

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 01/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/40519011640/13	SAS e-filing		
Veh No: SJZ20835	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 29/06/19 1620	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: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKB6946R	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

NA1905009	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	01/07/2019 16:54
Date Of Accident	29/06/2019 16:20
Exact Location Of Accident	BOON KENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2083S
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW HOCK
NRIC No	S1684843C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90216155
Alternative Phone No	OTHERS-93370218

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110161701800
Cover Note Number	

Driver

Name of Driver	LIM YI JIE
NRIC No	S9346148G
Date Of Birth	01/12/1993
Occupation	INDOOR
Date Of Driving Pass	06/03/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93370218
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	3 KOVAN ROAD #05-10
Postcode	544917
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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

I WAS DRIVING ALONG BOON KENG RD TWDS MCNAIR RD. AS I WAS A DISTANCE AWAY FROM THE JUNC, I NOTICE A VEH FAR INFR WAS INTENDING TO MAKE A RIGHT TURN. AS I WAS INTENDING TO GO STRAIGHT, I CHECKED ON MY REAR/SIDE MIRROR AND BLIND SPOT TO ENSURE THERE WASN'T ANY VEH ON THE 3RD LANE. I ON MY LEFT SIGNAL INDICATOR TO SHOW MY INTENTION OF CHANGING LANE AND I SLOWLY PROCEED TO CHANGE LANE. WHEN I HAVE ALREADY FINISHED SWITCHING LANE, SUDDENLY I FELT A IMPACT FROM THE LEFT SIDE OF MY VEH. ALIGHT FROM MY VEH AND REALIZED IT WAS VEH B AVOIDING A VEH ON THE LEFT TURNING LANE AND SWERVED HIS VEH INTO MY LANE AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6946R
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

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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:



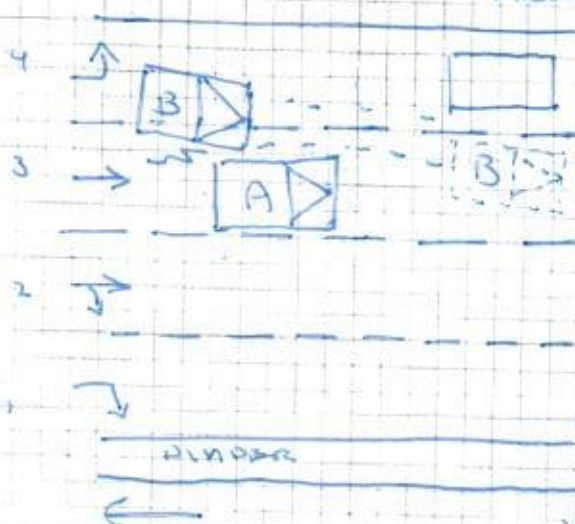
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A
- SJZ 20835

VEHICLE B
- SKB 6946 R

BOON KANH ROAD TOWARD MENARA RD DIRECTION



BOON KANH ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BOON KANH ROAD TOWARD
MENARA ROAD DIRECTION.
WHILE DRIVING STRAIGHT AHEAD, WHILE APPROACHING OF
THE JUNCTION, (BOON KANH ROAD / KALLANG BAHU), AS
I WAS STILL A DISTANCE AWAY FROM THE JUNCTION
I NOTICE A VEHICLE FAR IN FRONT WAS INTENDING TO
MAKE A RIGHT TURN, AND SO AS I WAS INTENDING
TO GO STRAIGHT, I CHECKED ON MY REAR / SIDE MIRROR
AND BLIND SPOT TO ENSURE THERE WASN'T ANY VEHICLE
ON THE THIRD LANE, THEN I TURNED ON MY SIGNAL
LEFT LIGHT, TO SHOW MY INTENTION OF CHANGING LANE, AND
SLOWLY PROCEEDED TO CHANGE LANE.
WHEN I HAVE ALREADY FINISHED MY SWITCHING LANE, SUDDENLY I
FELT A IMPACT FROM THE LEFT SIDE OF MY VEHICLE.
AND SAW A VEHICLE CUTTED THROUGH AND CUTTED IN FRONT
OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
(SKB 6946 R) WHICH OVERTOOK A VEHICLE ON THE LEFT TURNING
LANE AND MADE A SHARP RIGHT SWERVE THAT CAUSE THE COLLISION
TO MY VEHICLE. (VEHICLE A - SJZ 20835) (VEHICLE B - SKB 6946 R)

