

NATIONAL Assessment Centre Services

Date In: 17/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/40518016871/13	SAS e-filing		
Veh No: 5DA9989K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/09/18 1400	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: XE1398R	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%; F: 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

NA1805898

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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 / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
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	17/09/2018 11:24
Date Of Accident	12/09/2018 14:00
Exact Location Of Accident	387 CHANGI RD PARKING LOT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDA9989K
Insured/Policyholder	
Name Of Registered Owner	CHEONG BEE PTE LTD
Co Reg No	-
Email Address	CHEONGBE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96689743
Alternative Phone No	OFFICE-67421802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	DHOM110121881206
Cover Note Number	
Driver	
Name of Driver	KHOO TUAN KENG
NRIC No	S2562515C
Date Of Birth	06/07/1951
Occupation	INDOOR
Date Of Driving Pass	17/11/1969
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689743
Fax Number	
Contact Number	
Email Address	CHEONGBE@SINGNET.COM.SG

Address	3 SIGLAP ROAD #06-17
Postcode	448907
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	SJS7400P
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ENGINE OFF
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1298R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIMBRAN BIN MAIJOL
NRIC/Passport Number	G7325646T
Contact Number	81062547
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

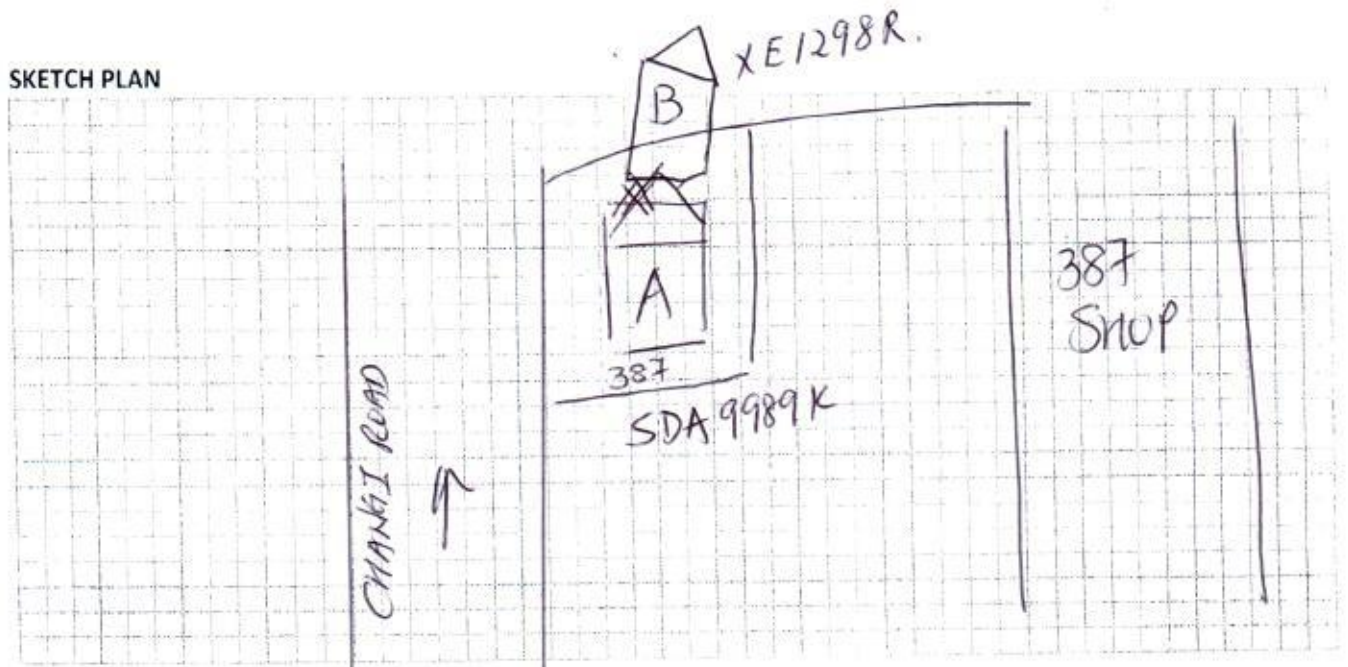
中美(私营)有限公司
CHEONG BEE PTE LTD
387 CHANGI RD SINGAPORE 499886
TEL: 6742 1802 FAX: 6744 3020
EMAIL: cheongbe@singnet.com.sg

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS PARKED AT MY OFFICE FRONT
CARPARK. A LURRY XE 1298R driven by
Jimbran Bin Majid reversed at collided
onto my car front portion.
(Refer To Attached) .

Involving Party driver's company:
m/s Building Resources Industries

DECLARATION

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

中美(私营)有限公司
CHEONG BEE PTE LTD
387 CHANGI RD SINGAPORE 410526
TEL: 6742 1802 FAX: 6744 3092
EMAIL: cheongbee@netcom.sg

Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

This is to Certify that vehicle No: XE 1298 R,

Driver Name: Jimbran Bin Majid holder of licence

No: G7325646T, hit on vehicle No: SDA 9989K

front headlight & bonnet while reversing. The

vehicle SDA 9989K is park at his own parking lot when the incident happen.

The incident happen on 10/9/18 at 2pm.



Driver: Jimbran Bin Majid

License No: G7325646T.

Vehicle No: XE 1298 R.

HP: ~~8210~~ 81062547



Driver: Khoo Tuan Keng

Vehicle No: SDA 9989K.

NRIC No: 2562515C

HP: 96689F43

INSURANCE ACCIDENT E-FILING

* PLEASE CIRCLE OPTIONS APPROPRIATLY

Date of accident: 12/09/2018 Time of accident: 2pm
 Location Of Accident: 387 CHANGI ROAD PARKING LOT
 Own Vehicle Number: SDA 9989K Model: TOYOTA CAMRY 2.4 AUTO
 Name of Registered Owner: KHOO TUAN KENG
 Nric / Company no: S2562515C Tel/Hp no: 96689743
 Exact purpose for which vehicle was being used at time of accident: Parked
 Are you claiming under your own insurance policy for repair to your vehicle: YES / NO
 If NO: Claiming Third Party / Reporting Purpose Only Fleet Policy? YES / NO
 Name of Insurance Company: United Overseas Insurance Limited
 Type of Policy Cover: Comprehensive / Third Party Fire & Theft / Third Party Only
 Policy / Cover Note no: DHOM110121881206
 Name of Driver: Khoo Tuan Keng Date of Birth: 06/07/1951
 Address: B1K 3 #06-17 Siglap Road (44890) Nric/Fin/Passport no: S2562515C
 Occupation: INDOOR / OUTDOOR Tel/Hp no: _____
 Date of Driving Pass: 17/11/1969 Gender: MALE / FEMALE
 Email Address: cheonghe@sinnet.com.sg
 Was driver an employee of the Insured Company? YES / NO
 If NO, Relationship of the Driver with the Insured: Spouse / Children / Friend / Parent
 Driver's own vehicle number if any: Yes Insurance Company: NTUC INCOME
 Weather Conditions: CLEAR / RAINING / OTHERS: _____ ROAD SURFACE: WET / DRY
 Anybody Injured in the accident: YES / NO If YES, Which Police Station: _____
 Was notice of intended Prosecution given? YES / NO
 I have been approached by unknown person soliciting / offering accident claims assistance: YES / NO
 Any other vehicle or property damaged: YES / NO Any Video captured by car camera? YES / NO

Involving party vehicle number: (1) XE1298R Type of vehicle: _____
 Name: Jimbran Bin Mayol Nric no: 47325646T (Male/Female)
 Name of Insurance company: _____

Involving party vehicle number: (2) _____
 Name: _____ Nric no: _____ (Male/Female)
 Name of Insurance company: _____

Involving party vehicle number: (3) _____
 Name: _____ Nric no: _____ (Male/Female)
 Name of Insurance company: _____

Name of Witness: _____
 Address: _____
 Tel No: _____ NRIC No: _____
 Injuries details of injured party: NIL Address: _____
 State injured person in which vehicle no: _____ Tel No: _____
 Were Seat belts worn: YES / NO
 Was injured person conveyed to Hospital by ambulance? YES / NO
 Number of Passengers (INCLUDING DRIVER): 1
 PASSENGER NAME & GENDER: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2562515C



Name
KHOO TUAN KENG.
邱傳庚
Race
CHINESE
Date of birth
06-07-1951
Country/Place of birth
MALAYSIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2562515C

Name
KHOO TUAN KENG

Birth Date: 06 Jul 1951
Issue Date: 29 Aug 2003




000793807E

5998630



NRIC No. S2562515C



Date of issue
11-08-2018

Address
3 SIGLAP ROAD
#06-17
SINGAPORE 448907


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

EXPIRY DATE

Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	17 Nov 1969
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	08 Oct 1974

S / No. 9000248052

N2562515C



Licence No. S2562515C

NP 428A



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	20 Jun 2002
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$	04 Dec 2002
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	24 Mar 2003
	Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$	



Licence No: G7325646T

NP 428A

09-17-'18 09:42 FROM-

T-045 P0004/0004 F-087



United Overseas Insurance Limited
 2 Anson Road
 47th-01 Springleaf Tower
 Singapore 079800
 Tel (65) 6522 7753
 Fax (65) 6527 3669 / 6527 3670
 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)

COPY

CERTIFICATE NO.	DHON110121881206	Excess:	\$1000/-ALL DRIVERS
Type of Cover	COMPREHENSIVE		\$100/-WINDSCREEN DAMAGE CLAIM
Vehicle Number	SDA9989K		\$4000/-OTHERS & OR<26 YRS &OR <3YRS EXP
Name of Insured	CHEONG BEE PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 19 August 2018 to 18 August 2019

Engine# 2AZE225257
Chassis# MR0538K4007046749

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 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 : 10/07/2018

For the Company