

NATIONAL Assessment Centre Services. [part 1 Jan 2005] : MMA119068867

Date In: 27/5/19 17:43	Job description	Date & Time Completed	Done by
Ref No: NA100219009298164	SAS e-filing		
Veh No: YN 6316E	E-mail (within 3hrs, AIC 2hrs)		
DDA: 2515119 10:10	I-Motor Claim Form		
TP: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whs12		

Produced Whsp / INC Assgn Whsp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SDU 8088L 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 Repairs: ()

() 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 > \$9000] ()

Injury: _____

NA1903951			
Chassis/Engine/Body	1) ARI Accident Reporting - (\$30)	30.00	
Driver/Owner:	2) DA1 Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP1 Towing Fee \$40/\$43		
Damaged Portion:	4) PT1 Follow-Through Survey \$120		
QC Checked by (Bngr-In-Charge):	5) TP1 Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	6) TR1 Re-inspection \$75		
Sub 1:	7) NI1 Idao DA + SMRT Survey \$160		
Sub 2/3:	8) NTUC Additional Services:		
	9) NI2: Idao Mobile \$30		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) / TP (Rtn INC) against INC \$20		
	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 willful 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	27/05/2019 17:43
Date Of Accident	25/05/2019 10:10
Exact Location Of Accident	BLK 449 AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6316E
Insured/Policyholder	
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81287554

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DHOM110153191602
Cover Note Number	-

Driver

Name of Driver	LAM FATT LIN
NRIC No	S1585984I
Date Of Birth	01/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81287554
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 497H TAMPINES ST 45 #07-92
 Postcode 526497
 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 SIDE SWIPE
 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) 2
 Passenger 1
 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

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 SDU8088L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LIM HAN LOONG ROY
 NRIC/Passport Number S8835762J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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:



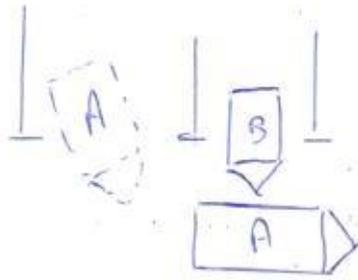
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

loading
&
unloading
bay



Blk 449

AMK

DOA: 25/5/19

A: YN 6316 E

B: SDU 8088L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out from the loading & unloading bay, suddenly veh B drove out from the loading bay collided onto my vehicle LH portion. Nobody was injured.

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.:

Personal Particulars

Date of Accident: 25/5/19 Time of Accident: 10.10am
Exact Location of Accident: BIK 449 AMK
Owner's Name: Seow Khim Polythene Co NRIC No: HP No:
Driver's Name: Lam Fatt Lin NRIC No: 515859847 HP No: 81287554
Date of Birth: 1/6/1963 Driving Licence Passing Date: 1/8/2008 Occupation: Indoor / Outdoor
Address: 497H Tampines St 45 #07-92 (526497)
Relationship of Driver with Insured: Employee Email Address:
Vehicle No: YN 6316E Make & Model: Mit
Insurance Co: UOI Coverage: Policy No:

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+1 man B: 1+1 girl C: D:
*Was Anybody Injured? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No: insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SDU 8088L Make & Model:
Driver's Name: Lim Han Loong Roy NRIC No: 58835762 HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:

REPUBLIC OF SINGAPORE DRIVING



License Number: S1585

Name: LAM FATT LIN

Birth Date: 01 Jun 1963

Issue Date: 10 Jun 2003

00055986ZF



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S15859841



Name: LAM FATT LIN

Race: CHINESE

Date of Birth: 01-06-1963

Sex: M

Country of Birth: SINGAPORE



YOU

Class 3 Motor cars - 3000 cc. or less - 1 Passenger, exclusive of the driver and motor tractors/vehicles - 2500 cc. Motor water cars and motor tractors - 2500 cc.

Class 4

ST/No. 0000101618

License No. S15859841

01 Aug 2008

07 Jul 11

15859841

0 0 1 5 0 1

ST/No. S15859841

01-06-1993

08-07-1993

1732969

01

01-06-1993

08-07-1993

1732969



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#26-01 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.	DH0M110163191602	Excess:	\$500/-SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	YN6316E		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 26 September 2018 to 25 September 2019**Engine#** 4P10829548
Chassis# FEB21EA00741

Goods carrying - Private Type (M2 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)

UNITED OVERSEAS INSURANCE LTD

FCTTS Date : 17/08/2018

For the Company