

# NATIONAL Assessment Centre Services

Date In: 10/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/40120012303/13	SAS e-filing		
Veh No: SLL79675	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/11/20 0750	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: PLASH FLOOD	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%. F: 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

NA0005934	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
	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 10/11/2020 10:29  
Date Of Accident 07/11/2020 07:50  
Exact Location Of Accident ALONG ALJUNIED ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL7967J  
**Insured/Policyholder**  
Name Of Registered Owner MRS SIA LU-MING EUGENIE  
NRIC No SXXXX282I  
Email Address EUGENIESIA@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97771494  
Alternative Phone No OTHERS-97771494

### Vehicle Particulars

Manufacturer MINI  
Model COOPER  
Exact Purpose for which vehicle was being used at time of accident GOING TO CLASS  
Are you claiming under your own insurance policy for repair to your vehicle? YES  
If No, Please state action to be taken  
Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company UNITED OVERSEAS INSURANCE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DHOM120040291900  
Cover Note Number

### Driver

Name of Driver MRS SIA LU-MING EUGENIE  
NRIC No SXXXX282I  
Date Of Birth 11/11/1970  
Occupation INDOOR  
Date Of Driving Pass 21/10/1991  
Driving Experience 29 YEARS AND 0 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-97771494  
Fax Number  
Contact Number OTHERS-97771494  
EMail Address EUGENIESIA@GMAIL.COM

Address	152K TEMBELING ROAD #03-01
Postcode	423480
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	FLOOD
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SR SEOW LEE HUAN THERESA 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

PLS REFER TO THE ATTACHED 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 Witness 1

Name	SR SEOW LEE HUAN THERESA
Phone Number	97100467
Email Address	

## 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.

Policyholder's Signature

Date & Time:

10 Nov 2020  
9-45AM

Driver's Signature

(If driver is not the policyholder)

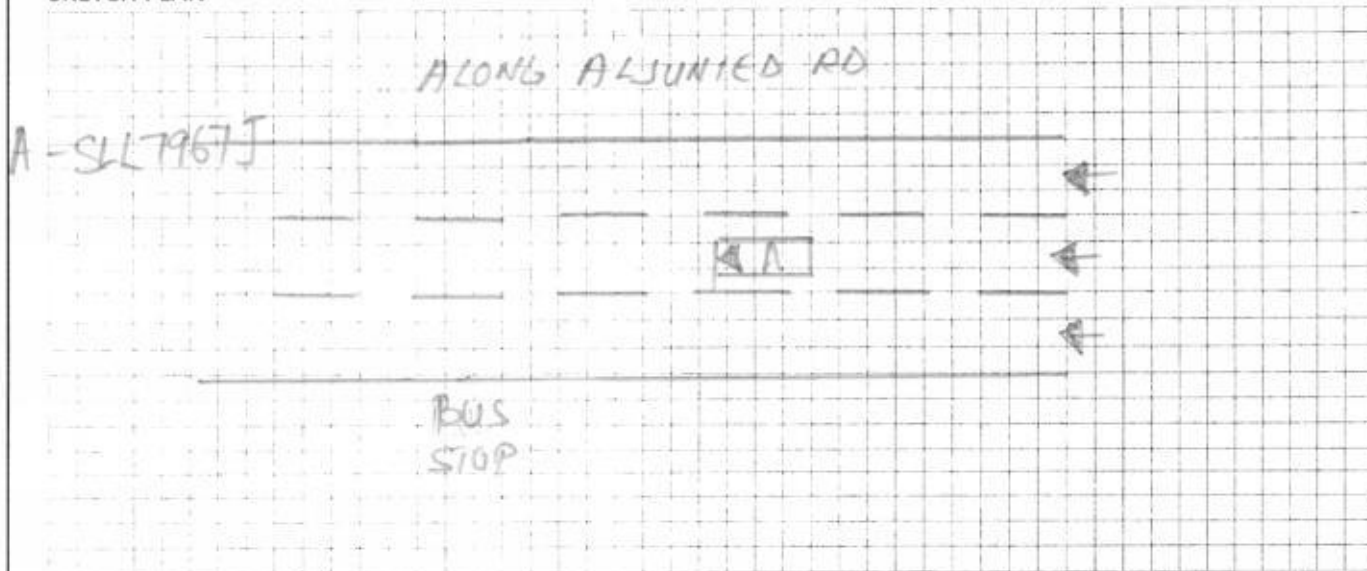
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were along Aljunied Road on Saturday morning 7 November around 7.50 am or so. There were cars in front of us. Everyone was driving ahead. As we drove under the flyover, we were suddenly caught in a flash flood. The car ~~is~~ stalled and the engine completely died. We put on the hazard lights. We were unable to get the car started again. We called the Mini Road Assistance.

