

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 08)

NA469133578

Date In: 09/10/2019 15:29	Job description	Date & Time Completed	Done by
Ref No: NA469133578	SAS e-filing		
Veh No: SKN, 1357K	E-mail (to John, AIC, etc)		
DOA: 08/10/2019 19:00	I-Motor Claim Form		
OID: 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/VK32		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

Unknown CAR

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 repair.

() 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 > \$3000) ()

Injury:

Date/Time: Action:

NA469133578

1) All: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$40/145

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (Ref 10 Jan 2009)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repairs Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

*N9: TP (Nil) / TP (Non INC) against INC \$20

9) NI2: Idao 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	09/10/2019 15:29
Date Of Accident	08/10/2019 19:00
Exact Location Of Accident	5 MOUNT FABER ROAD BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1357K
Insured/Policyholder	
Name Of Registered Owner	PHUA TAI KENG EUGENE (PAN DAQING EUGENE)
NRIC No	S7530987B
Email Address	EPTK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93686893
Alternative Phone No	OTHERS-93686893

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 200
Exact Purpose for which vehicle was being used at time of accident	PARKING AT PARKING LOT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120043961900
Cover Note Number	

Driver

Name of Driver	PHUA TAI KENG EUGENE (PAN DAQING EUGENE)
NRIC No	S7530987B
Date Of Birth	21/10/1975
Occupation	INDOOR
Date Of Driving Pass	14/09/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93686893
Fax Number	
Contact Number	OTHERS-93686893
Email Address	EPTK@YAHOO.COM

Address	5 MOUNT FABER ROAD #04-11
Postcode	099197
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	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?	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

THIS WAS AT B2 CARPARK OF OUR CONDO. I WAS DRIVING TOWARDS MY LOT IE (A). SO I TURN TO (B) AND WANTED TO PARK INTO (A). SO I TURN TO (B) AND WANTED TO PARK INTO (A). THEN SUDDENLY, I DID NOT REALISE THAT THERE WAS A CAR COMING TOWARDS (C). SO MY BACK HIT HER SIDE DOOR DRIVER SIDE THAT ALL.

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	UNKNOWN
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

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. 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:

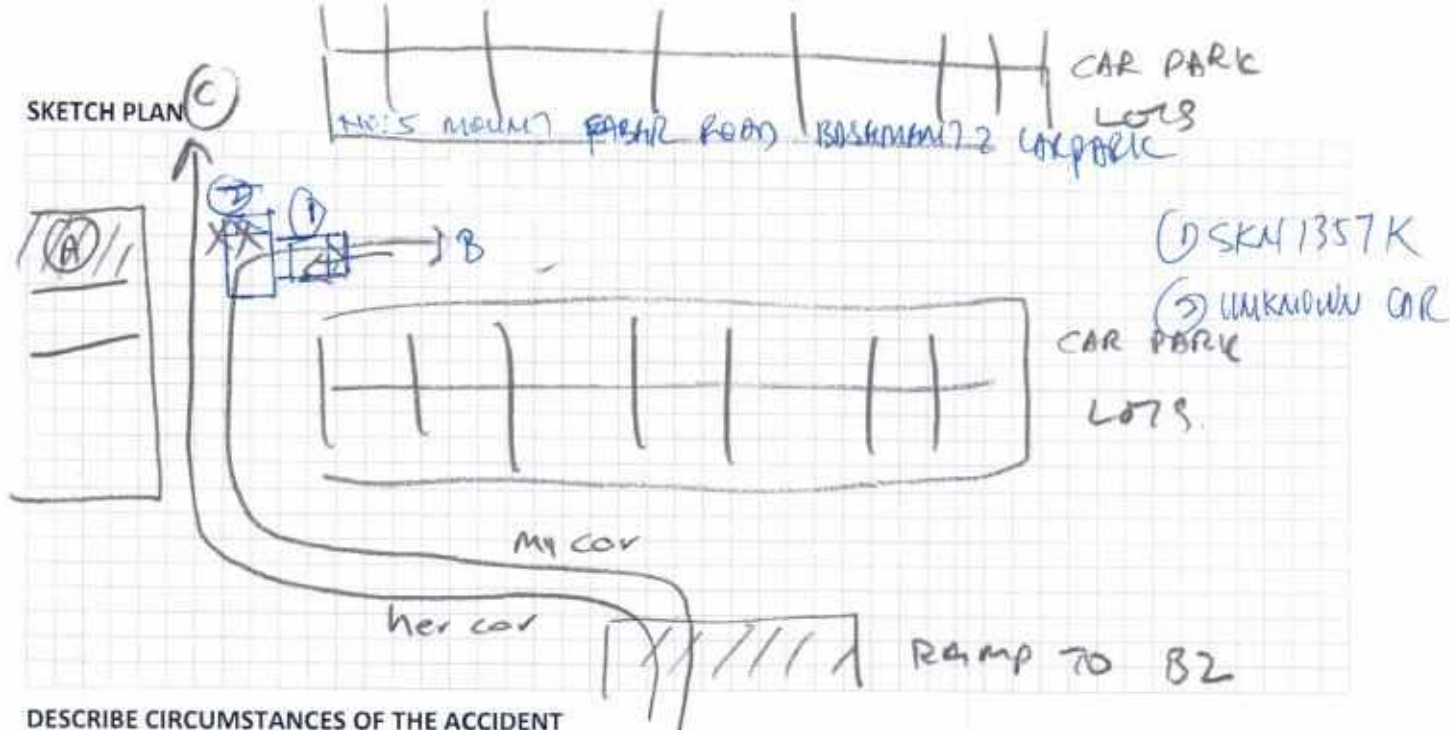
9 Oct 2019
3:20 pm

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

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

19/10/2019
Resh L...

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- This was at B2 carpark of our condo.
- I was driving toward my lot ie (A)
- So I turned to (B) and wanted to park into A.
- Then suddenly, I did not realised that there was a car coming toward (C).
- So my back hit her side door, driver's side.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / OCT / 2019) (DD/MM/YYYY), TIME: (19 : 00) (HH:MM)

LOCATION: 5 MOUNT FABER ROAD, BASEMENT CAR PARK B2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 1357K
 b) INSURANCE COMPANY: USI
 c) POLICY NUMBER: PHOM120043961900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES GLA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
 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: PHUA TAI KENG, EUGENE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7530987B CONTACT: 93686893
 c) ADDRESS: 5 MOUNT FABER ROAD
 #09-11, S(099197)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PHUA TAI KENG, EUGENE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7530987B CONTACT: 93686893
 c) ADDRESS: 5 MOUNT FABER ROAD
 #09-11, S(099197)

* d) DATE OF BIRTH: (21 / 10 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 SEP 1995

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CAR PARK

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: MODEL: BMW
 b) DRIVER'S NAME: NG YAN CHING
 c) NRIC/FIN/PASSPORT: S7124252H CONTACT: 9842 2912

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

email = eptk@yahoo.com
 VIDEO

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.	DHOM120043961900	Excess:	\$750/- NAMED DRIVERS - OPTION 2 \$1500/- OTHERS
Type of Cover	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SKN1357K		\$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured	PHUA TAI KENG EUGENE		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 17 July 2019 to 16 July 2020

Engine# 27091030182401
Chassis# WDD1173432N015007

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



For the Company

MCHHC Date : 19/06/2019