

NATIONAL Assessment Centre Services. (v01.1.2008)

MA48157696

Date In: 06/12/2018 11:27	Job description	Date & Time Completed	Done by
Ref No: MBA/401802963/Y	SAS e-Milling		
Veh No: 8412 G	E-mail (withln 3hrs, A/C 3hrs)		
D.O.A: 06/12/2018 09:40	1-Motor Claim Form		
OD TP / Reporting Only	1-Motor W/O (withln 3hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SJT 2522 Z	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: ()

Remotely: ()	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

NA1807997	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (330)
Driver/Owner:	2) DA: Damage Assessment (3100) INC (330)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$130
	5) RT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$35
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services
C Checked by (Ugr-In-Charge):	9) NI: 1 day DA + SMRT Survey \$160
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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	06/12/2018 11:27
Date Of Accident	06/12/2018 09:40
Exact Location Of Accident	CLEMENTI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8412G
Insured/Policyholder	
Name Of Registered Owner	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223528J
Email Address	HENG_FLORENCE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87152294
Alternative Phone No	OTHERS-87152294

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DHOM110154461601
Cover Note Number	

Driver

Name of Driver	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223528J
Date Of Birth	23/07/1982
Occupation	INDOOR
Date Of Driving Pass	08/01/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87152294
Fax Number	
Contact Number	OTHERS-87152294
EMail Address	HENG_FLORENCE@HOTMAIL.COM

Address	BLK 749 WOODLANDS CIRCLE #02-598
Postcode	730749
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)	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

PASS ERP GANTRY, THIS ROAD OFTEN HAS ON COMING BUS. IT A MUST TO STOP TO CHECK. I HAVE STOPPED TO CHECK ABOUT 3 SECS LATER THE CAR BEHIND HIT ONTO MY CAR. WE MOVE THE CAR TO SAFETY AND EXCHANGE PARTICULAR CAR OWNER B DECIDED TO FOLLOW ME TO THE WORKSHOP TO HEAR THE QUOTE FOR REPAIR INVOLVE.

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	SJT2522Z
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

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.:

B: SJ175222
A: SJH84126

ELEMENTI FIT

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graph LR; A[A] --> Bus[Bus]; B[B] --> Bus;
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LICENSE PLATE: <u>SJH 8412G</u>	ACCIDENT DATE & TIME: <u>6/12/2018 9:40am</u>
CONTACT NUMBER: <u>87152294</u>	E-MAIL ADDRESS: <u>heng_florence@hotmail.com</u>
LOCATION: <u>Clementi exit</u>	
<p><u>Pass the ERP gantry, this road often has oncoming bus. It a must to stop to check.</u></p> <p><u>I have stopped to check about 3 secs later the car behind hit onto my car. We move the car</u></p> <p><u>to safety and exdng particulars car owner B decided to follow me to the workshop to have the</u></p> <p><u>quote for repair involve.</u></p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

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

Reporting Centre Personnel's Signature
Name: Rosdi Anwar
NRIC/FIN No.: 960112/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8223528J**

Name:

HENG KIA HWEE, FLORENCE
(WANG JIAHUI, FLORENCE)

Birth Date: **23 Jul 1982**

Issue Date: **08 Jan 2009**



 001696316H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8223528J**



Name

HENG KIA HWEE, FLORENCE
(WANG JIAHUI, FLORENCE)

王佳惠

Race

CHINESE

Date of birth

23-07-1982

Sex

F

Country of birth

SINGAPORE

S8223528J

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 08 Jan 2009

NP 428A



Licence No: **S8223528J**



491368

NRIC No. **S8223528J**



Date of issue

14-12-2012

Address

APT BLK 749 WOODLANDS CIRCLE
#02-598
SINGAPORE 730749

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.	DH0M110154461601	Excess:	\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	THIRD PARTY, FIRE & THEFT		
Vehicle Number	SJH8412G		
Name of Insured	FLORENCE HENG KIA HWE		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 25 January 2018 to 24 January 2019

Engine# 1NZX333271
Chassis# MR053HY4204156071

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

FCTTS Date : 09/11/2018


 For the Company