

NATIONAL Assessment Centre Services. (Part 1 Jan'05) MNA 12000 7307.

Date In: 16/1/20 18:26	Job description	Date & Time Completed	Done by
Ref No: WAI 001 2000 1020/164	SAS e-filing		
Veh No: GBD 77025	E-mail (within 3hrs, A/C 2hrs)		
TPA: 15/1/20 12:30.	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: SLA 41960.	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 Ref No: 6788 6616)

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 2000 663</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>Tel: _____</p> <p>Fax: _____</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>INC (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>• NS: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>• NG: Repale Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>• NF: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>• NB: DV / Collect Excess Coordination</td> <td>\$3</td> <td></td> </tr> <tr> <td>TE (N11): TP (N-in INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30)	INC (\$30)	30.00	2) DA: Damage Assessment (\$100)			3) TP: Towing Fee	\$40/\$45		4) PT: 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) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:			OD:			• NS: Courtesy Car / Tpt Allowance	\$5		• NG: Repale Co-ordination	\$10		• NF: Post Repair Inspection	\$25		• NB: DV / Collect Excess Coordination	\$3		TE (N11): TP (N-in 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	16/01/2020 13:26
Date Of Accident	15/01/2020 12:30
Exact Location Of Accident	PASIR RIS DR 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7702S
Insured/Policyholder	
Name Of Registered Owner	WIN FOONG AIR-CON SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90279810

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DHOM110167651900
Cover Note Number	

Driver

Name of Driver	LAU WAI KEET
NRIC No	SXXXX531J
Date Of Birth	21/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91016207
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	23 LORONG 7 REALTY PARK
Postcode	536781
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	COLLISION - MAJOR/MINOR RD
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200116/7007

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA4196U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIANG ENG YEW SAMUEL LESLIE
NRIC/Passport Number	SXXXX102D
Contact Number	98353694
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LAU WAI KEET

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD7702S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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) or complying with requirements under any regulations, laws or court orders.

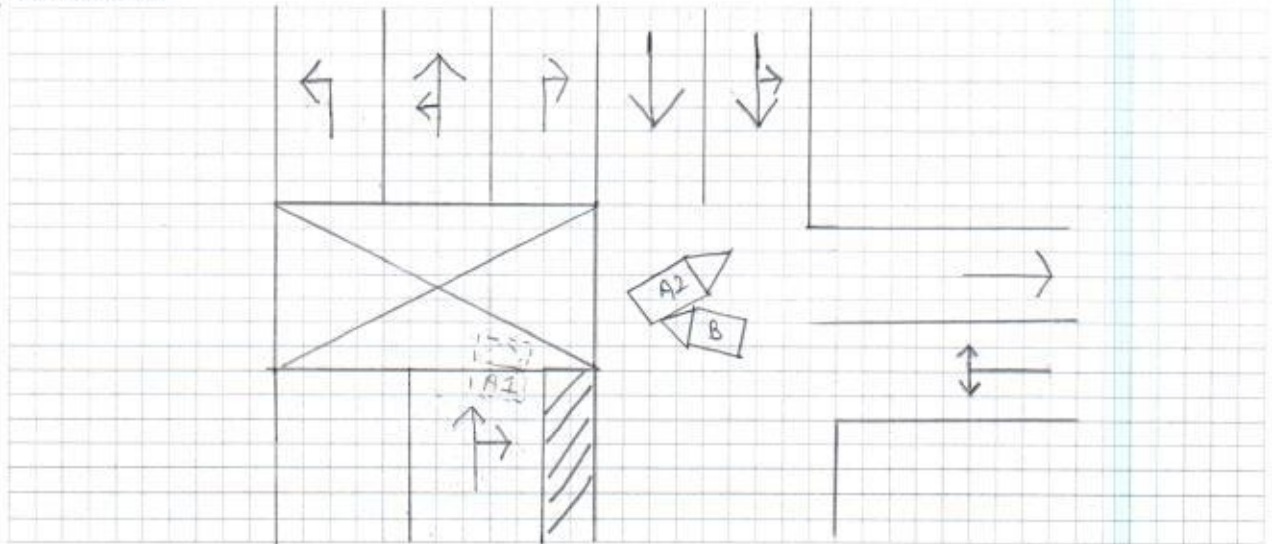
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



