

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

2100244

Date In: 31/03/2021 16:09	Job description	Date & Time Completed	Done by
Ref No: 1188/0721004153/1	SAS e-filing		
Veh No: SPB 110E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/03/2021 16:35	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%. 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

1188/0721004153/1

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2 / 3:

## Invoice Preparation Checklist

Am (\$)

Am (\$)

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

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) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON\*

\*N5: Courtesy Car / Tpl 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 \$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	31/03/2021 16:01 (SGT)
Date of Accident	30/03/2021 16:35 (SGT)
Exact Location of Accident	106 Clementi Street 12, Block 106, Singapore
Additional Location Information	OPEN MSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ110E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN LIAN AUN AUTHUR
NRIC No	SXXXX073F
Email Address	ganarthur@mac.com
Mobile Phone No	(Phone) +65-96191212
Alternative Phone No	+65-96191212

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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
Transmission	Auto
CC	1969

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120055732000
Cover Note Number	-

#### DRIVER

Name of Driver	GAN LIAN AUN AUTHUR
NRIC No	SXXXX073F

Date Of Birth .....	14/06/1963
Occupation .....	Indoor
Date Of Driving Pass .....	01/04/1981
Driving experience .....	39 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96191212
Alt. Phone Number .....	+65-96191212
Email Address .....	ganarthur@mac.com
Address .....	52 SUNSET VIEW
Address complement .....	-
Postcode .....	597209
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

HIT METAL DIVIDER AS I WAS LEAVING THE CARPARK LOT. NO VEHICLES IN THE PARKING LOT AT THAT TIME. DID NOT SEE THE DIVIDER.

#### ATTACHMENT(S)

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

## 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

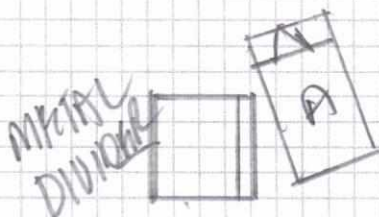
31/3/21 15:15  
Policyholder's Signature / Date & Time

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

31/03/2021  
Witnessed by Reporting Centre Personnel

Sketch Plan

B1K 106 CUMMINS S7 12 OPEN MSCP




A) SFQ 110E

### Describe Circumstances of the Accident


Hit metal divider as I was leaving the car park lot. No vehicles in the parking lot at that time. Did not see the divider.

### Declaration

We declare the foregoing particulars are true in every respect.

 31/3/21 15:15  
Policyholder's Signature / Date & Time

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

 31/03/2021  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 03 / 2021) (DD/MM/YYYY), TIME: (16 : 35) (HH:MM)

LOCATION: Open multi storey carpark Deck 3A, Blk 106, Clementi St 12

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFQ 110 E  
 b) INSURANCE COMPANY: UOI  
 c) POLICY NUMBER: DHOM120055732000  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volvo X660 TS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: Gan Lian Ann Arthur (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1596073 F CONTACT: 96191212  
 c) ADDRESS: 52 Sunset View  
Singapore 597209

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Gan Lian Ann Arthur (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1596073 F CONTACT: 96191212  
 c) ADDRESS: 52 Sunset View  
Singapore 597209

\* d) DATE OF BIRTH: (14 / 06 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/04/1981

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)

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

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

Email: ganarthur@mac.com

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 3869 / 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**

<b>CERTIFICATE NO.</b>	DHOM120055732000	<b>Excess:</b>	\$750/- NAMED DRIVERS - OPTION 2
<b>Type of Cover</b>	COMPREHENSIVE		\$1500/- OTHERS
<b>Vehicle Number</b>	SFQ110E		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
<b>Name of Insured</b>	GAN LIAN AUN ARTHUR		\$100/- WINDSCREEN DAMAGE CLAIM
<b>Restricted Driver(s)</b>	NOT APPLICABLE		\$500/- WINDSCREEN DAMAGE & SOLAR FILM

**Period of Insurance** 21 December 2020 to 20 December 2022

**Engine#** B4204T237312162  
**Chassis#** LYVUZ10ACKB284658

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

MCHHC Date : 03/11/2020