

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA 118138584**

Date In: 25/10/18 11:49	Job description	Date & Time Completed	Done by
Ref No: NA/00218019387/h4	SAS e-filing		
Veh No: SKB 4765 J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/10/18 22:30	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: **SL079324** 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

MA1806900

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: 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)*			
*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 (Non INC) against INC	\$20		
9) N12: Idac Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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 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. 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	25/10/2018 11:49
Date Of Accident	14/10/2018 22:30
Exact Location Of Accident	T JUNC OF SENGKANG EAST WAY & SENGKANG EAST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4765J
Insured/Policyholder	
Name Of Registered Owner	YIP CHEE SENG
NRIC No	S0027608A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96505630
Alternative Phone No	OFFICE-96505630

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90 T6 R-DESIGN A/T AWD S/R
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	DHOM120032611700
Cover Note Number	-

Driver

Name of Driver	YIP CHER SHIN (YE ZIXIN)
NRIC No	S8212720H
Date Of Birth	15/04/1982
Occupation	INDOOR
Date Of Driving Pass	31/10/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88661222
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 402 BEDOK NORTH AVE 3 #08-253
Postcode	460402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : UNKNOWN
	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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLU7932L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.



Policyholder's Signature
Date & Time:



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

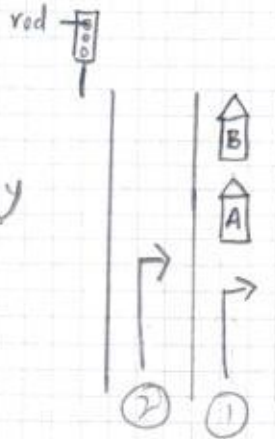


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SENG KANG EAST DRIVE

T-Junction of
SENGKANG EAST WAY
& SENGKANG EAST
DRIVE



A = SKB 4765J

B = SLU 7932L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
attach

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.:

On 14.10.18 at about 22:30 hours at the T- junction of Sengkang East Way and Sengkang East Drive. I was travelling on Lane 1 and did a stop at the traffic light behind Vehicle B. After a few minutes, Driver of Vehicle B came down of her car. Curious, I followed down after a while and see what happened, I heard no sound or movement. Driver B mentioned that I have knocked her car. She took photo of our car distance with no collision, followed by taking my ID. I took hers along since mine was taken. Then we drove off as normal.

Vehicle (A) : SKB 4765J

Vehicle (B) : SLU 7932L

SINGAPORE ACCIDENT STATEMENT

22:30

Accident Date: 14/oct/18		Time: 22:30pm		(hh:mm) 24 hr format	
Location T-Junction of Sengkang East Way & Sengkang East Drive (
Vehicle Number SKB4765J					
Insured Name YIP CHEE SENG					
NRIC/FIN S0027608A			Contact Number 96505630		
Make V6/V0		Model Volvo XC 90			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting					
Insurance Company UOI					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DHOM120032611700					
Name of Driver YIP CHEE SHIN				() Same as Insured	
NRIC/FIN S8212720H			Contact Number 88661222		
Date of Birth 15/04/1982					
Driving Pass Date 31 Jan 2013				2 person - 4	
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender () Male (<input checked="" type="checkbox"/>) Female					
Email Address charshin82@gmail.com				() NO EMAIL	
Address of Driver B1K 902 BEDOK NORTH AVE 3					
#08-253 S (960902)					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SLU 7932L					
Veh C					
Veh D					
Veh E					
Veh F					

5479191



NRIC No. S8212720H



Date of issue
16-05-2015

APT BLK 402 BEDOK NORTH AVENUE 3 #08-253
SINGAPORE 460402

NRIC No: S8212720H Date: 02/05/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8212720H



Name

YIP CHER SHIN
(YE ZIXIN)

叶子欣

Race

CHINESE

Date of birth

15-04-1982

Country/Place of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8212720H**

Holder

YIP CHER SHIN
(YE ZIXIN)

Birth Date **15 Apr 1982**
Valid Date **31 Jan 2013**

002145567B




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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	20 Jun 2002
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	31 Oct 2002

NP 428A

Licence No. S8212720H





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.	DHOM120032611700	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKB4765J		
Name of Insured	YIP CHEE SENG		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 22 November 2017 to 21 November 2019

Hire Purchase DBS FINANCE LTD

Engine# B4204T271681946

Chassis# YV1LFA2ACH1114670

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

MCHHC Date : 06/11/2017


For the Company