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

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

Date of Accident : 15-01-2020 Accident Time: 12:30 (24-HR-Format)
 Accident Place : PASIR RIS DRIVE 4
 Vehicle No. (Car Plate No.) : GBD7702S Make/Model: Toyota Dyna
 Insurance Company : UDI Policy No: DHOM110167651900
 Owner or Company Name / IC No. : WIN FOONG AIR-CON SERVICES
 Owner or Company Contact No. : 9027 9810 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LAU WAI KEET
 DRIVER'S Date Of Birth : 21-10-1984 DRIVER'S License Pass Date 23-04-2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ☒
 DRIVER'S Address : 23 LORONG 7 REALTY PARK (S) 536781
 DRIVER'S Contact No / Alt No. : 1) 9101 6207 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : AEL7761 AEL7761@YAHOO.COM.MY
 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): 01
 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): DRIVER

Other Party Driver's Particular (if any)

Vehicle No: <u>SLA4196U</u>	Vehicle No: _____
Vehicle Make/Model: <u>VOLKSWAGEN</u>	Vehicle Make/Model: _____
Name Driver: <u>CHIANG ENG YEW SAMUEL LESLIE</u>	Name Driver: _____
IC No. Driver/Contact: <u>57019102D (46598353694)</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



SINGAPORE POLICE FORCE



T/20200116/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200116/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 11:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LAU WAI KEET		Address: 23 LORONG 7 REALTY PARK SINGAPORE 536781	
ID Type / ID No.: NRIC NO / S8462531J		Contact No.: Home/Office: Mobile: 91016207	
Nationality: MALAYSIAN		Email: ael7761@yahoo.com.my	
Sex: Male	Age: 35	Date of Birth: 21/10/1984	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: AIR CON TECHNICIAN		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 12:30	Type of Location: T-Junction
Location: PASIR RIS DRIVE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7702S	Lorry			Silver	Slightly Damaged	0
SLA4196U	Car	VOLKSWAGO N		Brown	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200116/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200116/7007

CONTINUATION OF REPORT

Driver			
Name	LAU WAI KEET	ID No.	S8462531J
Related Vehicle	GBD7702S (Lorry)	Contact No.	91016207
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/01/2020	Date Discharge	16/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A BEARING LORRY PLATE GBD7702S WAS MAKING A RIGHT TURN. SUDDENLY, I FELT A STRONG IMPACT FROM THE RIGHT PORTION OF MY VEHICLE. I SHIFTED MY VEHICLE SLIGHTLY FORWARD IN ORDER NOT TO BLOCK THE INCOMING VEHICLE. I ALIGHTED AND SAW VEHICLE B, BEARING CAR PLATE SLA4196U HAD COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE NEAR MY REAR TYRE.

I EXCHANGED PARTICULARS WITH THE OTHER PARTY AND TOOK PHOTO OF THE ACCIDENT SCENE. HE ALSO ADMITTED HE WAS IN FAULT, AS HE WAS ATTEMPTING TO MAKE A RIGHT TURN.

THE NEXT MORNING, I FELT PAIN ON MY NECK AND SHOULDER SO I WENT TO OUR FAMILY



**SINGAPORE
POLICE FORCE**



T/20200116/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200116/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
16/01/2020 11:10

Classification Of Case:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road
#28-01 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. 1971001528

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.	DHOM110167651900	Excess:	\$600/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBD7702S		
Name of Insured	WIN FOONG AIR-CON SERVICES		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 24 April 2019 to 23 April 2020

Engine# 1KD2480333
Chassis# JTFAT35Y50K204283

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

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


For the Company

FCLAS Date : 03/04/2019