

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

1/2002/200 17:36

Date In: 1/2002/200 17:36	Job description	Date & Time Completed	Done by
Ref No: 1/2002/2000076954	SAS e-filing		
Veh No: SLA 9248X	E-mail (to John 2hrs, AIC 2hrs)		
O.O.A. 16/01/2000 10.40	I-Motor Claims Form		
OD / 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/Whizz		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 301 4838X	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 ()	

() 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 > \$5000] ()		

Injury: _____

Date: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$110	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: idao DA + EMRT Survey \$160	
	8) NIUC Additional Services	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NIU) / TP (S-a INC) against IRI \$30	
	9) NI: idao Mobile	
	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	17/02/2020 17:36
Date Of Accident	16/02/2020 10:40
Exact Location Of Accident	ALONG ALLAMANDA GROVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9248X
Insured/Policyholder	
Name Of Registered Owner	LIM CHONG SOON, DANIEL (LIN ZONGSHUN)
NRIC No	SXXXX660I
Email Address	LOCATEDAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91261570
Alternative Phone No	OTHERS-91261570
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5L A
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	DHOM110155661702
Cover Note Number	
Driver	
Name of Driver	LIM CHONG SOON, DANIEL (LIN ZONGSHUN)
NRIC No	SXXXX660I
Date Of Birth	22/06/1985
Occupation	INDOOR
Date Of Driving Pass	31/03/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91261570
Fax Number	
Contact Number	OTHERS-91261570
EMail Address	LOCATEDAN@GMAIL.COM

Address	BLK 70B TELOK BLANGAH HEIGHTS #16-523
Postcode	102070
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	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

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

AFTER GIVING WAY TO AN ON COMING VEHICLE, UPON TURNING OUT TOWARDS THE RIGHT, THE LEFT SIDE OF MY VEHICLE'S FRONT BUMPER GRAZED AGAINST THE RIGHT SIDE OF THE REAR BUMPER OF SDT4838X, WHICH WAS PARKED STATIONARY WITHOUT ANY PERSONS INSIDE. I LEFT A NOTE ON THE CAR FOR THE OWNER OF SDT4838X TO CONTACT ME, WHICH HE DID THERE AFTER.

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	SDT4838X
Vehicle Make/Model/Colour	LEXUS RX450H
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIERAN EBBS
NRIC/Passport Number	
Contact Number	81683258

Address:

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

17/02/2020 0930

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/02/2020 0930

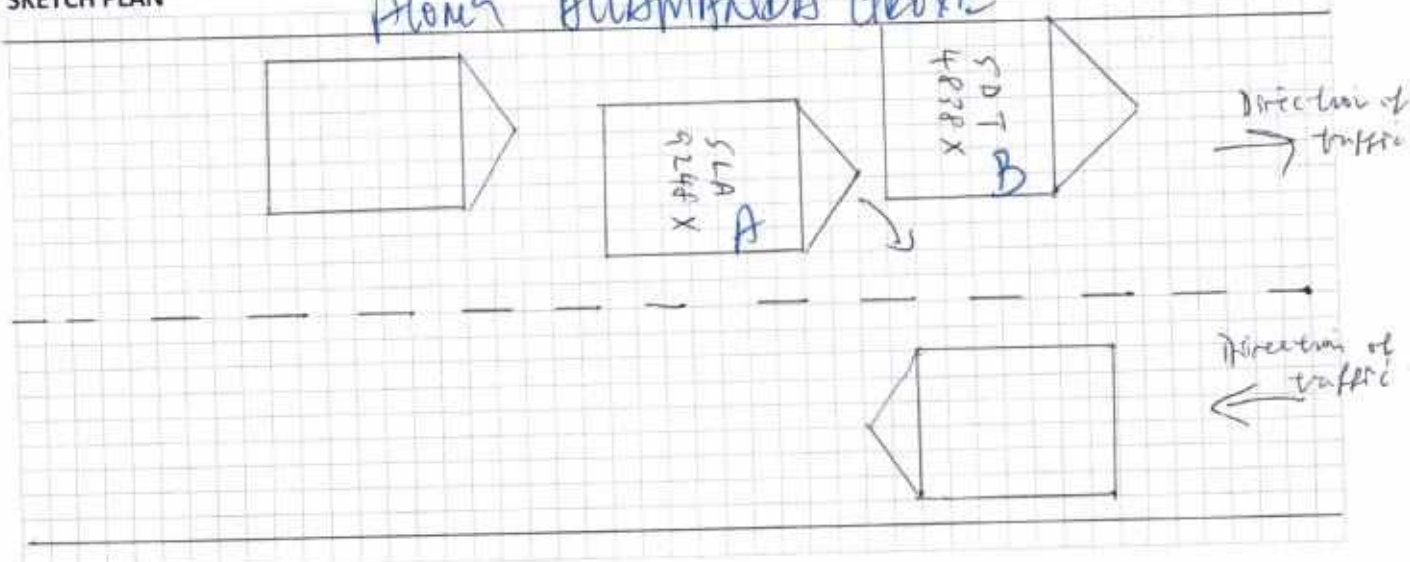
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along ALDAMARDA GROVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After giving way to an oncoming vehicle, upon turning out towards the right, the left side of my vehicle's front bumper grazed against the right side of the rear bumper of SDT 4838X, which was parked stationary without any persons inside.

I left a note on the car for the owner of SDT 4838X to contact me, which he did thereafter.

DECLARATION

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

Policyholder's Signature

Date & Time:

17/02/2020 0930

QARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/02/2020 0930

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/02/2020

Reported by: [Signature]

ONE CAR

ACCIDENT STATEMENT

ACCIDENT DATE: 16/02/2020 (DD/MM/YYYY) TIME: 10:40 (HH:MM)

LOCATION: Allamanda Grove

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 9248X
b) INSURANCE COMPANY: LIAT
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CITY
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: SELF TRANSPORT
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: LIM CHONG SEON DANIEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 5176601 CONTACT: 91261570
c) ADDRESS: 70B TELUK BLANGAH HEIGHTS #16-523
SINGAPORE 102070

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (22/06/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS: 31/03/2005

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SDT 483FX MODEL: LEXUS RX 450H
b) DRIVER'S NAME: KIERAN EBBES
c) NRIC/FIN/PASSPORT: _____ CONTACT: 81683258

9. THIRD PARTY VEHICLE

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

WIFE
DRUGHTAL

No. of passenger
(including driver)
(3)

No. of passenger
(including driver)
(0)

No. of passenger
(including driver)
()

Email: locatedan@gmail.com

VIDAO

UOI

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. 197100152R

RENEWAL CERTIFICATE

ORIGINAL

Agency	D000136	Class of Policy	MOTOR	Policy Number	..... DHOM110155661702
Account	D000136	Issued on	12/03/2019 in UOI	Replacing Policy no.	DHOM110155661701
Client	0216932	Acceptance Date	05/03/2019		

Period of Insurance from 22/03/2019 to 21/03/2020, both dates inclusive

Insured's Name	MR LIM CHONG SOON DANIEL
Mailing Address	70B TELOK BLANGAH HEIGHTS #16-523 SINGAPORE 102070

Business/Occupn	MEDICAL PROFESSIONAL
Financial interest	OVERSEA-CHINESE BANKING CORPORATION LTD

Premium	BASIC ANNUAL PREMIUM	SGD1,599.30		
	5% INCENTIVE DISCOUNT	SGD79.97-		
	NO CLAIM BONUS	50.00%	SGD759.67-	
	Total Annual Premium		SGD759.66	Premium Due
				SGD759.66
				Less Disc.
				SGD75.97
				Premium GST
				SGD47.86
				Total Due
				SGD731.55

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	PRIVATE		
1. Registration	SLA9248X	Make/Model	HONDA CITY 1.5L A	
Type of Cover	COMPREHENSIVE	No. of seats	4	Body Type
Engine No.	L15Z12722092	Capacity cc's	1497	Yr of Manuf/Regn
Chassis No.	MRHGM6660GP000530			2016/2016
				NCB%
				50.00
				Certificate Ref.
				PVI

INDEMNITY FOR TOTAL LOSS	MARKET VALUE
NAMED DRIVERS	SGD500.00
OTHERS	SGD1,000.00
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00
WINDSCREEN DAMAGE CLAIM	SGD100.00
Named Drivers (A) LIM CHONG SOON DANIEL	(B) PHUA HUEI WEN DARYL

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 - EXCESS - DAMAGE CLAIMS

AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM

TERRORISM EXCLUSION ENDORSEMENT

15 - HIRE PURCHASE

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 19/01/2020 21577 Vehicle Registration No: SLA9248X
Name (as shown in NRIC) : Lim Chong Soon, DOKIAL NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91261570
Email Address : _____
Date of Accident : 16/01/2020 Time of Accident : 10:40
Place of Accident : ALONG ALCAHONDA GROWTH
Insurance Company : 1101

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO TYPE THE CIRCUMSTANCES OF ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 19/01/2020
NRIC/FIN No.: 19/01/2020
Date: