

NATIONAL Assessment Centre Services [ver 1 Jan 00] MMA 1200 78134

Date In: 9/19/20 17:28	Job description	Date & Time Completed	Done by
Ref No: MAI 007 20009667164	SAS e-illing		
Veh No: GBH 5013P	E-mail (within 3hrs, AIC 2hrs)		
DOA: 819110 16:00	I-Motor Claim Form		
TP Insurer: (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: X04629E 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: 90-100%]

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: ()

Examples (INC Required or B/L Code)	Inc	Multiple Inc	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	Action

Particulars	Amount (\$)	Avail (\$)	Avail (\$)
Invoice/Registration Credits			
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100); INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claimline against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services			
QI:			
*NS: Courtesy Car / Tpt Allowance \$5			
*NG: Repair Co-ordination \$10			
*NY: Post Repair Inspection \$25			
*NB: DV / Collect Excess Coordination \$5			
TR (NI1): TP (Non INC) against INC \$20			
9) NI2: Idao 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 willful 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	09/09/2020 17:28
Date Of Accident	08/09/2020 16:00
Exact Location Of Accident	TAMPINES INDUSTRIAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5013P
Insured/Policyholder	
Name Of Registered Owner	WINKK ENTERPRISE
Co Reg No	5XXX305M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90462399

Vehicle Particulars

Manufacturer	TOYOTA
Model	PROACE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	DHOM120052612000
Cover Note Number	

Driver

Name of Driver	NG KOK KEE (HUANG GUOJI)
NRIC No	SXXXX666A
Date Of Birth	25/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1991
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90462399
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 17A CIRCUIT RD #17-204
Postcode	371017
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

REFER TO STATEMENT.

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	XD4629E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HEE CHIN CHOY
NRIC/Passport Number	SXXXX985G
Contact Number	82817197
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.

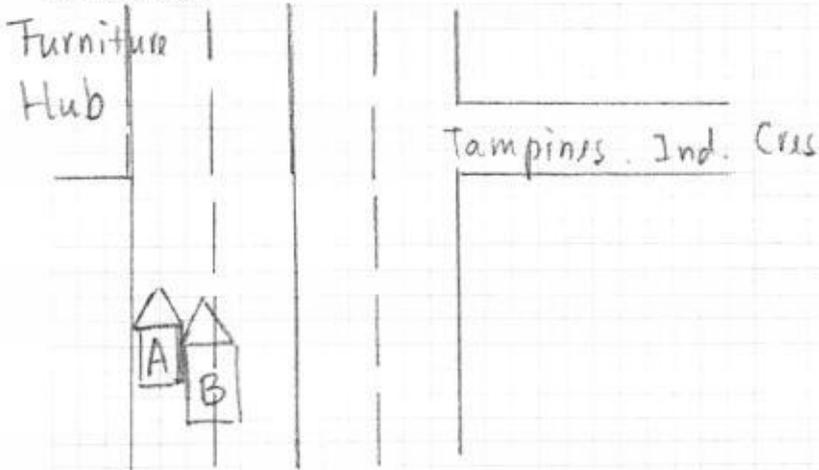
WINKK ENTERPRISE

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



A - GBH 5013P

B - XD 4629 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my van (GBH 5013P) by the roadside of Tampines Ind. Crescent to settle some issue in the furniture mall. Somebody, told me my van was banged and I rush to my van and the driver already left the scene and left a note on my front windscreen.

DECLARATION

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

WINKK ENTERPRISE

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.:

[Signature] 16.49 9/9/20

[Signature]

Sorry, I hit your vehicle

I have waited for 20 min but NO NO
avail

Please Contact Me at 82817197
(Kee chin choy IC 56826985/6)

Of My Company 65895388 (Buildmate 1511/c)

My Vehicle NO. XD46294
93230266.



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

C. 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.	DHOM120052612000	Excess:	\$500/-SECTION 1
Type of Cover	COMPREHENSIVE		\$100/-WINDSCREEN DAMAGE CLAIM
Vehicle Number	GBH5013P		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	WINKK ENTERPRISE		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 20 June 2020 to 19 June 2021

Engine# AH014041660

Hire Purchase UNITED OVERSEAS BANK LIMITED

Chassis# YARVFAHKHGZ101826

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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

FSGMY Date : 12/06/2020

Accident Report Information

Accident Date	08.09.2020	Accident Time	16.00
Location Of Accident	Tampines Ind. Crescent		
Vehicle Registration No	7BH 5013 P		

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	WINKK ENTERPRISE		
NRIC No/ ROC No	5366 305 m		
Mobile Phone No	9046 2399	Email Address	gohggpl@yahoo.com.sg

VEHICLE INFORMATION

Manufacturer/ Model	Toyota Proace		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE <input type="checkbox"/>	Are you claiming under your own insurance policy for repair to your vehicle?	Own Damage <input type="checkbox"/>
	<input checked="" type="checkbox"/> COMMERCIAL USE HIRER USE		<input checked="" type="checkbox"/> Third Party Reporting Only
Vehicle Category	PRIVATE USE <input type="checkbox"/>	TAXI	TANKER
	<input checked="" type="checkbox"/> COMMERCIAL USE MOTORCYCLE	BUS MOTOR TRADE	PRIVATE HIRER GOVERNMENT

INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	OOI	Fleet Policy	Yes/ <input checked="" type="checkbox"/> No
Policy Number	DHOM 120052612000	Type Of Coverage	<input checked="" type="checkbox"/> Comprehensive
Cover Note Number			<input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft

DRIVER IDENTIFICATION

Driver Name	Ng Kok Koe (Huang Guoji)	Driver NRIC	S7142666A
Date Of Birth	25-10-1971	Occupation	Indoor/ <input checked="" type="checkbox"/> Outdoor
Driving Date Pass	04.01.1991	Gender	<input checked="" type="checkbox"/> Male / Female
Mobile Phone No	9046 2399	Email Address	gohggpl@yahoo.com.sg
Address	B1K 17A Circuit Rd # 17-204 Postcode 371017		
Relationship	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Hirer <input type="checkbox"/> Owner <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Parent		

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident	Collision - Head on Side		
Weather Condition	<input checked="" type="checkbox"/> Clear / Raining / Others:	Road Surface	<input checked="" type="checkbox"/> Dry / Wet / Others:

OTHER INFORMATION

Injured	<input checked="" type="radio"/> No / Yes	Was there any other vehicle or property damaged?	No <input checked="" type="radio"/> / Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> No / Yes	Was any foreign vehicle involved in this accident?	<input checked="" type="radio"/> No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<input checked="" type="radio"/> No / Yes		
Number of Passengers (Including Driver)	0		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	<input checked="" type="radio"/> No / Yes		

DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	XD 4629 E		
Name of Driver	Hee Chin Choy		
Driver's NRIC	S68 26985 G	Contact Number	6589 5388 / 8281 7197

DETAILS OF OTHER VEHICLE 2

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			