

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MW11923608**

Date In: 18/9/19 - 11:39	Job description	Date & Time Completed	Done by
Ref No: NA14219018468724	SAS e-filing		
Veh No: PC5731K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/9/19 - 06:40	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:

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:-

(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

NA1907074	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile \$0		
Pat 1:	Invoice dated	Fee Charged	
Pat 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	18/09/2019 11:39
Date Of Accident	18/09/2019 06:40
Exact Location Of Accident	SLIP RD COMPASSVALE ST TWDS COMPASSVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5731K
Insured/Policyholder	
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Co Reg No	199308593E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER MANUAL
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110160851801
Cover Note Number	

Driver

Name of Driver	GEY ENG JOO
NRIC No	S1172030G
Date Of Birth	08/10/1955
Occupation	INDOOR
Date Of Driving Pass	02/10/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912653
Fax Number	
Contact Number	OFFICE-96912653
Email Address	NOEMAIL

Address	BLK 510 ANG MO KIO AVENUE 8 #03-2538
Postcode	560510
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190918/2019.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO


SKETCH PLAN


IMPORTANT NOTICE

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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:

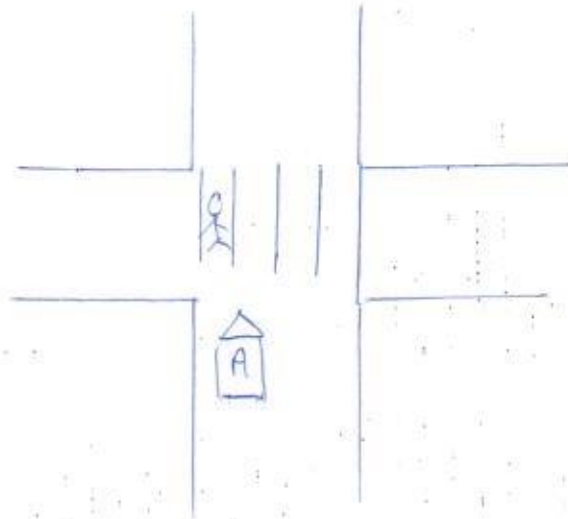
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DCA: 18/9/19

A: PC 5731K


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report

DECLARATION

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

X 
Policyholder's Signature
Date & Time:

X 
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: 18/9/19 Time of Accident: 6.40am
Exact Location of Accident: Compassvale ST
Owner's Name: Seow Khim Polythene NRIC No: G PL HP No:
Driver's Name: Gey Eng Joo NRIC No: 511720306 HP No: 96912653
Date of Birth: 8/10/1955 Driving Licence Passing Date: Occupation: Indoor / Outdoor
Address: BLK 510 AMK Ave 8 # 03 - 2538 (5605W)
Relationship of Driver with Insured: Employee Email Address:
Vehicle No: PC 5731K Make & Model: Toyota
Insurance Co: UOI Coverage: Comprehensive 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: Driver only B: C: D:

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle:

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station?

*Does the Driver Own Any Other Vehicle?

☐ No ☐ 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: Make & Model:

Driver's Name: NRIC No: HP No:

Vehicle C No: Make & Model:

Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:



SINGAPORE POLICE FORCE



T/20190918/2019

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190918/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 08:04		Vide Report No.: F/20190918/0046		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: GEY ENG JOO			Address: APT BLK 510 ANG MO KIO AVENUE 8 #03-2538 SINGAPORE 560510		
ID Type / ID No.: NRIC NO / S1172030G			Contact No.: Home/Office: Mobile: 96912653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/10/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2019 06:40	Type of Location: Bend
Location: Along Road 1 COMPASSVALE STREET COMPASSVALE STREET SLIP RO ADINTO COMPASSVALE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5731K	Van					0



**SINGAPORE
POLICE FORCE**



T/20190918/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190918/2019

CONTINUATION OF REPORT

Brief Details.

On 18/09/2019 at about 0640hrs, I was driving along Compassvale St and as I approached the slip road to Compassvale Road, I stopped my van at the pedestrian crossing. As I stopped my vehicle and checked for on-coming vehicle, one couple was walking past my van when the female subject fell to the ground. The male subject then accused that I hit onto the female subject. However I did not make any contact with anyone. There was no damage to my van.

Due to that, police and ambulance were call upon. The female subject was conveyed to hospital.

There is no in-built camera installed in my van.



**SINGAPORE
POLICE FORCE**



T/20190918/2019

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190918/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 PHUA JIA JUN, MARK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/09/2019 08:04

Classification Of Case:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road

#25-01 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.	DHOM110160851801	Excess:	\$750/-SECTION 1
Type of Cover	COMPREHENSIVE		\$2000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	PC5731K		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 27 March 2019 to 26 March 2020**Engine#** 1KD2684936**Chassis#** JTFJT02P100006256

Motor Omnibus

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use only for the carriage of passengers or goods in connection with the Insured's business

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one 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