

NATIONAL Assessment Centre Services. [wef 1 Jan 05] **SM09213K0002**

Date In: 2013/21 10:17	Job description	Date & Time Completed	Done by
Ref No: MAI 002 21003620/44	SAS e-filing		
Veh No: 6BF 9345R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1913/21 11:00	i-Motor Claim Form		
OD: <u>TP</u> 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: XD 9155Y	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 ()	

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

MA 2102355	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		Int Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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	20/03/2021 10:17 (SGT)
Date of Accident	19/03/2021 11:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9345R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEGAWATTS ENGINEERING SERVICES PTE LTD
Company Reg No	1XXXXX082W
Email Address	KOKWAH.LEONG@MEGAWATTS.COM.SG
Mobile Phone No	(Phone) +65-65724857
Alternative Phone No	+65-65724857

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110172882000
Cover Note Number	-

DRIVER

Name of Driver	KOH CHEE TACK
NRIC No	SXXXX885I

Date Of Birth	07/09/1962
Occupation	Outdoor
Date Of Driving Pass	22/07/1991
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97876528
Alt. Phone Number	-
Email Address	KOKWAH.LEONG@MEGAWATTS.COM.SG
Address	BLK 636A SENJA RD #18-315
Address complement	-
Postcode	671636
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	XD9155Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH CHEE TACK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBF9345R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

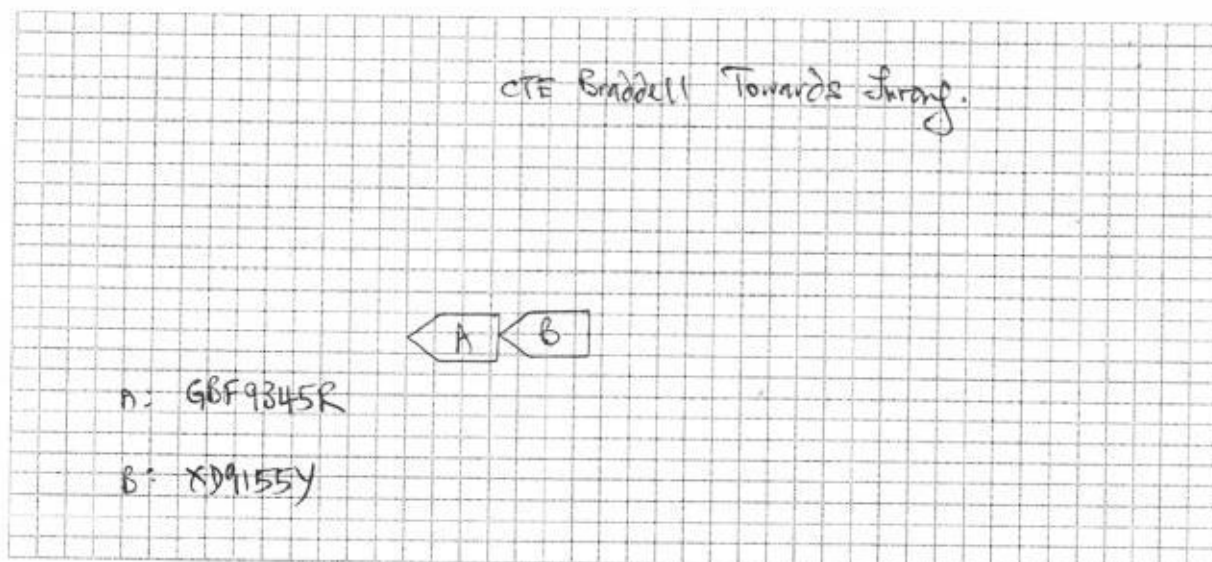
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTE BRADDELL TOWARDS JURONG. SUDDENLY VEHICLE B REAR-ENDED MY VEHICLE.

