

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05] . **MANH420006050**

Date In: <b>14/01/2020 10:52</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/4072000083614</b>	SAS e-filing		
Veh No: <b>SPM 6288 G</b>	E-mail (4 jobs 3hrs, AIC 2hrs)		
DOA: <b>14/01/2020 01:35</b>	I-Motor Claims Form		
<b>OD</b> TP / Reporting Only	I-Motor W/O (Withdr OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SPM 6288 G</b>	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: ( )	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:

<b>NA2000451</b>	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bug-In-Charge):	
Additional Comments:	
Val 1:	
2 / 3	

Item	Value (\$)	Value (\$)
1) AIC: 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	
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NG: Repairs Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$5	
TE (NI) / TP (NS, INC) against INC	\$20	
9) NI: Idea 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 14/01/2020 10:52  
Date Of Accident 11/01/2020 01:35  
Exact Location Of Accident ALONG KEW DRIVE  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDM6288G  
**Insured/Policyholder**  
Name Of Registered Owner LEE LIAN YAP  
NRIC No SXXXX420I  
Email Address HAN-TAN88@HOTMAIL.COM  
Mobile Phone No (LOCAL) +65-97386288  
Alternative Phone No OTHERS-98196288

Vehicle Particulars

Manufacturer BMW  
Model 328I  
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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company UNITED OVERSEAS INSURANCE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DHOM120037401800  
Cover Note Number

Driver

Name of Driver TAN SOCK HAN (CHEN SHUHAN)  
NRIC No SXXXX942C  
Date Of Birth 18/09/1988  
Occupation INDOOR  
Date Of Driving Pass 29/10/2007  
Driving Experience 12 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97386288  
Fax Number  
Contact Number OTHERS-98196288  
EMail Address HAN-TAN88@HOTMAIL.COM

Address	19 PASIR RIS RISE #05-40
Postcode	518089
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 AND ATTACHMENT

#### 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	SJV6931P
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:

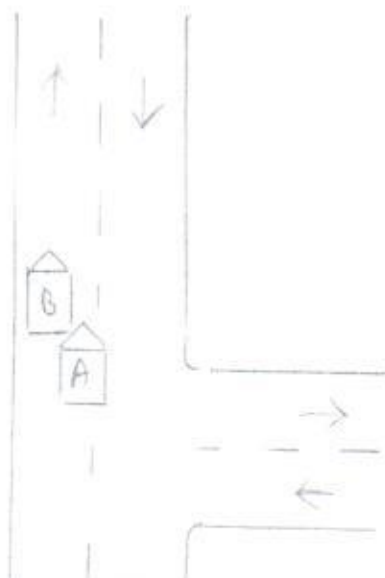
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 14/01/2020  
NRIC/FIN No: Res 2

SKETCH PLAN



A = SDM6288G

B = SJV6931P

Kew Drive

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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: 13/01/20

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

14/01/2020  
Ref: 1408AB3

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/01/20	Time: 01:35	(hh:mm) 24 hr format
Location: Kai Drive		
Vehicle Number: 5DM 6288G		
Insured Name: Lee Lian Jap		
NRIC/FIN: 517324201	Contact Number: 9736 6288	
Make: BMW	Model: 328i	
Are you claiming under your own insurance policy for repair to your vehicle?		
( / ) Yes If No, Pls select: ( ) Third Party ( ) Reporting		
Insurance Company: UDI		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number: DHOM1200 3740 1800		
Name of Driver: Tan Jack Han		( ) Same as Insured
NRIC/FIN: 58834942C		
Date of Birth: 18/09/1988		Contact Number: 9819 6288
Driving Pass Date: 29/10/2007		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address: han-ten88@hotmail.com		( ) NO EMAIL
Address of Driver: 19 Pasir Ris Rise		
#05-40, 5C518089		
Was driver an employee of the Insured's Company? ( ) Yes ( ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( / ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( ) Yes ( / ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party		
Name / Nric		Contact
Veh B: 5JY6931P		
Veh C:		
Veh D:		
Veh E:		
Veh F:		

Driver Only





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
3 Anson Road  
#28-01 Springvale Tower  
Singapore 079509  
Tel (65) 6222 3733  
Fax (65) 6222 3859 / 6222 3875  
Email: ContactUs@uoil.com.sg  
uoil.com.sg  
Co Reg No: 19/10053R

### 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

<b>CERTIFICATE NO.</b>	DHOM120037401800	<b>Excess:</b>	\$500/-NAMED DRIVERS \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	SDM6288G		
<b>Name of Insured</b>	LEE LIAN YAP		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 4 November 2018 to 3 November 2020

**Engine#** A5360123N20B20A  
**Chassis#** WBA3A52040F253644

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

RCHJC Date : 24/10/2018

  
For the Company