As we were in the middle lane, PUB had sent their team to observe the sudden flash flood, and their 2 PUB officers noticed the car stuck. From the middle lane, they helped to push the car the bus-stop so that we would be safe.

The tow truck came and towed the car to the Mini workshop.

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 10 NOV 2020  
 9:45am

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/11/2020) (DD/MM/YYYY), TIME: (7:50 AM) (HH:MM)

LOCATION: ALJUNIED ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL 7967J  
 b) INSURANCE COMPANY: UOI  
 c) POLICY NUMBER: DHOM 120040291900  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MINI COOPER  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO CLASS  
 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: SIALU-MING EUGENIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 870412821 CONTACT: 97771494  
 c) ADDRESS: 152K TEMBELUNG ROAD #03-01  
 S423480

\* 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: (11/11/1970) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 29 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS) EASY FLOOD

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: MODEL:  
 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:

\* No of passengers  
 (Including driver)  
 (2)

Sr SEOW  
 LEE HUAN  
 THERESA

97100467

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email =

fax =

video =



MEMBER OF THE UOB GROUP

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Email: ContactUs@uoi.com.sg

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Co. Reg. No. 197100152R

**ORIGINAL**

UNIDRIVE  
THE SCHEDULE

Agency	A000401	Class of Policy	MOTOR UNIDRIVE	Policy Number	..... DHOM120040291900
Account	A000401	Issued on	..... 15/03/2019 in UOI		
Client	0413264	Acceptance Date	06/03/2019	Replacing Cover Note	20006277

Period of Insurance from 10/03/2019 to 09/03/2021, both dates inclusive

Insured's Name....	MRS SIA LU-MING EUGENIE
Mailing Address...	152K TEMBELING ROAD #03-01 SANDALWOOD SINGAPORE 423480

Business/Occupn... INDOOR

Premium .....	ANNUAL PREMIUM	SGD736.65		
	Total Annual Premium .....	SGD736.65	Premium Due	SGD1,473.30
			Premium GST	SGD103.13
			Total Due	SGD1,576.43

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	UNIDRIVE			
1. Registration	SLL7967J	Make/Model ..	MINI COOPER 5DR FWD LED ABS	
Type of Cover	COMPREHENSIVE	No. of seats	4	Body Type ..... HATCHBACK
Engine No. ..	33479862B38A15A	Capacity cc's	1499	Yr of Manuf/Regn 2017/2017
Chassis No. ..	WMWXS520302F21270			NCB%..... 50.00
				Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE		
OTHERS		SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00		
WINDSCREEN DAMAGE CLAIM		SGD100.00		
NAMED DRIVERS		SGD500.00		
Named Drivers SIA LU-MING EUGENIE		MARTIN TAN SIEW KIN		

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 YEAR PLAN

IN-CAR CAMERA

2 - EXCESS - DAMAGE CLAIMS

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

PAYMENT BEFORE COVER WARRANTY

TERRORISM EXCLUSION ENDORSEMENT

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

2 F - (A) THE INSURED

Josephine Wong  
UOI