9U464302
Chassis# KMH DU41BR9U748019

Private Car-Office [MX 4]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or pace-making reliability trial or speed-testing
- (2) Use for the carriage of goods other than samples in connection with any trade or business
- (3) Use for any purpose in connection with the Motor Trade

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 6 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