

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 22/02/2019 10:56	Job description	Date & Time Completed	Done by
Ref No. NA/UOI19003353/K4	SAS e-filing		
Veh No: SGL2420L	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/02/2019 09:00	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: SKC8992M	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

NA1901400	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
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 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	22/02/2019 10:56
Date Of Accident	22/02/2019 09:00
Exact Location Of Accident	JUNC OF EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2420L
Insured/Policyholder	
Name Of Registered Owner	LAU ENG THONG
NRIC No	S1170570G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98182590
Alternative Phone No	OTHERS-98182590

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	DHOM110094360909
Cover Note Number	

Driver

Name of Driver	LAU ENG THONG
NRIC No	S1170570G
Date Of Birth	22/08/1956
Occupation	INDOOR
Date Of Driving Pass	12/03/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98182590
Fax Number	
Contact Number	OTHERS-98182590
EEmail Address	NOEMAIL

Address	BLK 306A PUNGGOL PLACE
	#05-45
Postcode	821306
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 (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: : NIL
	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

VEHICLE A WAS DRIVING ALONG EUNOS LINK WHEN VEHICLE B SLOW DOWN BUT VEHICLE A WAS BEHIND JUST KISS ON THE REAR OF VEHICLE B AND VEHICLE A DAMAGE WAS SLIGHTLY DAMAGES. VEHICLE A YESTERDAY THE DATE 21/02/2019 WHEN TO THE WORKSHOP TO REPAIR BRAKE AND THIS MORNING THE BRAKE NOT WORKING WELL.

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	SKC8992M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAYNE LIM
NRIC/Passport Number	
Contact Number	98215352
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

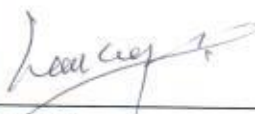
IMPORTANT NOTICE


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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.**
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:

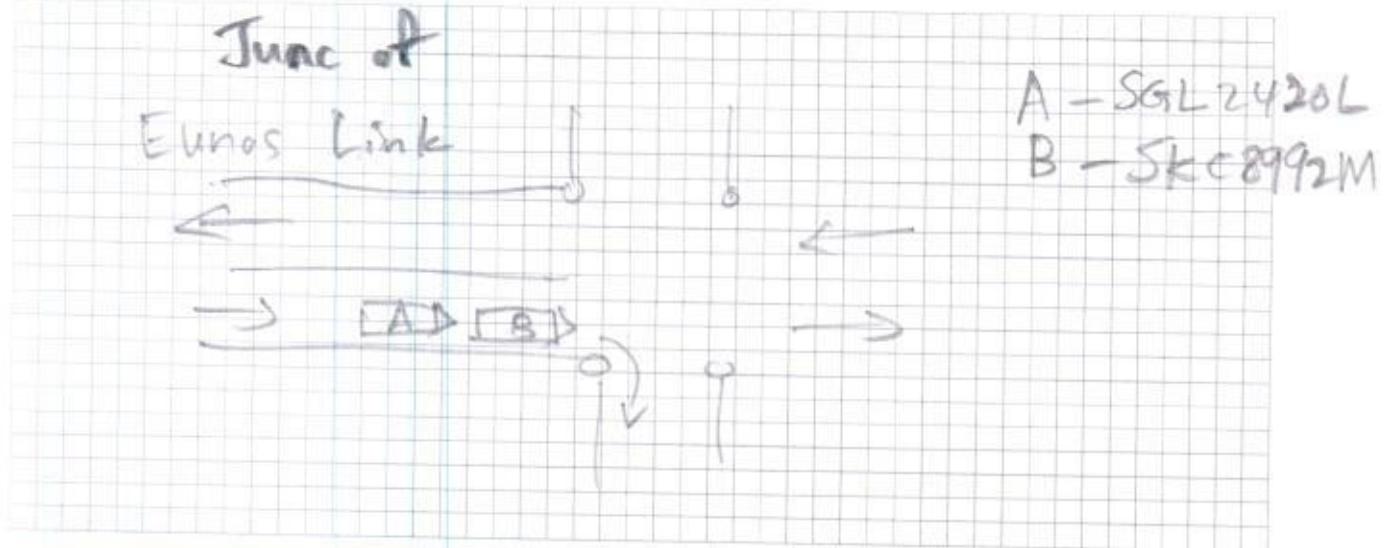
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Eunos Link when Vehicle B slow down but Vehicle A was behind just Kirs on the rear of Vehicle B and Vehicle A damage was slightly damages.

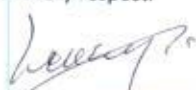
Vehicle A yesterday the date 21/2/2019 when to the workshop to repair brake and this morning happen the accident the brake not working well.

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:


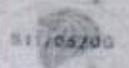
 22/2/2019

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1170570G






NAME
LAU ENG THONG
刘英修
Race
CHINESE
Date of Birth
22-08-1956 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1170570G
Name: LAU ENG THONG

Birth Date: 22 Aug 1956
Issue Date: 05 Mar 2003

0409170



NRIC No. S1170570G



Blood Group: AB+ Date of issue: 29-06-1992

APT BLK 306A PUNGGOL PLACE #05-45
SINGAPORE 821306
NRIC No: S1170570G Date: 02/01/2011 No: 6700582

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: 12 May 1979

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

Licence No: S1170570G



NP 42EA



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

RENEWAL CERTIFICATE

ORIGINAL

Agency	A000046	Class of Policy	MOTOR	Policy Number DHOM110094360909
Account	A000046	Issued on 05/09/2018 in UOI	Replacing Policy no.	DHOM110094360908
Client	0161923	Acceptance Date	04/09/2018	Replacing Cover Note	30001539

Period of Insurance from 07/09/2018 to 06/09/2019 , both dates inclusive

Insured's Name....	LAU ENG THONG
Mailing Address....	306A PUNGGOL PLACE #05-45 SINGAPORE 821306

Business/Occupn... TO BE ADVISED

Premium	BASIC ANNUAL PREMIUM	SGD1,117.32		
	5% INCENTIVE DISCOUNT	SGD55.87-		
	NO CLAIM BONUS	50.00%	SGD530.73-	
	Total Annual Premium	SGD530.72	Premium Due	SGD530.72
			Premium GST	SGD37.15
			Total Due	SGD567.87

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	PRIVATE		
1. Registration	SGL2420L	Make/Model ..	NISSAN SYLPHY 1.5 4 AT
Type of Cover	THIRD PARTY	No. of seats	4
Engine No. ..	HR15374468	Capacity cc's	1498
Chassis No. .	JN1BAAG11Z0100630		
			Body Type SALOON
			Yr of Manuf/Regn 2006/2006
			NCB%..... 50.00
			Certificate Ref. PVI
THIRD PARTY ONLY		SGD38,000.00	
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00	
Named Drivers (A) LAU ENG THONG			

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

TERRORISM EXCLUSION ENDORSEMENT

CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001

2 E - YOUNG AND INEXPERIENCED DRIVERS

3(P) - THIRD PARTY ONLY

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

POLICY OWNERS' PROTECTION SCHEME

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION (SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE, WHERE APPLICABLE, PLEASE CONTACT YOUR INSURER OR VISIT THE GIA / LIA OR SDIC WEBSITES (www.gia.org.sg OR www.lia.org.sg OR www.sdic.org.sg).

PDPA CLAUSE (INDIVIDUAL)