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.:



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
 5 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
 Co. Reg. No. 19700152R

THE SCHEDULE

ORIGINAL

Agency A000122 Class of Policy MOTOR Policy Number DHOM110172882000
 Account A000122 Issued on 03/03/2020 in UOI
 Client 0059100 Acceptance Date 21/02/2020 Replacing Cover Note 20095415

Period of Insurance from 20/04/2020 to 19/04/2021, both dates inclusive

Insured's Name.... MEGAWATTS ENGINEERING SERVICES PTE LTD
 Mailing Address.... 19 KIAN TECK AVENUE
 SINGAPORE 628903

Business/Occupn... ELECTRICAL ENGINEERING

Premium	BASIC ANNUAL PREMIUM	SGD1,847.35		
	NO CLAIM BONUS 20.00%	SGD369.47-		
	Total Annual Premium	SGD1,477.88	Premium Due	SGD1,477.88
			Premium GST	SGD103.45
			Total Due	SGD1,581.33

Risk No. 001	COMMERCIAL VEHICLE			
1. Registration	GBF9345R	Make/Model ..	TOYOTA DYNA 150	MANUAL 3 SEATER
Type of Cover	COMPREHENSIVE	No. of seats	2	Body Type LORRY
Engine No. ..	1KD2707684	Capacity cc's	0	Yr of Manuf/Regn 2017/2017
Chassis No. .	JTFAT35Y60K208181			NCB%..... 20.00
		Tonnage	2.00	Certificate Ref. LCVC
INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE			
SECTION 1				
APPL TO <25 YRS & OR <3YRS EXP				
WINDSCREEN DAMAGE CLAIM				

TO ALLOW 20% NCD FROM AXA INSURANCE PTE LTD WEF 20.04.2020

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 - EXCESS - DAMAGE CLAIMS

2 E - YOUNG AND INEXPERIENCED DRIVERS

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

CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001

PREMIUM PAYMENT WARRANTY

TERRORISM EXCLUSION ENDORSEMENT

30 - REPLACEMENT PARTS

89 (UNLIMITED WINDSCREEN COVER)

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

CONDITION 4 AND 5 AMENDED WEF 01.06.2008

AIR-CON/RADIO-CASS/CD COVERAGE INCLUSIVE

POLICY OWNERS' PROTECTION SCHEME

SANCTION LIMITATION AND EXCLUSION CLAUSE

Authorised Drivers for vehicle(s) with Certificate Ref. LCVC

Goods carrying - Private Type [MZ 300]

Any person who is driving on the Insured's order or with their permission



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

Tel (65) 6222 7733

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Email: ContactUs@uoi.com.sg

uoi.com.sg

Co. Reg No. 197100152R

THE SCHEDULE

ORIGINAL

Page 2

Issued on 03/03/2020 in UOI

Policy No. DHOM110172882000

"And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage"

Limitations as to use for vehicle(s) with Certificate Ref. LCVC

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person driving 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 Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.
PLEASE EXAMINE THIS DOCUMENT IMMEDIATELY AND INFORM US OF ANY DISCREPANCY.

Accident Reporting Draft

VEHICLE NO: GBF9345R

MODEL: TOYOTA DYNA

AUTO/MANUAL

DATE OF ACCIDENT	19/3/2021	C.C: 2982 CC
TIME OF ACCIDENT	1100	HRS AM/PM
LOCATION OF ACCIDENT	CTE BRADDELL TOWARDS JURONG	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	MEGAWATTS ENGINEERING SERVICES PTE LTD	
CONTACT NO.	97876528, 65724857 EMAIL: kokwah.leong@megawatts.com.sg	
NRIC	199603082W	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY	
INSURANCE CO.	UOI	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: KOH CHEE TACK	
NRIC	S1526885I ANY PASSENGER: 0	
DATE OF BIRTH	7/9/1962	
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS		
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	97876528, 65724857 EMAIL: kokwah.leong@megawatts.com.sg	
ADDRESS	10 KIAN TECK WAY S(628747)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: <u>Driver</u>	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	XD9155Y ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		