

# NATIONAL Assessment Centre Services.

(last 1 Jan 200)

NA20097782

Date In: 05/11/2020 14:55	Job description	Date & Time Completed	Done by
Ref No: NPA/107/2002128/4	SAS e-filing		
Veh No: 8MJ 6145U	E-mail (to Julia Sims, AIC 2hrs)		
D.O.A: 05/11/2020 12:30	I-Motor Claims Form		
OID: (TV) Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YM 9414R	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 > \$3000] ( )		

Injury: ( )	
Date of Injury: ( )	
Location of Injury: ( )	
Witness: ( )	
Police: ( )	
Insurance: ( )	
Other: ( )	

NA2005846	1) AIT Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TV: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (over 10 Jan 200)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Service	
	ON:	
	*NI: Courtesy Car / Trip Allowance \$3	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (NI) against INC \$30	
	2) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	05/11/2020 14:55
Date Of Accident	05/11/2020 12:30
Exact Location Of Accident	HAIG ROAD INFRONT SHOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6145U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HWEE HIAN
NRIC No	SXXXX904H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90300445
Alternative Phone No	OTHERS-90300445

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120041041900
Cover Note Number	

### Driver

Name of Driver	LIM HWEE HIAN
NRIC No	SXXXX904H
Date Of Birth	19/01/1965
Occupation	INDOOR
Date Of Driving Pass	30/01/1984
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90300445
Fax Number	
Contact Number	OTHERS-90300445

Address	99 JALAN ANGIN LAUT
Postcode	489297
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?	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)	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

MY VEHICLE WAS STOP INFRONT MY SHOP, THE VEHICLE YM9414R REAR DOOR SWING SINCE NEVER LOCK PROPERLY AND HIT ON MY BONNET CAUSE DAMAGE ON MY VEHICLE. THE DRIVER ADMIT AND INFORMED ME TO CLAIM UNDER HIS VEHICLE INSURANCE

#### 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	YM9414R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 completed by the Policyholder and/or the Authorised Driver.
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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:  
NRIC/FIN No.:

shop

SMJ 6/4/54  
A

YM 9/4/42  
B

\* door swings and hit my Bonnet and front R/H Fender

LICENSE PLATE: SMJ6145U	ACCIDENT DATE & TIME: 05/11/2020 1230 pm
CONTACT NUMBER: 90300445	E-MAIL ADDRESS:
LOCATION: Hai Road in front shop	
<p>My veh, <sup>was</sup> stop in front my shop, the ven YMQ414R rear door <sup>swing since never un</sup> hit on my <sup>prop</sup> and bonnet cause damaged on my vehicle. The driver admit and informed me to claim under the <sup>his</sup> vehicle insurance.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

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

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



# **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**

<b>CERTIFICATE NO.</b>	DHOM120041041900	<b>Excess:</b>	\$750/- NAMED DRIVERS - OPTION 2 \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	SMJ6145U		
<b>Name of Insured</b>	LIM HWEI HIAN		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 13 March 2019 to 12 March 2021  
**Hire Purchase** HONG LEONG FINANCE LIMITED

**Engine#** 27492031577659  
**Chassis#** WDC2533462F498283

PRIVATE CAR - INDIVIDUAL OWNERSHIP [HX 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

MCHHC Date : 26/03/2019