

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MNA 119089892

Date In: 10/7/19 10:14	Job description	Date & Time Completed	Done by
Ref No: NA1 001 19012170/64	SAS e-filing		
Veh No: GBJ 6160E	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 917119 15:40	I-Motor Claim Form		
OT: <input checked="" type="checkbox"/> 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/Whan		

Preferred Wksp / INC Assign Wksp / CW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No: SJV 88 3 J	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: ()

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA1905173

Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (ver 10 Jan 2003)		
Ref 2/3:	6) TK: Re-Inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NR: Repair Coordination \$10		
	*NP: Post Repair Inspection \$25		
	*NN: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Ideal Mobile \$0		
	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	10/07/2019 10:14
Date Of Accident	09/07/2019 15:40
Exact Location Of Accident	JUNC OF GUILLEMARD RD & LOR 22 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6160E
Insured/Policyholder	
Name Of Registered Owner	BLU VENTURES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69396200

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110168781900
Cover Note Number	-

Driver

Name of Driver	TAN PENG SOON (CHEN BINGSHUN)
NRIC No	S7123646C
Date Of Birth	14/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96934326
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 227 SIMEI ST 4 #09-44
Postcode	520227
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)	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV883J
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

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

BLU VENTURES PTE LTD

66 Tannery Lane #02-03,
SINDO Building, Singapore 347805
T: +65 6939 6200 F: +65 6747 3647
E: bluventures@singnet.com.sg

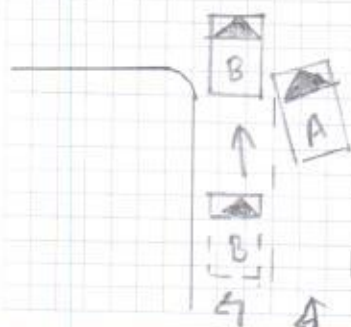
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Lor 22 Geylang



A = GBJ 6150 E
B = SJV 883J.

Guillemond Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

BLU VENTURES PTE LTD

66 Telok Ayer Lane #02-03,
SINDO Building, Singapore 347805
T: +65 6939 6200 F: +65 6747 3647
E: bluventures@singnet.com.sg

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

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

I WAS TRAVELLING ALONG GUILLEMARD RD ON THE CENTER LANE, WHILE APPROACHING JUNC WITH LOR 22 GEYLANG, THE LIGHT WAS ON MY FAVOR AND THE CENTER LANE I WAS DRIVING IS FOR TURNING LEFT AND GOING STRAIGHT LANE, WHILE TURNING LEFT INTO LOR 22 GEYLANG, SUDDENLY VEH B COME FROM THE EXTREME LEFT LANE (ONLY FOR TURNING LEFT) GOING STRAIGHT CROSS THE JUNC, AS THE RESULT, WE BOTH VEH COME TO A COLLISION.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 7 / 19) (DD/MM/YYYY), TIME: (15 : 42) (HH:MM)

LOCATION: Junc of Guillemard Rd & Lor 22 Geylang.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 6160E
b) INSURANCE COMPANY: _____
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: Blu Ventures Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 69396200
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Peng Soon. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96934326
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SJV 883J 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: _____

Waiting chop:

Email = bluventures@Singnet.com.sg

fax =

VIDEO = Yes

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7123646C



Name

TAN PENG SOON
(CHEN BINGSHUN)

陈炳顺

Race

CHINESE

Date of birth

14-07-1971

Sex

M

Country/Place of birth
SINGAPORE



For LKK/NAC Use Only



5887876



NRIC No. S7123646C



Date of issue

12-03-2018

Address

APT BLK 227 SIMEI STREET 4
#09-44
SINGAPORE 520227

For LKK/NAC Use Only





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

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.	DH0M110168781900	Excess:	\$500/-SECTION 1
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	GBJ6180E		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	BLU VENTURES PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 12 June 2019 to 11 June 2020

Engine# 1KD2857601
Chassis# JTFAT35Y00K213361

Hire Purchase Daimler Financial Services Africa & Asia Pacific LTD

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).

UNITED OVERSEAS INSURANCE LTD

FCZAH Date : 13/06/2019

For the Company