

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

200821300004

Date In: 30/03/2021 16:36	Job description	Date & Time Completed	Done by
Ref No: 1138/1072100412014	SAS e-filing		
Veh No: VP 8976B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/03/2021 11:40	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: 8GP 1949P	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

21A2102438	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In 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		
	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
at 1:	TP (N11): TP (Non INC) against INC \$20		
at 2 / 3:	9) N12: Idac Mobile \$0		
	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	30/03/2021 16:36 (SGT)
Date of Accident	29/03/2021 11:40 (SGT)
Exact Location of Accident	Tanglin Halt Rd, Singapore
Additional Location Information	BLK 46-2 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8976B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNITED ROAD TRANSPORT PTE LTD
Company Reg No	2XXXXX359R
Email Address	awnagintl@gmail.com
Mobile Phone No	(Phone) +65-94550023
Alternative Phone No	+65-94550023

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FEB71ER4SDEN
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	20114392

DRIVER

Name of Driver	MOO ZUN WOON
NRIC No	SXXXX592C

Date Of Birth	11/04/1967
Occupation	Outdoor
Date Of Driving Pass	16/11/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94550023
Alt. Phone Number	-
Email Address	awnagintl@gmail.com
Address	BLK 351 CLEMENTI AVENUE 2 #03-89
Address complement	-
Postcode	120351
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	Collided into Parked Vehicle
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 29 MARCH 2021 ABOUT 11:40HRS IT WAS AN OVERCAST DAY, I WAS PARKED AT CARPARK QXQ57 AT TANGLIN HALT. I WAS MOVING OFF WHEN TWO LADIES WALKED INTO THE PATH OF THE VEHICLE YP8976B WHICH I WAS DRIVING. I SWERVE AND THE LEFT SIDE OF YP 8976B CAME CONTACT WITH FRONT RIGHT OF CAR SGP1949P.

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	SGP1949P
Vehicle Manufacturer	Skoda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUFRI BIN ANDUL MAJID
NRIC No	SXXXX720A

Contact Number	(Phone) +65-98628574
* Address	-
Address complement	-
- Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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**.
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.



MOO ZUN WONG

30/3/21 1115

30/03/2021

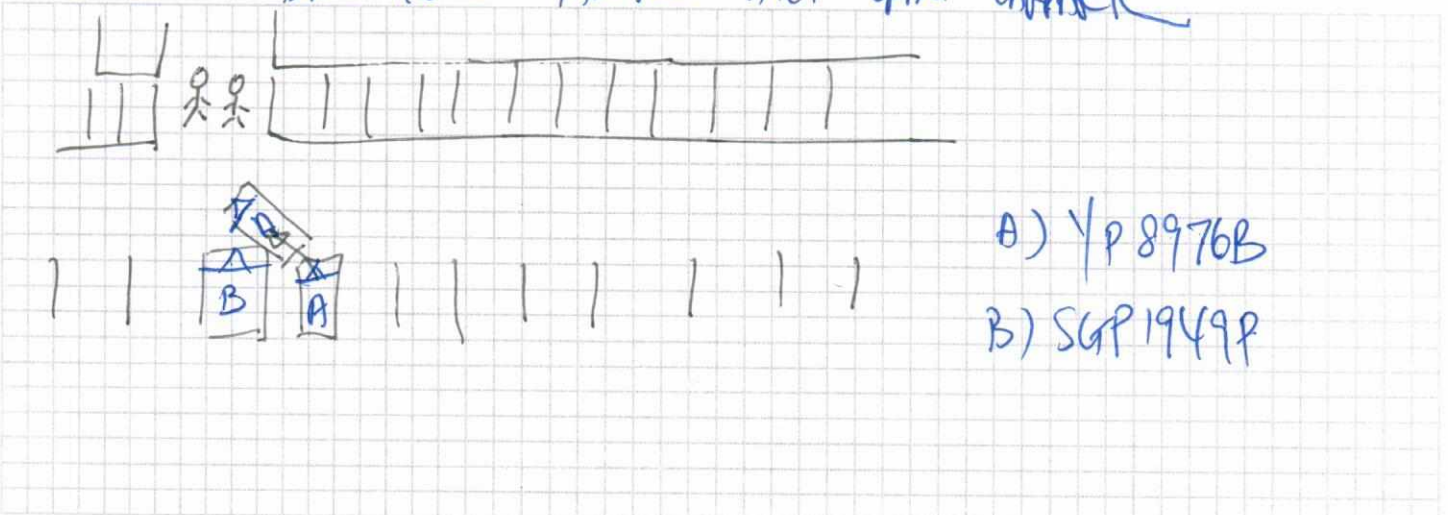
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 46-2 TANGLIN HART OPTIK CARPARK



Describe Circumstances of the Accident

ON 29 MARCH 2021 ABOUT 1140AM, IT WAS AN OVERCAST DAY
I WAS PARKED AT CARPARK QXQ57 AT TANGLIN HALL.
I WAS MOVING OFF WHEN TWO LADIES WALKED INTO THE PATH OF
THE VEHICLE YP8976B WHICH I WAS DRIVING. I SWERVE AND
THE LEFT SIDE OF YP8976B CAME INTO CONTACT WITH FRONT RIGHT
OF CAR SGP1949P

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time

MOS ZUN WOO

30/3/21 1115

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


30/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (29/03/2021) (DD/MM/YYYY), TIME: (11:40) (HH:MM)

