

# NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MINA 419020863

Date In: 14/02/2009 16:36	Job description	Date & Time Completed	Done by
Ref No: N/A/10019002299/4	SAS e-filing		
Veh No: GRH 9767X	E-mail (E-mail 3hrs, AIC 2hrs)		
D.O.A: 01/02/2009 11:30	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: YN5753H	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: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Assign

N/A/190/128	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$35
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$35
	TP (N11): TP (N11) 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	14/02/2019 16:26
Date Of Accident	01/02/2019 11:30
Exact Location Of Accident	AT SELETAR MALL LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9767X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM THIAM CHWEE FOOD SUPPLIER PTE LTD
Co Reg No	199902525C
Email Address	LTCFOOD@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91351898
Alternative Phone No	OFFICE-67781884

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110165291800
Cover Note Number	

### Driver

Name of Driver	LEONG SIEW KHEONG
Passport No/FIN	F0156989U
Date Of Birth	23/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91351898
Fax Number	
Contact Number	OFFICE-67781884
Email Address	LTCFOOD@SINGNET.COM.SG

Address	BLK 6 PASIR PANJANG WHOLESALE CTR #01-222/223
Postcode	110006
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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: : COLLEAGUE 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

ON 01/02/2019 AT ABOUT 11:30HRS I WAS AT SELETAR MALL LOADING BAY TO UNLOAD GOODS. AFTER UNLOADING I REVERSE MY LORRY AND ACCIDENTALLY HIT A LORRY YN5753H, BUT BEFORE THAT THERE IS NO VEHICLE BEHIND ME THATS 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	YN5753H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

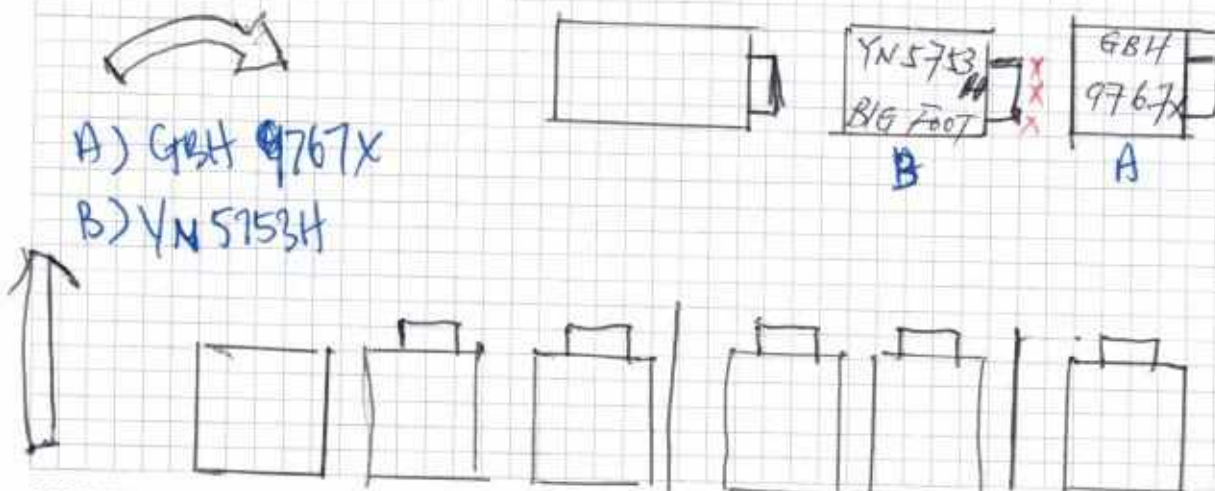
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SECTOR MALL LOADING MALL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/02/2019 AT ABOUT 11:30hrs I WAS AT SECTOR MALL LOADING BAY TO UNLOAD GOODS. AFTER UNLOADING I REVERSE MY LORRY AND ACCIDENTALLY HIT A LORRY YN5753H. BUT BEFORE THAT THERE IS NO VEHICLE BEHIND ME.

