

NATIONAL Assessment Centre Services [wef: Jan'05] 29 MAY 2017 17:516			
Date In: 10/09/2018 19:23	Job description	Date & Time Completed	Done by
Ref No: NBA/1001/2016500/4	SAS e-filing		
Veh No: SGG 8P80 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/09/2018 09:25	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:	Veh No: SLN 1589 X	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

NA20571	Invoice Preparation Checklist		Amt (\$) In 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			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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 (N11 INC) against INC \$20			
	9) N12: Idac Mobile \$0			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Cat 1:				
Cat 2 / 3:				

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	10/09/2018 19:23
Date Of Accident	10/09/2018 09:25
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG8080X
Insured/Policyholder	
Name Of Registered Owner	AERIA VALERIE GERALDINE
NRIC No	S7315874E
Email Address	VALERIE.AERIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96867548
Alternative Phone No	OTHERS-96867548

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-3.0 V6 LUXURY (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	DHOM110152631602
Cover Note Number	

Driver

Name of Driver	AERIA VALERIE GERALDINE
NRIC No	S7315874E
Date Of Birth	01/05/1973
Occupation	INDOOR
Date Of Driving Pass	08/05/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96867548
Fax Number	
Contact Number	OTHERS-96867548
Email Address	VALERIE.AERIA@GMAIL.COM

Address	BLK 111 DEPOT ROAD #16-101
Postcode	101111
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	SIDE SWIPE
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)	1

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

DRIVING ON ALEXANDRA ROAD, JUST AFTER 396 ALEXANDRA ROAD. TRAVELLING ON THE LEFT LANE, FILTERING TO CENTRE LANE FOR JAGUAR SGG8080X. THE MAZDA SLN1589X WAS ON THE RIGHT LANE TURNING TO CENTRE LANE. THE MAZDA SLN1589X FRONT LEFT SIDE BANGED INTO JAGUAR DRIVER'S DOOR AND ALSO DRIVER'S SIDE MIRROR.

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	SLN1589X
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LI JEN
NRIC/Passport Number	S7135165C
Contact Number	96996945
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 10/7/18
11.20am

Driver's Signature

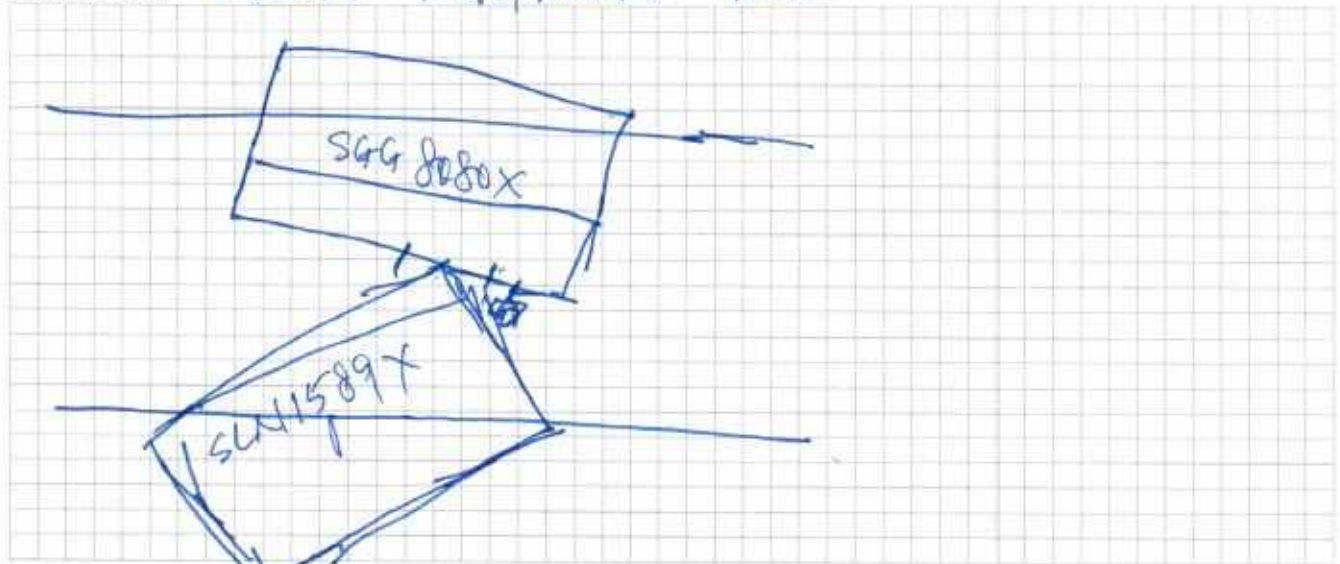
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Rosal Hartono
NRIC/FIN No.:

SKETCH PLAN

Brown ALEXANDRA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on Alexandra Rd, just after 396 Alexandra Rd. Travelling in the left lane, filtering to centre lane for Jaguar SGG 8080X.