LOCATION: CARPARK QXQS7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP8976B
b) INSURANCE COMPANY: UNITED OVERSEAS INSURANCE LIMITED
c) POLICY NUMBER: 20114392 COVER NOTE
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI CANTER FRONTIER 4SDEN-POWER TA1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: UNITED ROAD TRANSPORT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200814259R CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAFFA MOO ZUN WONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51789592C CONTACT: 94550023
c) ADDRESS: 351 CLEMENTI AVE 2 #03-89 S(120321)

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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: SGP 1949P MODEL: SKODA
b) DRIVER'S NAME: JUFRI BIN ABDUL MAJID
c) NRIC/FIN/PASSPORT: 57422720A CONTACT: 98628574

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

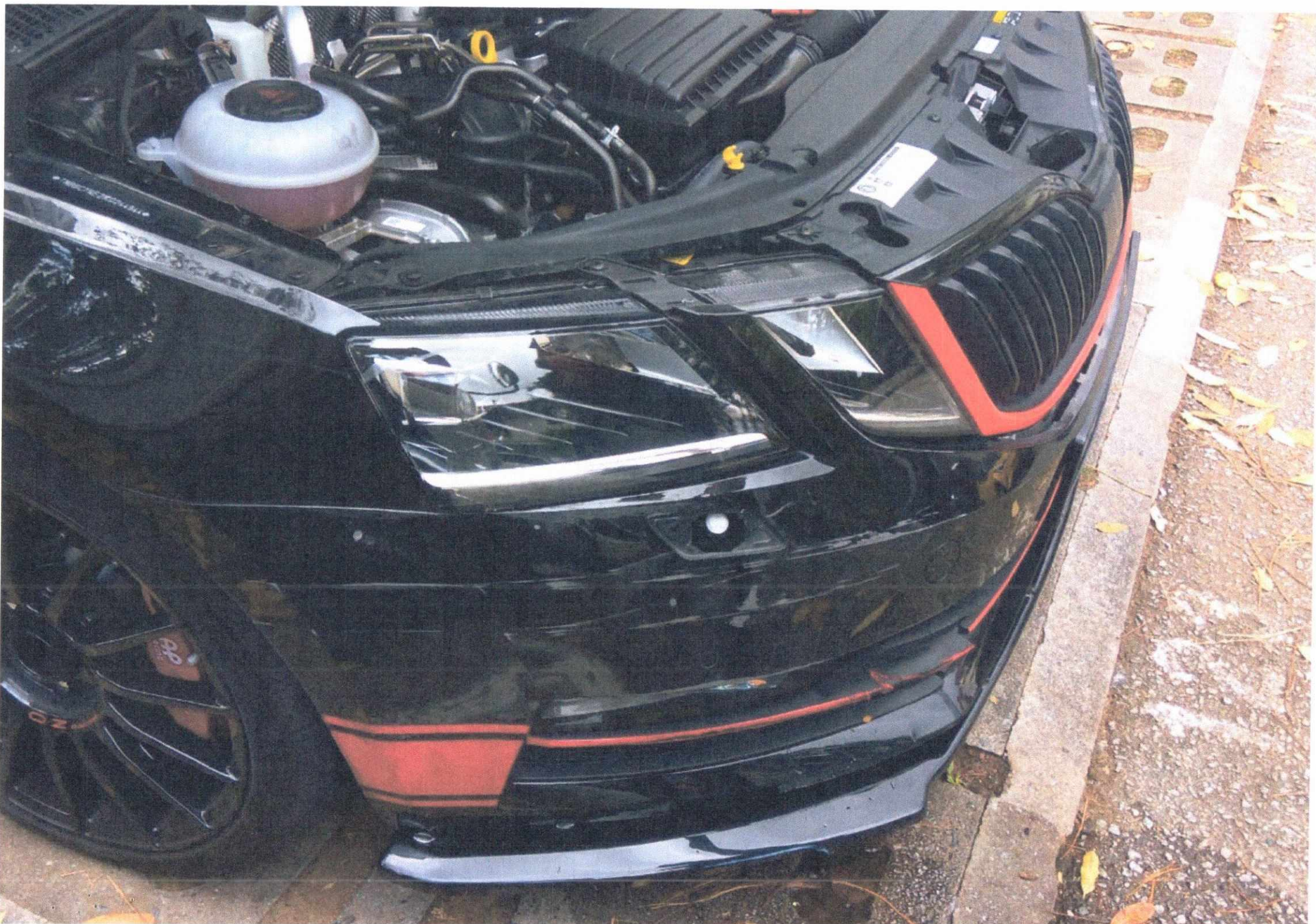
* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = awnagintl@gmail.com

VIDEO







SGP1949P

Skoda Centre Singapore





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 3869/ 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
197100152R

TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

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)

Date 26/06/2020
Cover Note No. 20114392
Name of Insured United Road Transport Pte Ltd

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in terms of the Company's usual form. Policy applicable thereto for the period from **28/06/2020 to 27/06/2021** unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds

Payment Before Cover Warranty requiring that premium must be paid on or before inception date.

Applicable to all corporate policyholders

Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model :	mitsubishi canter FEB71ER4SDEN-POWER TAI	EngineCC / Tonnage :	0 / 3.00
Engine No. :	4P10D19640	Estimated Value :	MARKET VALUE AT TIME OF LOSS
Chassis No. :	FEB71EA25111	Year of Registration :	2018
Vehicle Number :	YP8976B	Year of Manufacture :	2018
Cover :	COMPREHENSIVE		
Hire Purchase :	UNITED OVERSEAS BANK LTD		
Excess :	SECTION 1 \$500.00		
	WINDSCENE DAMAGE CLAIM \$100.00		
	APPL TO <25 YRS &OR < 3 YRS EXP \$3000.00		

FOR REGISTRATION PURPOSES ONLY

We hereby certify that this covering note 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).

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.