

NATIONAL Assessment Centre Services, [redacted], SMC/21/0000B

Date In: 13/01/2021 15:56	Job description	Date & Time Completed	Done by
Ref No: N/A/10121000631Y	SAS e-Milling		
Veh No: SCZ 2982A	E-mail (to job site, Atc 3 hrs)		
D.O.A: 13/01/2021 07:25	I-Motor Claims Form		
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 5px; height: 5px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 2px; height: 2px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 1px; height: 1px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 0.5px; height: 0.5px; display: flex; align-items: center; 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QID: TP : Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tols:

Fax:

TP Particulars: Vch No: THE SMC INC()/Non-INC()

Owner / Driver: (

Tele:

Policy No: () Period: () Cover Type: ()

Confirmed by : (

Date: _____

Times

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 Refor of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] (

Injury :

NA 2100606

Driver/Owner:

Contract No:

Wardamaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

21111

2/32

1) ALT Accident Reporting (\$30)	
2) DA Damage Assessment (\$100)	INC (\$10)
3) T/F Towing Fee	\$40/\$45
4) P/F Follow-Through Survey	\$120
5) P/F Follow-Through Survey (Resurvey)	\$30
Work performed on INC Only, over 10 hrs 2 hrs	
6) TR Re-inspection	\$75
7) NI Idea DA + SMRT Survey	\$160
8) NTUC Additional Service	
OR:	
• NI Courtesy Car / T/F Allowance	\$3
• NI Repair Coordination	\$10
• NI Post Repair Inspection	\$2
• NI DV / Collect Wreck Coordination	\$3
TP (NI) + TP (SM) INC + release INC	\$22
9) NI Idea Mobile	\$3
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 Submission	13/01/2021 15:56 (SGT)
Date of Accident	13/01/2021 07:25 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2982A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KOK WAH
NRIC No	SXXXX830Z
Email Address	kwwong3580@yahoo.com.sg
Mobile Phone No	(Phone) +65-98386487
Alternative Phone No	+65-98386487

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110167641901
Cover Note Number	-

DRIVER

Name of Driver	WONG KOK WAH
NRIC No	SXXXX830Z

Date Of Driving Pass	03/08/1977
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98386487
Alt. Phone Number	+65-98386487
Email Address	kwwong3580@yahoo.com.sg
Address	BLK 20 JALAN MEMBINA #15-42
Address complement	-
Postcode	164020
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13TH JAN 2021 AT ABOUT 07:25 HRS I WAS TRAVELLING ALONG AYE TOWARDS JURONG AND AFTER AYE SPEED CAMERA. I WAS TRAVELLING BEHIND 3RD PARTY VEHICLE ALONG LANE 1. I SAW THE 3RD PARTY VEHICLE BRAKE LIGHT LIGHTED AND UNABLE TO STOP OR BRAKE ON TIME. I REAR ENDED THE 3RD PARTY VAN BEHIND. BOTH OF US CHANGE PARTICULAR, TELEPHONE AND TOOK PICTURES OF THE INCIDENT, BOTH OF US MOVED ON OUR JOURNEY.

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	GBE8118S
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI ZHENG HUA
Passport No/FIN	FXXXX042X

Address complement	XX
Postcode	XXXXXXXXXX
Insurance Company Name	XX
Nature Of Damage	XX
Details of property damaged in accident	XX
No. Of Passenger (Including Driver)	XXXXXXXXXXXX

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 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.

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.

Policyholder's Signature / Date &
Time 13/01/2021

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

Witnessed by Reporting Centre
Personnel 13/01/2021

Sketch Plan

ROAD DIVIDER. → TOWN

JURONG ←
LANE 1

GBE 818S B	SLA 2892A A
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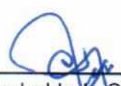
BOTH VEHICLE TRAVELLING ALONG AVE
TOWARDS JURONG

Describe Circumstances of the Accident

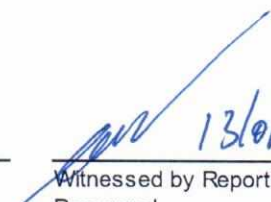
On 13th Jan 2021 @ 07:25 hrs I was travelling along A16 towards Jursang and after AYE Speed Camera. I was travelling behind the 3rd party vehicle along lane 1. I saw the 3rd party vehicle brake light lighted and unable to stop or brake in time. I rear ended the 3rd party van behind.
Both of us exchanged particular, telephone and took picture of the incident.
Both of us moved on our journey.

Declaration

We declare the foregoing particulars are true in every respect.

 13/1/21
Policyholder's Signature / Date &
Time 1510 hrs

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

 13/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 01 / 21) (DD/MM/YYYY), TIME: (07 : 25) (HH:MM)

LOCATION: AYER RAJAH EXPRESS WAY. TOWARDS JURONG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ2982A
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: PHOM110167641901
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUBARU FORESTER 2.0L
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING TO WORK
 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: WONG KOK WAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12908302 CONTACT: 98386487
 c) ADDRESS: BLK 20, JALAN MEMBINA 15 #42
 SINGAPORE 164020

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG KOK WAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12908302 CONTACT: 98386487
 c) ADDRESS: BLK 20, JALAN MEMBINA 15 #42
 SINGAPORE 164020

* d) DATE OF BIRTH: (29 / 05 / 1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03/08/1977

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 CLEAR)

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: GBE 8119S MODEL: MERCE VAN
 b) DRIVER'S NAME: LI ZHENG HUA
 c) NRIC/FIN/PASSPORT: F8443042X CONTACT: 90937148

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME: CONTACT:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: kwong3580@yahoo.com.sg

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) 6327-8869 / 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.	DHOM110167641901	Excess:	\$500/-NAMED DRIVERS \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLZ2892A		
Name of Insured	WONG KOK WAH		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 27 April 2020 to 26 April 2021
Hire Purchase MAYBANK SINGAPORE LIMITED

Engine# FB20YD36834
Chassis# JF1SJ5KC5JG107854

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 : 01/04/2020