

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA/19/53862

Date In: 21/1/2009 14:57	Job description	Date & Time Completed	Done by
Ref No: NA/19/020662/1	SAS e-filing		
Veh No: SKN 264B	E-mail (within 2hrs, AIC 2hrs)		
DOA: 13/1/2009 19:30	I-Motor Claim Form		
QID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMN 448A

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: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time:

Accident:

NA/19/08791

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref: 1:

2/3

1) AR: Accident Reporting (\$30)

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

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

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

For claiming against INC Only (ver 10 Jan 2003)

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:

ON:

*NS: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

*N9: DV / Collect Excess Coordination \$5

TP (NI): TP (Non INC) against INC \$20

9) NI2: Idea Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

GRATIS

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	21/11/2019 14:51
Date Of Accident	13/11/2019 19:30
Exact Location Of Accident	ALONG CHERRY AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN264B
Insured/Policyholder	
Name Of Registered Owner	TAN EE LI ANGELA
NRIC No	S7005041B
Email Address	TOBY2@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97545736
Alternative Phone No	OTHERS-97563864

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	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	DHOM120028681701
Cover Note Number	

Driver

Name of Driver	TAN-TAY KENG CHIN REGINALD
NRIC No	S1745227D
Date Of Birth	29/03/1966
Occupation	INDOOR
Date Of Driving Pass	04/12/1986
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97563864
Fax Number	
Contact Number	OTHERS-97545736
Email Address	TOBY2@SINGNET.COM.SG

Address	166 DUCHESS AVENUE
Postcode	269182
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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 SKETCH PLAN

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	SMM498A
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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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.
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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

A) SKN 264B

B) SMM 498A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Happened at night. Reversed and bumped lightly into other vehicle, which was locked and owner not around. No major issue as bumper-to-bumper, hence I drove off, as thought nothing of it. Then received letter from UOI to report to IDAC.

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.:

21 Nov 2019

21/11/2019

Resh Lim

ACCIDENT STATEMENT

ACCIDENT DATE: 13/11/19 (DD/MM/YYYY), TIME: 19:30 (HH:MM)

LOCATION: CHERRY AVENUE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 264 B
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 120028681701
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI ELANTRA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: TAN EE LI ANGEA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7005041 B CONTACT: 9754-5736
 c) ADDRESS: 166 DUCHESS AVENUE
S 269182

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN TAY KENG CHIN REGINALD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1745227 D CONTACT: 9756-3864
 c) ADDRESS: 166 DUCHESS AVENUE
S 269182

* d) DATE OF BIRTH: 29/03/66 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4 DEC 1986

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: SMM 498 A 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: _____

No of passenger
(including driver)

(1)

No of passenger
(including driver)

()

No of passenger
(including driver)

()

email = toby2@singnet.com.sg
 VIDEO

UNIDRIVE
 RENEWAL CERTIFICATE

ORIGINAL

Agency	A000401	Class of Policy	MOTOR UNIDRIVE	Policy Number DHOM120028681701
Account	A000401	Issued on 12/04/2019 in UOI	Replacing Policy no.	DHOM120028681700
Client	0181797	Acceptance Date	08/04/2019	Replacing Cover Note	16829

Period of Insurance from 02/05/2019 to 01/05/2021, both dates inclusive

Insured's Name	MDM TAN EE LI ANGELA
Mailing Address	166 DUCHESS AVENUE SINGAPORE 269182

Business/Occupn... INDOOR

Premium	ANNUAL PREMIUM	SGD626.40		
	Total Annual Premium	SGD626.40	Premium Due	SGD1,252.80
			Premium GST	SGD87.70
			Total Due	SGD1,340.50

EXCESS FOR NAMED DRIVER
 REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN
 THREE (3) YEARS

Risk No. 001	UNIDRIVE		
1. Registration	SKN264B	Make/Model	HYUNDAI ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No.	KMH41CMEU129389	Capacity cc's	1591
Chassis No.	G4FGEU256785		
		Body Type	SALOON
		Yr of Manuf/Regn	2014/2014
		NCB%	50.00
		Certificate Ref.	PVI
INDEMNITY FOR TOTAL LOSS	MARKET VALUE		
NAMED DRIVERS	SGD500.00		
OTHERS	SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00		
WINDSCREEN DAMAGE CLAIM	SGD100.00		
Named Drivers TAN EE LI ANGELA	TAN TAY KENG CHIN REGINALD		

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 - EXCESS - DAMAGE CLAIMS
- 2 YEAR PLAN
- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- TERRORISM EXCLUSION ENDORSEMENT
- CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- 25 - STRIKE RIOT AND CIVIL COMMOTION
- SECTION III - MEDICAL EXPENSES
- SECTION IV - PERSONAL ACCIDENT BENEFITS
- 2 E - YOUNG AND INEXPERIENCED DRIVERS
- 2 F - (A) THE INSURED
- 30 - REPLACEMENT PARTS
- CONDITION PRECEDENT
- POLICY OWNERS' PROTECTION SCHEME