

# NATIONAL Assessment Centre Services

(Ref: 201001)

SMAS/1160007

Date In: 16/01/2021 17:50	Job description	Date & Time Completed	Done by
Ref No: IA/4072000082/4	SAS e-filing		
Veh No: SCL 29622	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/01/2021 06:30	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: —	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

<p>MA210050X</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>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$50)		
	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) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-				
ON:				
*N3: 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 Submission	16/01/2021 17:50 (SGT)
Date of Accident	16/01/2021 06:30 (SGT)
Exact Location of Accident	Pasir Ris Industrial Drive 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3962Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE HAK KHOON
NRIC No	SXXXX975H
Email Address	garrysee94@gmail.com
Mobile Phone No	(Phone) +65-92717441
Alternative Phone No	+65-82017600

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	DHOM120033301801
Cover Note Number	-

#### DRIVER

Name of Driver	GARRY SEE KOU YONG
NRIC No	SXXXX478G
Date Of Birth	24/01/1994
Occupation	Indoor

Date Of Driving Pass	20/12/2013
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82017600
Alt. Phone Number	-
Email Address	garrysee94@gmail.com
Address	100 EDGEDALE PLAINS #12-43
Address complement	-
Postcode	828690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210116/7059

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	GARRY SEE KOU YONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY

Injured person in which vehicle?	SLL3962Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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:

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

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

lamp post  
227 →

A  
A

A  
A

veh A: SLU3962Z.

↑ Pasir Ris Industrial  
Park 1.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report - 1/2021/10116/7059

DECLARATION

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

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.:

Date of Accident: 16/01/2021 Accident Time: 0630 (24-HR-Format)  
Accident Place: Pasar Pis Industrial Drive  
Vehicle No. (Car Plate No.): SL3962Z Make/Model: Kia IC3  
Insurance Company: UOI Policy No: PHOM120033301801  
Owner or Company Name / IC No.: SEE HAK KHOU S17109754  
Owner or Company Contact No.: 92717441 Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_  
DRIVER'S Name / IC No.: GARRY SEE KOU YONG S94034786  
DRIVER'S Date Of Birth: 24/01/1994 DRIVER'S License Pass Date: 20/12/2013  
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address: 100 Edgedale Plains #12-43 S(828690)  
DRIVER'S Contact No. / Alt No.: 1) 8201 7600 2) \_\_\_\_\_  
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address: garry see 94@gmail.com admin@epicar.sg  
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: NA

Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:





# SINGAPORE POLICE FORCE



T/20210116/7059

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210116/7059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2021 16:39	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GARRY SEE KOU YONG			Address: 100 EDGEDALE PLAINS #12-43 SINGAPORE 828690	
ID Type / ID No.: NRIC NO / S9403478G			Contact No.: Home/Office: Mobile: 82017600	
Nationality: SINGAPORE CITIZEN			Email: garrysee94@gmail.com	
Sex: Male	Age: 26	Date of Birth: 24/01/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 16/01/2021 06:30	Type of Location: Straight Road
Location:  PASIR RIS INDUSTRIAL DRIVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLL3962Z	Car	KIA	k3	Brown	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3962Z		DHOM1200333018 01		





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210116/7059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GARRY SEE KOU YONG	ID No.	S9403478G
Related Vehicle	SLL3962Z (Car)	Contact No.	82017600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date,

I was driving my father's car (SLL3962Z) on lane 4 along Pasir Ris Industrial Drive 1. I was feeling sleepy and close my eyes for 2 seconds. Suddenly, I felt an great impact and realized that I had collided onto lamp post 227, causing it to fall. As this is the first time such serious accidents happened to me and I did not know how to react, I called my dad and informed him about the situation and my location. I wanted to call for the police but unfortunately, my hand phone battery went flat after booking a grab car. I then went home intending to take a portable charger and come down with my dad. When I reached home, I realised my dad was already at the accident scene. As I was feeling shocked and nausea after the accident. I decided to rest at home and my dad assisted me to handle the process of towing the car to workshop. My dad told me that there was 2 Malay traffic police officers attending to him, as he was also feeling nervous and shocked, he was unsure about what he conversed to the officers as his English was not so good. We are lodging this report as per instructed by IO Wei li 65476394.



SINGAPORE  
POLICE FORCE



T/20210116/7059

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210116/7059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/01/2021 16:39

Classification Of Case:

**ORIGINAL**

UNIDRIVE  
 RENEWAL CERTIFICATE

Agency	A000401	Class of Policy	MOTOR	Policy Number	..... DHOM120033301801
Account	A000401	Issued on	..... 16/01/2020 in UOI	Replacing Policy no.	DHOM120033301800
Client	0296517	Acceptance Date	10/01/2020	Replacing Cover Note	19297

Period of Insurance from 24/02/2020 to 23/02/2022, both dates inclusive

Insured's Name .... MR SEE HAK KHOON  
 Mailing Address... 100 EDGEDALE PLAINS  
 #12-43 THE TERRACE  
 SINGAPORE 828690

Business/Occupn... INDOOR  
 Financial interest UNITED OVERSEAS BANK LIMITED

Premium .....	ANNUAL PREMIUM	SGD591.88		
	Total Annual Premium .....	SGD591.88	Premium Due	SGD1,183.76
			Premium GST	SGD82.86
			Total Due	SGD1,266.62

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	SLL3962Z	Make/Model ..	KIA FORTE K3 1.6 A
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No. ..	G4FGGH658718	Capacity cc's	1591
Chassis No. ..	KNAFX411MH5668680		
		Body Type .....	SALOON
		Yr of Manuf/Regn	2016/2017
		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 - OPTION 2		SGD750.00	
Named Drivers SEE HAK KHOON			

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  
 15 - HIRE PURCHASE  
 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