

NATIONAL Assessment Centre Services

Form 1 (Jan 09)

MAA/9508758

Date In: 05/07/2009 12:13	Job description	Date & Time Completed	Done by
Ref No: MBA/M011901/9064	SAS e-filing		
Veh No: GBD 8220 J	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 16/05/2009 18:50	i-Motor Claim Form		
OD: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJS 7759E	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: (\$	Landing: \$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

MA/905109	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	a) NI: Courtesy Car / Tpl Allowance \$5		
	b) NI: Repair Co-ordination \$10		
	c) NI: Post Repair Inspection \$25		
	d) NI: DV / Collect Excess Coordination \$5		
	e) TP (NI): TP (Non-INC) against INC \$20		
	f) NI: Idm Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2010 16:30

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	05/07/2019 12:13
Date Of Accident	16/05/2019 18:50
Exact Location Of Accident	LOADING/UNLOADING AREA (BLK 649 WOODLANDS RING RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8220J
Insured/Policyholder	
Name Of Registered Owner	AIK LEONG ELECTRICAL ENTERPRISE PTE LTD
Co Reg No	199100121W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764905
Alternative Phone No	OFFICE-62719365

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	DHOM110156971701
Cover Note Number	

Driver

Name of Driver	KOH AIK LEONG
NRIC No	S0580000E
Date Of Birth	26/02/1944
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1964
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97764905
Fax Number	
Contact Number	OFFICE-62719365
Email Address	NOEMAIL

Address	BLK 121 BUKIT MERAH LANE 1 #01-16
Postcode	150121
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: : PASSENGER 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 16052019 AT AROUND 18:50HRS I REVERSE MY LORRY GBD8220J FROM LOADING/UNLOADING AREA ANG HIT SJS7759E WHICH WAS PARKED NEXT TO COVERED DROP OFF POINT. THE ACCIDENT TOOK PLACE AT BLK 649 WOODLANDS RING ROAD.

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	SJS7759E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WEI JIE, FELIX (HUANG WEIJIE, FELIX)
NRIC/Passport Number	S8309846E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

0

SKETCH PLAN

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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:

LEONG ELECTRICAL ENTERPRISE PTE LTD
Bk 12, #01-16, Jalan Bukit Merah Lane 1
Singapore 150121
Tel: 6271 9365 6272 2547 Fax: 627 9662

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

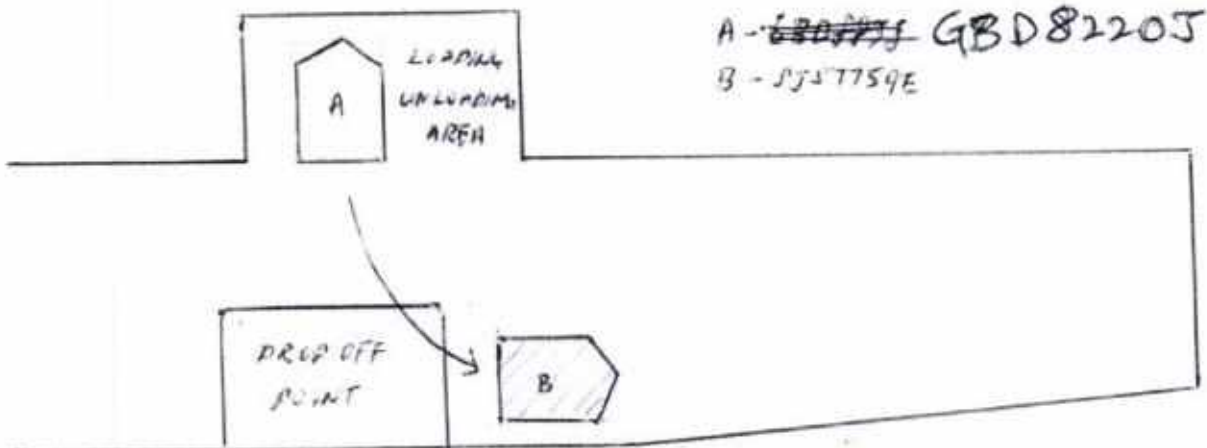
Name:

NRIC/FIN No.:

05/07/2019

Reshwan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 160519 at around 1850 hours, 6B2822J reversed from loading/unloading area and hit SJ57759E which was parked next to road drop off point. The accident took place at 649 Woodlands Ring Road.