DECLARATION

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

林添水發售保險有限公司  
LIM THIN HOE INSURANCE SUPPLIER PTE LTD  
POLICYHOLDER'S SIGNATURE  
Date & Time: 14/02/2019  
SINGAPORE 110006  
TEL: 6776 1884 (3 LINES) FAX: 6779 0230  
QUARTER, 120, BRIDGE ROAD, SINGAPORE 179077

(Cheng)  
DRIVER'S SIGNATURE  
(If driver is not the policyholder)  
Date & Time:

14/02/2019  
REPORTING CENTRE PERSONNEL'S SIGNATURE  
Name: [Signature]  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (1/2/2019) (DD/MM/YYYY). TIME: (11:30) (HH:MM)

LOCATION: SUNGAI MALL WOODLAND BAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRB 9767X  
 b) INSURANCE COMPANY: DOZ  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: LIM JIMMI CITIWE FOOD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6781884  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONG SIAN KHONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: E01569894 CONTACT: 91351898  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (23/07/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/04/2013

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

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: YN 57534 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

COULAGE (M)

\* No of passenger  
 (including driver)  
 (2)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email =

VIDEO

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Leong Siew Kheong

License Number: **F0156989U**  
Name: **LEONG SIEW KHEONG**

Birth Date: 23 Jul 1958  
Issue Date: 25 Apr 2013  
Valid Till: 28 Apr 2018

Barcode: 0002174349F

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Leong Siew Kheong

License Number: **F0156989U**  
Name: **LEONG SIEW KHEONG**

Birth Date: 23 Jul 1958  
Issue Date: 24 Apr 2018  
Valid Till: 28/04/2023

Barcode: 0002796206H

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**HAI LIAN ENTERPRISES**

Portrait photo of Leong Siew Kheong

Name: **LEONG SIEW KHEONG**

Work Permit No.: **3 54165542** Sector: **SERVICE**

Barcode: K0512727

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	07 Sep 1994
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	24 Apr 2018

Licence No: F0156989U

NP 428A

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	07 Sep 1994
Class 3C Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	24 Apr 2018

Licence No: F0156989U

Barcode

**VISIT PASS**  
Immigration Regulations

22 MAR 2019

Name: **LEONG SIEW KHEONG**

FIN: **F0156989U**

Date of Birth: **23-07-1958** Sex: **M**

Nationality: **MALAYSIAN**

Download SGWorkPass App to check status

QR Code

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode



## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	F0156989U
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	2B,3C
Expiry Date :	28/04/2023

### PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :	F0156989U
Status of Provisional Driving Licence :	Valid
Class of Provisional Driving Licence :	3
Expiry Date :	10/05/2020

The above information is accurate as at 11/05/2018 12:01 AM.



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

Tel (65) 6322 7733

Fax (65) 6327 3869 / 6327 3870

Email: [ContactUs@uoi.com.sg](mailto:ContactUs@uoi.com.sg)

[uoi.com.sg](http://uoi.com.sg)

Co. Reg. No. 197100153R

## 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**

<b>CERTIFICATE NO.</b>	DHOM110165291800	<b>Excess:</b>	\$500/-SECTION 1
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	GBH9767X		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	LIM THIAM CHWEE FOOD SUPPLIER PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 14 November 2018 to 13 November 2019

**Engine#** 1KD2829670

**Chassis#** JTFAT35Y50K211752

### Hire Purchase

Goods carrying - Private Type [MZ 300]

### AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

### LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

### THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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).

RECEIVED BY THE INSURED  
LIM THIAM CHWEE FOOD SUPPLIER PTE LTD  
15/11/2018  
15/11/2018  
15/11/2018

**UNITED OVERSEAS INSURANCE LTD**

FCZAH Date : 15/11/2018

For the Company