

NATIONAL Assessment Centre Services

[Part 1 Jan 2003]

MMA 119167637

Date In: 20/12/19 17:07	Job description	Date & Time Completed	Done by
Ref No: NA/ U0219022404/64	SAS e-filing		
Veh No: YP 2335R	E-mail (within 3hrs, AIC 2hrs)		
DTA: 20/12/19 10:30	I-Motor Claim Form		
(R) <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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YP 7667A	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 () / Non-INC ()	Due Date	Completed	Actions 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

<p>MA 1909456</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>DATE:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td>For claiming against INC Only (wef 10 Jan 2003)</td> <td></td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUG Additional Services:-</td> <td></td> </tr> <tr> <td>OD:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	30.00	2) DA: Damage Assessment (\$100); INC (\$30)		3) TP: Towing Fee \$40/\$45		4) PT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (wef 10 Jan 2003)		6) TR: Re-Inspection \$75		7) N1: Idao DA + SMRT Survey \$160		8) NTUG Additional Services:-		OD:		*N5: Courtesy Car / Tpt Allowance \$5		*N6: Repair Co-ordination \$10		*N7: Post Repair Inspection \$25		*N8: DV / Collect Excess Coordination \$5		TP (N11): TP (Non INC) against INC \$20		9) N12: Idao Mobile \$0	
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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	20/12/2019 17:07
Date Of Accident	20/12/2019 10:30
Exact Location Of Accident	AYE TWDS CHANGI B4 CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2335R
Insured/Policyholder	
Name Of Registered Owner	PAN SEAS ENTERPRISES (PTE) LTD
Co Reg No	1XXXXX200W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92460674

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-HKFMS3-4.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DHOM110150461603
Cover Note Number	

Driver

Name of Driver	YU XINWU
NRIC No	GXXXX586K
Date Of Birth	27/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92460674
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	35B FISHERY PORT RD JURONG CENTRE FISH MARKET
Postcode	619744
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	CHAIN 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	4
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

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	YP7667A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD7440L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKS7193A

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)

DETAILS OF INJURED PERSON 1

Name

YU XINWU

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

YP2335R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.



company chop
X

李新成

Handwritten signature

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. YP 2335R

B. YP 7667A

C. XD 7440L

D. SKS 7193A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.12.2019 about 10.30 am I was travelling along AYE
Towards Changi Before Clementi Ave 6. In front of the vehicle slow
down and stop I follow. Suddenly, I felt an impact from my rear
and my car moved forward and hit the front vehicle. I was involved in a
three vehicles chain collision.

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.:

Date of Accident : 20.12.2019 Accident Time: 10.30am (24-HR-Format)
Accident Place : AYE Toward Changi Before Clementi Ave 6
Vehicle No. (Car Plate No.) : YP2335R Make/Model: Hino XZU 710 R - HKFMS3.
Insurance Company : UOI Policy No: DHOM110150461603.
Owner or Company Name /IC No. : Pan Seas Enterprises Pte Ltd (196600200W)
Owner or Company Contact No. : - Owner's Hp - Company Tel
DRIVER'S Name / IC No. : Yu Xin Wu (G2936586K)
DRIVER'S Date Of Birth : 27.01.1980 DRIVER'S License Pass Date 24.11.2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 35B Fishery Port Road, Jurong Centre Fish Market (S) 619744
DRIVER'S Contact No./ Alt No. : 1) 9246 0674 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: YP 7667A	Vehicle No: XD 7440 L
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Vehicle D: SKS 7193A

于新武



Company drop

RENEWAL CERTIFICATE

ORIGINAL

Agency	D000278	Class of Policy	MOTOR	Policy Number DHOM110150461603
Account	D000278	Issued on 30/03/2019 in UOI	Replacing Policy no.	DHOM110150461602
Client	9801646	Acceptance Date	21/03/2019	Replacing Cover Note	31001099

Period of Insurance from 28/04/2019 to 27/04/2020 . both dates inclusive

Insured's Name... PAN SEAS ENTERPRISES (PTE) LTD
 Mailing Address... 35B FISHERY PORT ROAD
 JURONG CENTRAL FISH MARKET
 SINGAPORE 619744

Business/Occupn... AS SPECIFIED BELOW
 Financial interest UNITED OVERSEAS BANK LIMITED

Premium	BASIC ANNUAL PREMIUM	SGD1,920.00		
	Total Annual Premium	SGD1,920.00	Premium Due	SGD1,920.00
			Less Disc.	SGD288.00
			Premium GST	SGD114.24
			Total Due	SGD1,746.24

BUSINESS/OCCUPATION : COLDROOM OPERATOR, IMPORTER/EXPORTER & PROCESSING OF
 SEAFOOD, GENERAL FOODSTUFF, FROZEN FOOD, ICE
 MANUFACTURING, GENERAL MAINTENANCE SERVICES AND ALL OTHER
 RELATED TRADES AND SERVICES WHICH THE INSURED MAY ENTER
 INTO

Risk No. 001	COMMERCIAL VEHICLE		
1. Registration	YP2335R	Make/Model	HINO XZU710R-HKFM53
Type of Cover	COMPREHENSIVE	No. of seats	2
Engine No.	N04CUS25334	Capacity cc's	0
Chassis No.	JHHUCS3H40K015446		
		Tonnage	2.50
			Body Type LORRY
			Yr of Manuf/Regn 2015/2016
			NCB% 0.00
			Certificate Ref. LCVC
INDEMNITY FOR TOTAL LOSS	MARKET VALUE		
SECTION 1	SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP	SGD2,000.00		

SUM INSURED IS INCLUSIVE OF REFRIGERATION UNIT & LOGO GRAPHIC

AIR-CON/RADIO-CASS/CD COVERAGE INCLUSIVE
 89 [UNLIMITED WINDSCREEN COVER]
 30 & 25 & 57 & 72(B)
 2 - EXCESS - DAMAGE CLAIMS
 2 E - YOUNG AND INEXPERIENCED DRIVERS
 15 & 15(B) & 15 (C)
 CONDITION 4 AND 5 AMENDED WEF 01.06.2008
 POLICY OWNERS' PROTECTION SCHEME

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS
 ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION (SDIC). COVERAGE
 FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR