

# NATIONAL Assessment Centre Services.

Page 1 of 1

Ref: 420054202

Date In: 24/06/2020 17:22	Job description	Date & Time Completed	Done by
Ref No: XIRA/UC/20006672/4	SAS e-illing		
Veh No: SKP 1031 P	E-mail (Wjula 8hrs, AIC 2hrs)		
O.O.A: 24/06/2020 11:00	I-Motor Claim Form		
OT: (TP) Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (	Tot:	Fact:
TP Particulars:	Veh No: SKP 3699Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tch:	
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 rapolior.		
( ) 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 > \$9000) ( )		

Injury: ( )	
Damage: ( )	
Other: ( )	

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$10
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$10
	5) PT: Follow-Through Survey (Resurvey)	\$10
	6) TR: Re-inspection	\$10
	7) NI: Idea DA + SMRT Survey	\$10
	8) NIUC Additional Services	
	9) NI: Idea Mobile	
	10) NI: Idea Mobile	
	11) NI: Idea Mobile	
	12) NI: Idea Mobile	
	13) NI: Idea Mobile	
	14) NI: Idea Mobile	
	15) NI: Idea Mobile	
	16) NI: Idea Mobile	
	17) NI: Idea Mobile	
	18) NI: Idea Mobile	
	19) NI: Idea Mobile	
	20) NI: Idea 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	24/06/2020 17:22
Date Of Accident	24/06/2020 11:00
Exact Location Of Accident	CTE (CITY) ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1031P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY CHYE MONG
NRIC No	SXXXX515F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91172265
Alternative Phone No	OTHERS-91172265

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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 THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110159671702
Cover Note Number	

### Driver

Name of Driver	TAY CHYE MONG
NRIC No	SXXXX515F
Date Of Birth	12/04/1941
Occupation	INDOOR
Date Of Driving Pass	25/04/1963
Driving Experience	57 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91172265
Fax Number	
Contact Number	OTHERS-91172265
Email Address	NOEMAIL



Address	BLK 240 SERANGOON AVENUE 2 #12-63
Postcode	550240
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG THE SAID ROAD. WHEN AT THE JUNCTION TO ANG MO KIO AVENUE 1, I SLOW DOWN AND STOP. WHEN I INCHED OUT FURTHER AND STOP DUE TO THERE IS ON COMING TRAFFIC ON THE MAIN ROAD. SUDDENLY I FELT AN IMPACT FROM THE REAR. AFTER THE ACCIDENT IMPACT, I FEEL PAIN ON MY BACK, I MIGHT CONSULT DOCTOR IF THE PAIN GETTING WORSE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU3699Z
Vehicle Make/Model/Colour	MAZDA
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	TAY CHYE MONG
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SKP1031P
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) for complying with requirements under any regulations, laws or court orders.

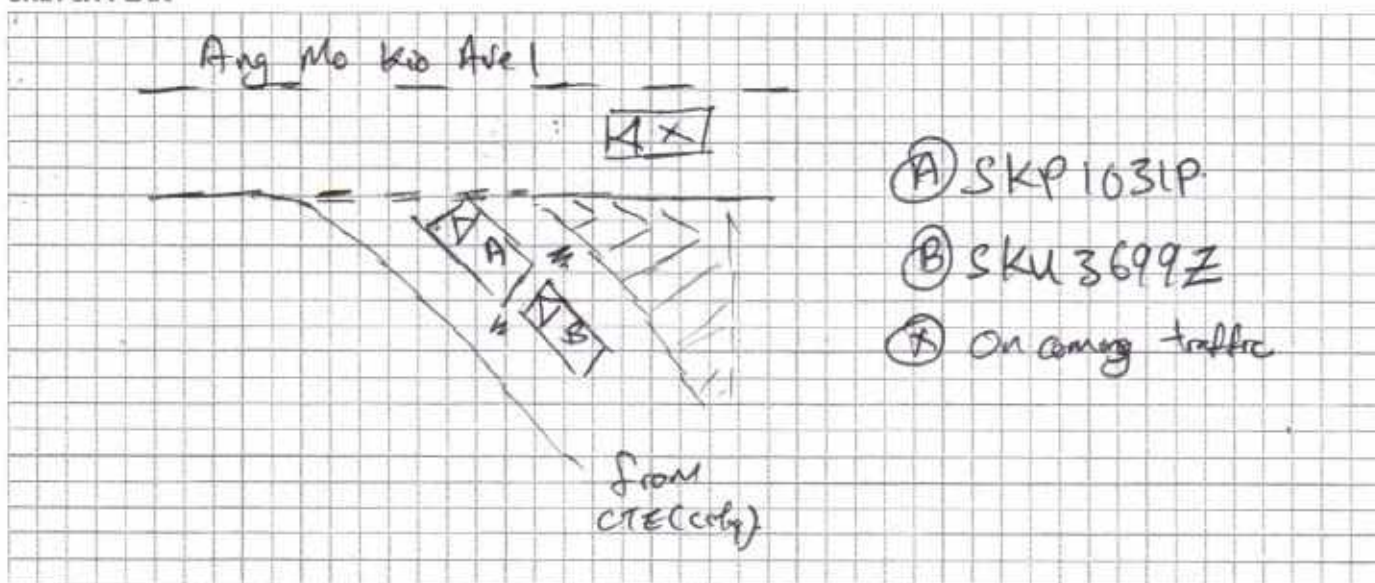
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Redi Lwin  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along the said road. When at the junction to Ang Mo Kio Ave 1 I slow down and stop. When I inched out further and stop due to there is oncoming traffic on the main road. Suddenly I felt an impact from the rear. After the accident impact, I feel pain on my back. I might consult doctor if the pain getting worse.

## 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:

 25/06/2020  
 Reporting Centre Personnel's Signature  
 Name: Redi Chastan  
 NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (24/06/2011) (DD/MM/YYYY), TIME: (11:00) (HH:MM) <sup>hs</sup>

LOCATION: CTE (city) Amk Ave 1 Exit

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 1031P  
b) INSURANCE COMPANY: UOI  
c) POLICY NUMBER: DHOM1101596 F1702  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Sunny  
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: Tay Chye Mong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0365515F CONTACT:  
c) ADDRESS: Blk 240 Serangoon Ave 2  
#12-63 S C 550240.5

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\* d) DATE OF BIRTH: (12/04/1941) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/4/1963

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 after rain)  
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: SKU3699Z MODEL: Mazda  
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:

email =

VIDEO



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. 197100152R

## 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.** DHOM110159671702      **Excess:** \$0/- NOT APPLICABLE  
**Type of Cover** THIRD PARTY  
**Vehicle Number** SKP1031P  
**Name of Insured** TAY CHYE MONG  
**Restricted Driver(s)** NOT APPLICABLE

**Period of Insurance** 20 December 2019 to 19 December 2020

**Engine#** QG16416373  
**Chassis#** JN1CFAN16Z0104108

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

  
For the Company

FCTTS      Date : 04/12/2019