

NATIONAL Assessment Centre Services

[ver 1 Jan'03]

MW A 118165355

Date In: 26/12/18 09:46	Job description	Date & Time Completed	Done by
Ref No: NA1 002180 23053164	SAS e-filing		
Veh No: EG 12 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/12/18 20:50	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: SHD 2881 U	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:	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:	NA1805538	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
		4) PT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) N1: Idao DA + EMRT Survey \$160		
		8) NTUC Additional Services:-		
		QD:		
		*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: Idao 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 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	26/12/2018 09:46
Date Of Accident	23/12/2018 20:50
Exact Location Of Accident	STILL RD S
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EG12U
Insured/Policyholder	
Name Of Registered Owner	MR SOON HOCK HAI
NRIC No	S1298333F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94389219
Alternative Phone No	OFFICE-94389219
Vehicle Particulars	
Manufacturer	BMW
Model	740LI
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	DHOM120027681701
Cover Note Number	-
Driver	
Name of Driver	MR SOON HOCK HAI
NRIC No	S1298333F
Date Of Birth	27/07/1958
Occupation	INDOOR
Date Of Driving Pass	17/02/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94389219
Fax Number	
Contact Number	OFFICE-94389219
Email Address	NOEMAIL

Address	17 FLORA RD #02-01
Postcode	509735
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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 STOP AT THE JUNCTION OF STILL RD S & MARINE PARADE RD ON THE EXTREME LEFT LANE (INSIDE THE YELLOW BOX) DUE TO RED LIGHT. THE LEFT IS ONLY FOR VEH TURNING RIGHT. I SWITCH ON MY RIGHT INDICATOR INTEND TO CHANGE LANE, WHEN THE LIGHT TURN GREEN, ALL VEH STARTED TO MOVE, I SEE HAVE SPACE FOR ME TO CUT INTO THE RIGHT LANE. SUDDENLY THE TAXI FROM THE RIGHT LANE NEVER GIVE WAY TO ME AND HIT ONTO MY VEH RIGHT FRONT SIDE MIRROR. AFTER THE INCIDENT, I ASK THE DRIVER WHY NEVER GIVE WAY TO ME, HE SAY HE WAS RUSHING. THEN THE TAXI DRIVER PAY ME \$100 FOR PRIVATE SETTLE BUT SEEN HE WAS A TAXI DRIVER, I ONLY TOOK \$50 FROM HIM.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2881U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

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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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.**
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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:

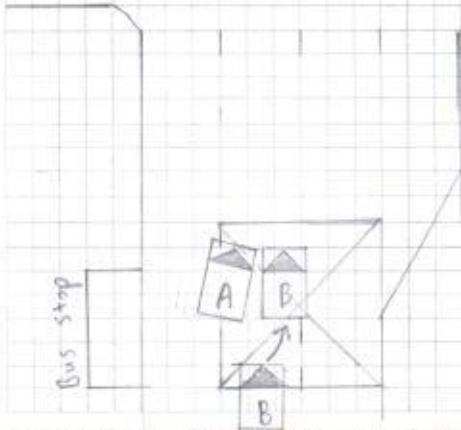
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Marine Parade Rd


$$A = EG 120$$
$$Q = 51028810.$$

Still	Rd	S
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1298333F



Name
SOON HOCK HAI

孙福海

Race
CHINESE

Date of Birth
27-07-1958

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1298333F

Name
SOON HOCK HAI

Birth Date 27 Jul 1958

Issue Date 03 Jan 2003




0099638



NRIC No. S1298333F



Blood Group Date of Issue
O+ 20-09-1991

17 FLORA ROAD #02-01
SINGAPORE 508735

NRIC No: S1298333F Date: 04-10-1999 (R) No: 3121579

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
17 Feb 1981



Licence No: S1298333F

NP 428A

UNIDRIVE
 RENEWAL CERTIFICATE

ORIGINAL

Agency	A000401	Class of Policy	MOTOR UNIDRIVE	Policy Number	..... DHOM120027681701
Account	A000401	Issued on	..... 14/03/2018 in UOI	Replacing Policy no.	DHOM120027681700
Client	0346890	Acceptance Date	12/03/2018	Replacing Cover Note	15894

Period of Insurance from 22/03/2018 to 21/03/2019 , both dates inclusive

Insured's Name..... MR SOON HOCK HAI
 Mailing Address... 17 FLORA ROAD
 #02-01 AVILA GARDENS
 SINGAPORE 509735

Business/Occupn... IND00R
 Financial interest HITACHI CAPITAL ASIA PACIFIC PTE LTD

Premium	ANNUAL PREMIUM	SGD2,952.03		
	Total Annual Premium	SGD2,952.03	Premium Due	SGD2,952.03
			Premium GST	SGD206.64
			Total Due	SGD3,158.67

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		
1. Registration	EG12U	Make/Model ..	BMW 740LI AT SR LED WITH SUN ROOF
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No. ..	12498338N55B30A	Capacity cc's	2979
Chassis No. .	WBAYE420X0DD87223		
			Body Type SALOON
			Yr of Manuf/Regn 2012/2013
			NCB%..... 50.00
			Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE		
OTHERS	SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00		
WINDSCREEN DAMAGE CLAIM	SGD100.00		
NAMED DRIVERS	SGD750.00		
Named Drivers SOON HOCK HAI			

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 - EXCESS - DAMAGE CLAIMS

LOSS OF USE

ENDORSEMENT -LOSS OF USE

WE WILL PAY S\$50.00 A DAY FOR UP TO 5 DAYS IN ANY ONE PERIOD OF INSURANCE FOR
 LOSS OF USE OF YOUR VEHICLE DURING REPAIR AS A RESULT OF AN ACCIDENT COVERED
 UNDER SECTION 1 OF THIS POLICY.

THE PERIOD OF LOSS OF USE WILL COMMENCE FROM THE DATE WE APPROVE THE ESTIMATED
 REPAIR COSTS OF YOUR VEHICLE.