

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

MHA 1007476

Date In: 21/12-17:42	Job description	Date & Time Completed	Done by
Ref No: MHA 1007476	SAS e-filing		
Veh No: 516539P	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 24/12-17:42	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: 516539P

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 hotline: 6788 6616)

Date & Time Completed

Done 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>NA 1007476</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>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<h3>Invoice Preparation Checklist</h3>		<p>Ant (\$)</p> <p>Est Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: 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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
<p>QD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$30</p>				
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	31/08/2020 17:42
Date Of Accident	29/08/2020 12:50
Exact Location Of Accident	AYE TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5307P
Insured/Policyholder	
Name Of Registered Owner	KOH SWEE PIAN
NRIC No	SXXXX285A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87221532
Alternative Phone No	OFFICE-87221532
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120030171702
Cover Note Number	

Driver

Name of Driver	KOH ZHENGYONG
NRIC No	SXXXX1851
Date Of Birth	12/05/1996
Occupation	INDOOR
Date Of Driving Pass	13/07/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87221532
Fax Number	
Contact Number	OFFICE-87221532
EMail Address	NOEMAIL

Address	20 TOH TUCK WALK
Postcode	596599
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 THE STATED TIME AND DATE, I WAS TRAVELLING ON AYE TWDS MCE ON LANE 1 OF 4 LANES. WEATHER WAS CLEAR BUT WET. THE VEHICLE INFRONT OF ME SLOWED DOWN AND STOPPED. NOTICING THAT, I ALSO SLOWED DOWN AND CAME TO A HALT. AFTER A FEW SECONDS, I FELT AN GREAT IMPACT FROM THE REAR. THE IMPACT WAS SO HUGE THAT IT PUSHED ME FORWARD AND COLLIDED ONTO THE VEHICLE INFRONT. I ALIGHTED AND REALIZED IT WAS A CHAN COLLISION INVOLVING 3 VEHICLES. I WAS 2ND VEHICLE FROM THE FRONT.

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	SJE9738B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR2218C
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 completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

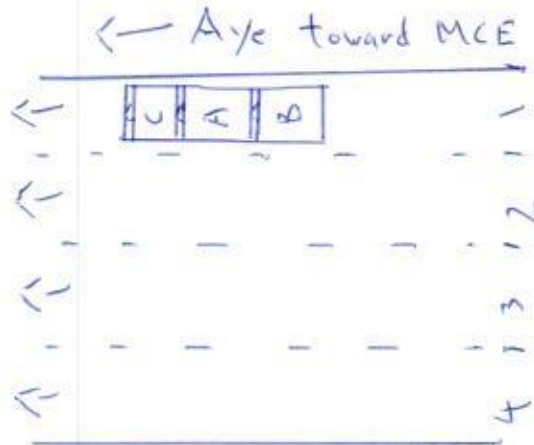


Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN



Veh A: SLE5307P

Veh B: SJE7138B

Veh C: SMR2218C

On the stated time and Date, I was travelling on Aye towards MCE on lane 1 of 4 lanes. Weather was clear but wet. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised it was a chain collision involving 3 vehicles. I was the 2nd vehicle from the front.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29 / 08 / 2020 (dd/mm/yy) Time of Accident: 12 : 50 (24-HR-FORMAT)

Vehicle No.: SLE 5301P Vehicle Make & Model: Kia Carex 1.6 D

Exact location of Accident: Aye toward MCF

Policyholder's Name/ IC No.: Koh Swee Puan S1263285A

Driver's Name/ IC No.: Koh Zheng Yong S96161851 (As Above) ☐

Driver's Contact No.: 87221532 Company Contact No.: _____

Driver's Address: 20 Toh tack walk

Insurance Company: Vol Email address (if any): Sales @ garage13.com.sg

Relationship between Owner & Driver:

Owner / Spouse / Children / Friend (Parent) or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: _____

Passenger Name: _____

Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☒ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☐ Yes/ ☒ No

(If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☐ Yes/ ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. SJE 9738B

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. SMR 2218C

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



MEMBER OF THE UOB GROUP

United Overseas Insurance
1, Anson Road
#21-01 Springleaf Tower
Singapore 079909
Tel: 65 6322 7711
Fax: 65 6322 3869 / 6322 3870
Email: ContactUs@uoilife.com.sg
uoilife.com.sg
Co. Reg. No. 29900152R

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.	DHOM120030171702	Excess:	\$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM \$750/- NAMED DRIVERS - OPTION 2
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLE5307P		
Name of Insured	KOH SWEE PIAN		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 26 July 2020 to 25 July 2022
Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# D4FDGH111560
Chassis# KNAHU815VG7161674

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

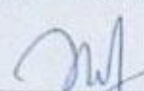
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*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

FSCPP Date: 02/06/2020


For the Company