DECLARATION

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

Michael

Policyholder's Signature
Date & Time:

Chen

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

01/07/19

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119085552 Vehicle Registration No: SJZ 20835
Name (as shown in NRIC) : LIM YI JIE NRIC/FIN/Passport No : 593461486
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3 KOVAN ROAD #05-10 Singapore(544917)
Contact (Tel) : _____ Mobile No. : 93370218
Email Address : _____
Date of Accident : 29/06/19 Time of Accident : 16:20
Place of Accident : BOON KENG RD
Insurance Company : UO I

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

KEY IN STATEMENT

Policyholder / Driver's Signature
Date:

sfy 02/07/19

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

Vehicle No.	SJZ 2083 S		Model / Make	VW GOLF
Date of Accident	29/06/2019			
Time of Accident	1620	HRS		
Location of Accident	BOON KENG ROAD			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	LIM SIEW HOCK			
Telephone No.	H/P : 90216155	Home :	Office :	
NRIC	S1684843C			
Address	3 KOVAN ROAD #05-10 S(544917)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	MOL			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DHOM110161701800			
Name of Driver	As Above If No, LIM SI JIE			
NRIC	S 9346148 G	Any Passengers :		
Date of birth	01 DEC 1993			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	06 MAR 2015			
Gender	Male / Female			
Contact No.	H/P : 9337 0218	Home :	Office :	
Address	3 KOVAN ROAD #05-10 S(544917)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		SON
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SKB 6946 R		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	LEFT SIDE OF VEHICLE			
Camera Recorder	Yes/No CAMERA NOT WORKING.			
Email Address				
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9346148G



Name

LIM YI JIE

林 懿 杰

Race

CHINESE

Date of birth

01-12-1993

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9346148G

Name:

LIM YI JIE

Birth Date: 01 Dec 1993

Issue Date: 06 Mar 2015



SG
50



4319061

NRIC No: S9346148G



Date of issue

09-12-2008

3 KOVAN ROAD #05-10
SINGAPORE 544917

NRIC No: S9346148G

Date:

11/12/2011

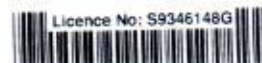
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For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Mar 2015



NP 426A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1684843C



Name
LIM SIEW HOCK
林 秀 福

Race
CHINESE

Date of birth
29-08-1965

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only
S1684843C

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1684843C**
Name:
LIM SIEW HOCK

For LKK/NAC Use Only

Birth Date: **29 Aug 1965**
Issue Date: **08 Oct 2014**

002353222H



4819901

NRIC No. **S1684843C****For LKK/NAC Use Only**

Date of issue

02-02-2012

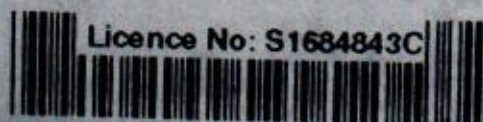
Address

**3 KOVAN ROAD
#05-10
SINGAPORE 544917****YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)****EFFECTIVE DATE**

Class 2B	Motorcycles =< 200 cc	19 Jun 1984
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 May 1984

For LKK/NAC Use Only

NP 428A

Licence No: **S1684843C**



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 3889 / 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)

COPY

CERTIFICATE NO.	DHOM110161701800	Excess:	\$800/- NAMED DRIVERS \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SJZ2083S		
Name of Insured	LIM SIEW HOCK		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 2 May 2019 to 2 November 2019

Engine# CCZ091513
Chassis# WWZZZ1KZBW057514

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

RCHJC Date : 01/11/2018

For the Company