

NATIONAL Assessment Centre Services

(Ref: 24755)

NA418124593

Date In: 25/09/2018 11:25	Job description	Date & Time Completed	Done by
Ref No: N/A/UC/1801746814	SAS e-filing		
Veh No: SKK 8899L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/09/2018 16:30	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: SMC 80045 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

NA1806117	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		1st Bill	Add Bill
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)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	O1*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N/A INC) 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	25/09/2018 17:25
Date Of Accident	24/09/2018 16:30
Exact Location Of Accident	ECP TOWARDS MCE NEAR MCE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8889L
Insured/Policyholder	
Name Of Registered Owner	LU MANG
NRIC No	S8079338C
Email Address	JIANGWAN.EMMA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85686868
Alternative Phone No	OTHERS-84685107

Vehicle Particulars

Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	DHOM120024981601
Cover Note Number	

Driver

Name of Driver	JIANG WAN
NRIC No	S8978414Z
Date Of Birth	03/04/1989
Occupation	INDOOR
Date Of Driving Pass	27/09/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85686868
Fax Number	
Contact Number	OTHERS-84685107
EMail Address	JIANGWAN.EMMA@GMAIL.COM

Address	8 FABER GREEN
Postcode	129264
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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

I WAS DRIVING NORMALLY ON ECP TOWARDS MCE, I STAYED IN THE 3RD LANE. SUDDENLY CAR B (SMC8004S) HIT MY LEFT REAR PART. BUT I HAVE NO IDEA DID CAR B HIT MY CAR A (SKK8889L) OR HIT CAR C (SLW1487J). TRAFFIC POLICE CAME IN 10 MINUTES AND MONITORED ME DRIVE HOME SAFELY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC8004S
Vehicle Make/Model/Colour	MITSUBUSHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU KWOK LEONG
NRIC/Passport Number	S1164574G
Contact Number	96725969
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW1487J
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Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA TECK LING
NRIC/Passport Number	S1448790E
Contact Number	98353701
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.
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.

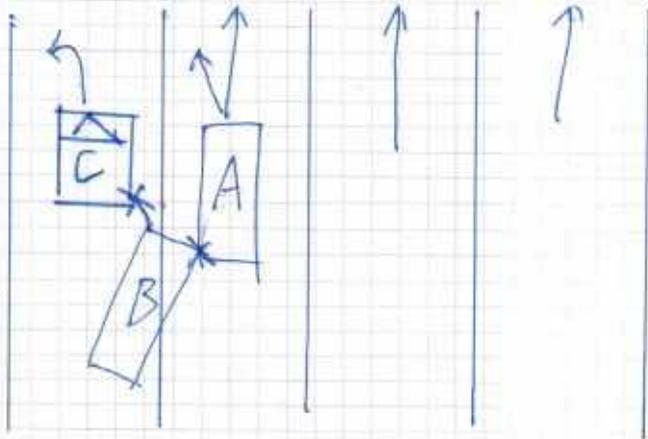
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ECP TOWARDS MCE NEAR MCE ENTRANCE



A) SKK 8889L

B) SMC 8004S

C) SLW 1487J

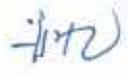
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

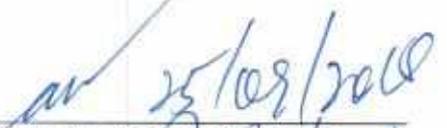
I were driving normally on ECP towards MCE, I stayed in the 3rd lane. suddenly car B hit my left rear part. I managed to stop my car and found car B hit another car C as well. But I have no idea did car B hit my car first or hit car C first. Traffic police came in ten minutes and monitored me drive home safely.

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.:

File Ckt?

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 09 / 2018 (DD/MM/YYYY), TIME: 16 : 30 (HH:MM)

LOCATION: ECP toward MCE near MCE entrance.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK 8889L
- b) INSURANCE COMPANY: V01
- c) POLICY NUMBER: PHOM 1200 24981601
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BMW 320i
- f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Driving Home
- 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: Lu Mang (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 88079338C CONTACT: 85686868
- c) ADDRESS: 8 Faber green (S) 129264

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jiang Wan (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S89784142 CONTACT: 84685107
- c) ADDRESS: 8 Faber green (S) 129264

No of passenger
(including driver)
(1)

*d) DATE OF BIRTH: (03 / 04 / 1989) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR) / OUTDOOR)
- f) DATE OF DRIVING PASS: 27/11/2012

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife
- 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: SMC 8004 S MODEL: Mitsubishi
- b) DRIVER'S NAME: CHIA TECK LING - CHU KUOK LEONG
- c) NRIC/FIN/PASSPORT: S1448790E CONTACT: _____

No of passenger
(including driver)
(1)

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 51164574G MODEL: 9672 5969
- b) DRIVER'S NAME: CHIA TECK LING
- c) NRIC/FIN/PASSPORT: S1448790E CONTACT: 9835 3701

No of passenger
(including driver)
(1)

EMAIL = emma Jiangwan.emma@gmail.com

VIDEO = YAS

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8978414Z



Name
JIANG WAN

姜婉

Race
CHINESE

Date of birth
03-04-1989

Country/Place of birth
CHINA

Sex
F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8978414Z

Name
JIANG WAN

Birth Date: 03 Apr 1989

Issue Date: 27 Jul 2017



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8079338C



Name
LU MANG

音 莽

Race
CHINESE

Date of birth
26-05-1980

Country/Place of birth
CHINA

Sex
M

5838627



NRIC No. S8978414Z



Date of issue
11-12-2017

8 FABER GREEN
SINGAPORE 129264
NRIC No: S8978414Z

Date: 03/09/2018

NP 428A

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg
27 Sep 2012



Licence No: S8978414Z

5235228



NRIC No. S8079338C



Date of issue
31-10-2013

8 FABER GREEN
SINGAPORE 129264
NRIC No: S8079338C

Date: 03/09/2018



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@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. DHOM120024981601 Excess: \$750/-NAMED DRIVERS - OPTION 2
Type of Cover COMPREHENSIVE \$1500/-OTHERS
Vehicle Number SKK8889L \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured LU MANG \$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 29 October 2017 to 28 October 2018 Engine# A667JB01N13B16A
Chassis# WBA3J92050J642331

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

For the Company

FCTTS Date : 15/09/2017



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S565509200 / GST Reg. No.: M40001733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY18124593 Vehicle Registration No: SKK 889L
 Name (as shown in NRIC) : JIAN WEN NRIC/FIN/Passport No : 889284142

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 85686868 / 84685107
 Email Address : _____
 Date of Accident : 24/09/2018 Time of Accident : 16:30
 Place of Accident : FCP TOWARDS MCE NEAR MCK FOR TRANSIT
 Insurance Company : WOL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insert Insured Photos.

Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:
 Date: 27/09/2018