DECLARATION

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

Policyholder's Signature: *[Signature]*
Date & Time: 16/05/19 18:50
Mr. LEONG ELECTRICAL ENTERPRISE (If driver is not the policyholder)
Blk 121, #01-16, Jalan Bukit Merah
Singapore 150121
Tel: 6271 9365 5273 2547 Fax: 627 5662

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



MEMBER OF THE UOB GROUP

21 May 2019

Our Ref : DHOM110156971702

United Overseas Insurance Limited

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7711

Fax (65) 6327 3669 / 6327 3571

Email: ContactUs@uoil.com.sg

uoil.com.sg

Co Reg No: 197100152R

Aik Leong Electrical Enterprise Pte Ltd
121 Bukit Merah Lane 1
#01-16
Singapore 150121

Dear Sirs

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES GBD8220J AND SJS7759E ON 16.05.2019**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copies of the following letter(s) are attached for your information:-

- (1) Email dated 21.5.2019 from Vifi Pte Ltd representing vehicle SJS7759E and relevant report.

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving licence immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle.

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully
for **UNITED OVERSEAS INSURANCE LTD**

Jenny Lew
Claims Division

Encl.
/fy

(Bukit Merah)

Reported on 24/6/2019
@ 1125 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 16/05/2019 (DD/MM/YYYY), TIME: 18:50 (HH:MM)

LOCATION: 649 WOODLANDS RING ROAD (LOADING/UNLOADING AREA)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6B D8220J
b) INSURANCE COMPANY: UNITED OVERSEAS INSURANCE (UOI)
c) POLICY NUMBER: DHMOM1015697102
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA DYNA 1500 DIESEL L23
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER KOH AIK LEONG

- a) NAME: AIK LEONG ELECTRICAL ENTERPRISE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97764905 / 62719365
c) ADDRESS: 121 BUKIT MERAH LANE 1, #01-16
SINGAPORE 150121

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH AIK LEONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97764905 / 62719365
c) ADDRESS: 121 BUKIT MERAH LANE 1, #01-16
SINGAPORE 150121

* d) DATE OF BIRTH: 26/02/1964 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 01 JUN 1964

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES
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) NO

7. a) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STJ 7759E MODEL: WANG WEI JIE, FELIX (HUANG WEI JIE FELIX)
b) DRIVER'S NAME: CONTACT: 97764905 / 62719365
c) NRIC/FIN/PASSPORT: CONTACT: 97764905 / 62719365

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL: 97764905 / 62719365
b) DRIVER'S NAME: CONTACT: 97764905 / 62719365
c) NRIC/FIN/PASSPORT: CONTACT: 97764905 / 62719365

Email =

VIDEO

9ka449@gmail.com

* Waiting for Certificate?

Expiring?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0580000E



KOH AIK LEONG

CHINESE

26-02-1944

M

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0580000E

KOH AIK LEONG

Birth Date 26 Feb 1944

Issue Date 22 Jun 2004



0012425230

For LKK/NAC Use Only



S0580000E

For LKK/NAC Use Only



Next Group B+ Date of issue 19-08-1993

APT BLK 121 BUKIT MERAH LANE 1
#01-16
SINGAPORE 0315

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

ISS DATE

01 Jun 1994

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

For LKK/NAC Use Only



License No. S0580000E

NP 428A



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909Tel (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.	DHOM110156971701	Excess:	\$600/-SECTION 1
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	GBD8220J		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	AIK LEONG ELECTRICAL ENTERPRISE PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 2 June 2018 to 1 June 2019
Engine# 1KD2490940
Chassis# JTFAT35Y10K204474

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 B 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 : 08/07/2019

For the Company