

NATIONAL Assessment Centre Services [wef 1 Jan 2005] 19NA 48126066			
Date In: 28/09/2008 15:36	Job description	Date & Time Completed	Done by
Ref No: NA 48126066/7676/Y	SAS e-filing		
Veh No: 8KX 1967Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/09/2008 11:20	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SKZ 8571Z	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

Claimant's Particulars:-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
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:-			
	Q1:			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*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			
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:				
Dat. 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	28/09/2018 15:36
Date Of Accident	21/09/2018 11:20
Exact Location Of Accident	CARPARK ENTRANCE TO PLAZA SINGAPURA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1967Y
Insured/Policyholder	
Name Of Registered Owner	MAK YUET KUEN ELEN
NRIC No	S1240466B
Email Address	ELEN.MAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90700959
Alternative Phone No	OTHERS-90700959

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	DHOM120032441700
Cover Note Number	

Driver

Name of Driver	MAK YUET KUEN ELEN
NRIC No	S1240466B
Date Of Birth	21/01/1957
Occupation	INDOOR
Date Of Driving Pass	17/11/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90700959
Fax Number	
Contact Number	OTHERS-90700959
Email Address	ELEN.MAK@GMAIL.COM

Address 3 RIVER VALLEY CLOSE
#04-01
Postcode 238429
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 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 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) 2
Passenger 1 NAME: : MOTHER
GENDER: : FEMALE

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 ENTERING PLAZA SINGAPURA, CARPARK CAR SKZ8571Z STOPPED ABRUPTLY WHILE ENTERING THE CARPARK. WE WERE ON A SLOPE I HAVE TO ACCELERATE TO ENTER THE CARPARK TOO. BECAUSE OF THE SUDDEN STOP, MY CAR SKX 1967Y BUMPED SLIGHTLY ONTO SKZ8571Z. UPON EXAMINATION SKZ8571Z HAD A MINOR SCRATCH ON THE BUMPER, I GAVE HIM MY DETAIL. AS THE SCRATCH WAS MINOR I DID NOT MAKE ANY REPORT UNTIL I RECEIVED THE LETTER FROM MY INSURANCE (UOI) DATED 25/09/2018. I THEREFORE MADE THIS REPORT AT IDAC TODAY 28/09/2018 THAT ALL.

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 SKZ8571Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address

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.

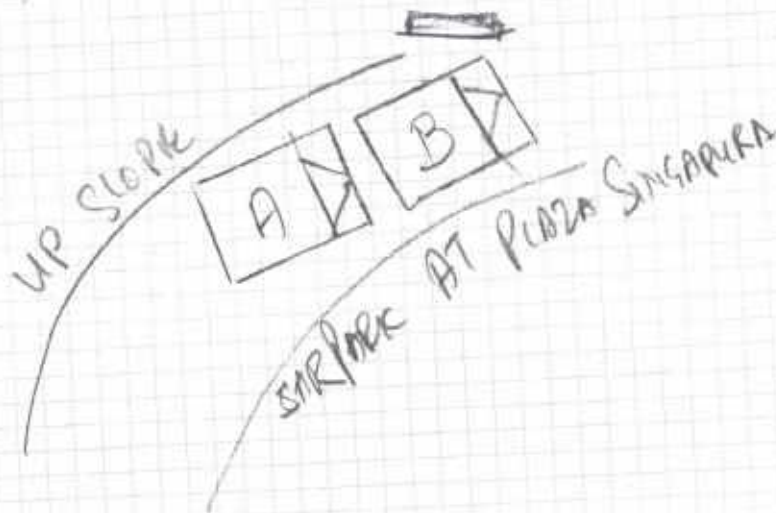

Policyholder's Signature
Date & Time: 28/9/18

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


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

SKETCH PLAN

A) SKX1967Y
B) SKZ8571Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering the Plaza Singapura car park. Car SKZ 8571Z stopped abruptly while entering the car park. We were on a slope therefore, I accelerated to enter the car park too. Because of the sudden stop, my car bumped slightly onto SKZ 8571Z. Upon examination, SKZ 8571Z had a minor scratch on the bumper. I gave him my details. As the scratch was very slight I did not make any report until I rec'd the letter from my insurer, UOL, dated 25 Sept 2018. I therefore, made this report at IDAC today, 28 Sept 2018.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 28/9/18

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

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

[Signature] 29/9/2018
SKZ1 *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: 21/09/18 (DD/MM/YYYY), TIME: 11:20am (HH:MM)

LOCATION: Cer park entrance to Plaza Singapura

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 1967 Y
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: PHOM 1200 32441700
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PR USE
 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: MAK YUET KUEEN, EILEEN (MALE / FEMALE) 90700959
 b) NRIC/FIN/PASSPORT: S1240466B CONTACT: 90700959
 c) ADDRESS: 3 River Valley close # 04-01
Sgore 238429

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: as above CONTACT: as above
 c) ADDRESS: as above

* d) DATE OF BIRTH: 21/01/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/11/78

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: clear

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) dry
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO) NO
 7. a) REPORTED TO POLICE (YES / NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKZ 8571 Z MODEL: as above
 b) DRIVER'S NAME: as above CONTACT: as above
 c) NRIC/FIN/PASSPORT: as above

9. THIRD PARTY VEHICLE

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

EMAIL = eileen.mark@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1240466B



Name

MAK YUET KUEN ELEEN

麦月娟

Race
CHINESE

Date of birth
21-01-1957

Country/Place of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1240466B

Name
MAK YUET KUEN ELEEN

Birth Date: 21 Jan 1957

Issue Date: 29 Jan 2003



5930255



NRIC No: S1240466B



Date of issue
05-05-2018

Address

3 RIVER VALLEY CLOSE
#04-01
SINGAPORE 238429

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

PASS CAR

Class 3

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

17 Nov 1978

NP 428A



ORIGINAL

UNIDRIVE
THE SCHEDULE

Agency A000401 Class of Policy MOTOR UNIDRIVE Policy Number DHOM120032441700
 Account A000401 Issued on 01/11/2017 in UOI Replacing Cover Note 18808
 Client 0366285 Acceptance Date 30/10/2017

Period of Insurance from 30/11/2017 to 29/11/2019, both dates inclusive

Insured's Name MS MAK YUET KUEN ELEEN
 Mailing Address 3 RIVER VALLEY CLOSE
 #04-01 EURO-ASIA COURT
 SINGAPORE 238429

Business/Occupation INDOOR
 Financial Interest UNITED OVERSEAS BANK LIMITED

Premium	ANNUAL PREMIUM	SGD596.01	Premium Due	SGD1,392.02
	Total Annual Premium	SGD696.01	Premium GST	SGD97.44
			Total Due	SGD1,489.46

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	UNIDRIVE	Make/Model	MAZDA 3 4-DOOR SEDAN 1.5L SP 6EAT
1. Registration	SXK1967Y	No. of seats	4
Type of Cover	COMPREHENSIVE	Capacity cc's	1496
Engine No	PS20330182	Body Type	W SUN ROOF
Chassis No	JH65M42A8G0324419	Yr of Manuf/Regn	2015/2015
		NCB%	50.00
		Certificate Ref.	PVI

INDEMNITY FOR TOTAL LOSS	MARKET VALUE
NAMED DRIVERS	SGD500.00
OTHERS	SGD1,500.00
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00
WINDSCREEN DAMAGE CLAIM	SGD100.00
Named Drivers MAK YUET KUEN ELEEN	NG TAY MENG

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 - EXCESS - DAMAGE CLAIMS
- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- 15 - HIRE PURCHASE
- PAYMENT BEFORE COVER WARRANTY
- 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