The Mazda SLN 1589X was in the right lane turning to centre lane.

The Mazda SLN 1589X front left side ^{banged} into Jaguar driver's door and also driver's side mirror.

DECLARATION

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



Policyholder's Signature

Date & Time: 10/9/18

11.20 am

GIARME SKETCH PLAN Form V.1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 10/09/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 09 / 2018 (DD/MM/YYYY), TIME: 09 : 25 (HH:MM)

LOCATION: ALEXANDRA RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S468080X
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: 0HOM110152631602
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: JAGUAR XF
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AERIA VALERIE GERALDINE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7315874E CONTACT: 96867548
 c) ADDRESS: 111A DEPOT RD #16-101 S'101111

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

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

- * d) DATE OF BIRTH: 01 / 05 / 1973 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 08 MAY 1992
 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 CLEAR)
 b) ROAD SURFACE: (DRY / WET / OTHERS DRY)
 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 passengers
(including driver)
()

- a) VEHICLE NUMBER: SLN1589X MODEL: MAZDA
 b) DRIVER'S NAME: TAN LI JEN
 c) NRIC/FIN/PASSPORT: S7135165C CONTACT: 96996945

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

EMAIL = VALERIE.AERIA@GMAIL.COM

VIOLO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7315874E



Name
AERIA VALERIE GERALDINE

Race
EURASIAN
Date of Birth 01-05-1973 Sex F
Country of Birth
SINGAPORE



UOI

MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
428-01 Springleaf Tower
Singapore 079909Tel: (65) 6222 7733
Fax: (65) 6327 3669 / 6327 3670
Email: Contactus@uoi.com.sg
uoi.com.sg

Co-Reg No: 1971001529

ORIGINAL

RENEWAL CERTIFICATE

Agency	D000136	Class of Policy	MOTOR	Policy Number	DHOM110152631602
Account	D000136	Issued on	15/08/2018 in UOI	Replacing Policy no	DHOM110152631601
Client	0038928	Acceptance Date	15/08/2018		

Period of Insurance from 23/08/2018 to 22/08/2019 both dates inclusive

Insured's Name	MDM VALERIE GERALDINE AERIA
Mailing Address...	111A DEPOT ROAD #16-101 SINGAPORE 101111

Business/Occupn... TO BE ADVISED

Premium	BASIC ANNUAL PREMIUM	SGD1,985.20		
	5% INCENTIVE DISCOUNT	SGD99.26-		
	NO CLAIM BONUS 50.00%	SGD942.97-		
	Total Annual Premium	SGD942.97	Premium Due	SGD942.97
			Less Disc.	SGD141.45
			Premium GST	SGD56.11
			Total Due	SGD857.83

EXCESS FOR NAMED DRIVER

REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN THREE (3) YEARS

Risk No. 001	PRIVATE		
1. Registration	SGG8080X	Make/Model ..	JAGUAR XF 3.0 V6 LUXURY AT ABS D/AB HID
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No. ..	590144333FC	Capacity cc's	2967
Chassis No. .	SAJAC05D1BFR89922		
			Body Type SALOON
			Yr of Manuf/Regn 2010/2010
			NCB%..... 50.00
			Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE	
NAMED DRIVERS		SGD800.00	
OTHERS		SGD1,500.00	
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00	
WINDSCREEN DAMAGE CLAIM		SGD100.00	
Named Drivers (A) THE INSURED		(B) CHAN HON WAI	
(C) ANNE MARIE AERIA		(D) CHEN ENHAN DOMINIC	

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY:

2 - EXCESS - DAMAGE CLAIMS

AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM

TERRORISM EXCLUSION ENDORSEMENT

CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001

25 - STRIKE RIOT AND CIVIL COMMOTION

SECTION III - MEDICAL EXPENSES

SECTION IV - PERSONAL ACCIDENT BENEFITS

2 E - YOUNG AND INEXPERIENCED DRIVERS

2 F - (A) THE INSURED