

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

820871530004

Date In: 03/05/2021 12:58	Job description	Date & Time Completed	Done by:
Ref No: NBR/1021005392/4	SAS e-filing		
Veh No: SCJ 23 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/04/2021 12:58	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: XD 6848 B	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

X/A2102762 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		Amf (\$)	Amf (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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:-			
QD*				
*N5: Courtesy Car / Tpt 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	03/05/2021 12:58 (SGT)
Date of Accident	30/04/2021 18:30 (SGT)
Exact Location of Accident	McCallum St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ23B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW SEE CHING (LIU SHIJIN)
NRIC No	SXXXX530B
Email Address	elseec@gmail.com
Mobile Phone No	(Phone) +65-93832733
Alternative Phone No	+65-93832733

VEHICLE PARTICULARS

Manufacturer	Aston Martin
Model	DB11
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	5204

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120036701801
Cover Note Number	-

DRIVER

Name of Driver	LOW SEE CHING (LIU SHIJIN)
NRIC No	SXXXX530B

Date Of Birth	17/02/1975
Occupation	Indoor
Date Of Driving Pass	07/11/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93832733
Alt. Phone Number	+65-93832733
Email Address	elseec@gmail.com
Address	23A MARIGOLD DRIVE
Address complement	-
Postcode	576431
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 - Major/Minor Rd
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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO NOTICE OF REPORTING

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6848B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RAJAN A/L RAMAU
Passport No/FIN	GXXXX628R
Contact Number	(Phone) +65-85049904
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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

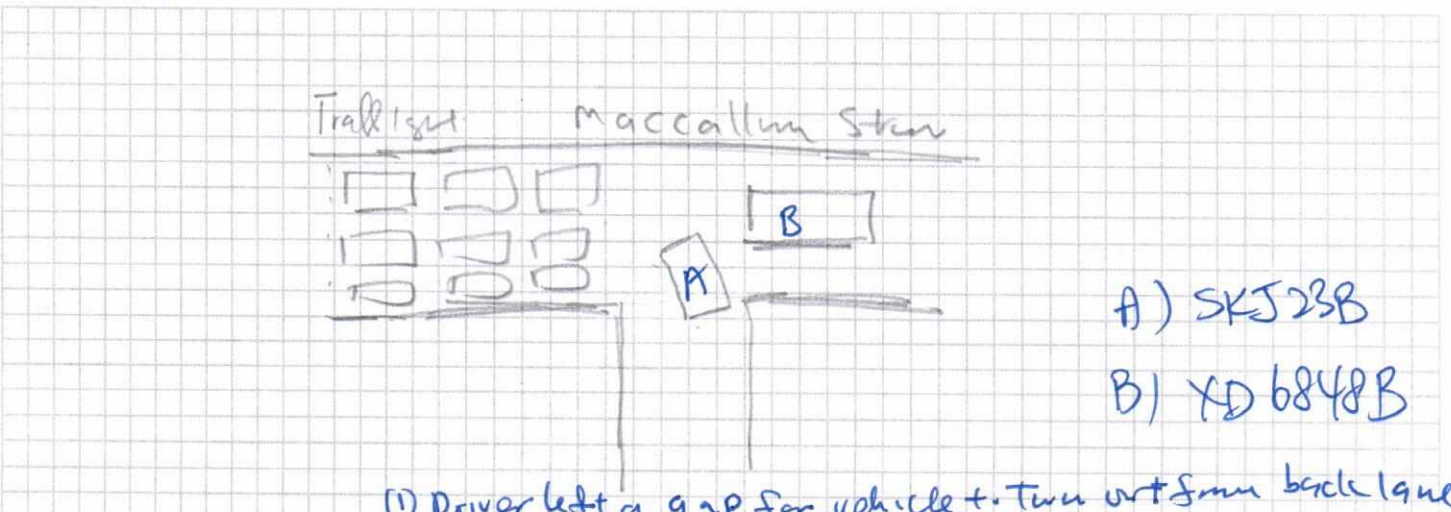
5/3/2021

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

5/3/2021

Witnessed by Reporting Centre Personnel

Sketch Plan




- ① Driver left a gap for vehicle + turn out from back lane.
- ② All vehicle stationary waiting for Traffic Light to turn green


Describe Circumstances of the Accident

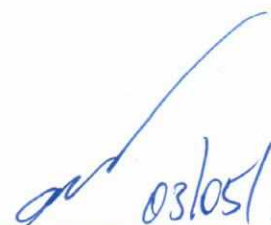
REFER TO NOTICE OF REPORTING

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 3/5/2021


Driver's Signature (If driver is not the policyholder) / Date
& Time 3/5/2021


03/05/2021
Witnessed by Reporting Centre
Personnel

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Low See Ching (Liu Shijin), NRIC/FIN
S7506530B, has reported to the Police a non-injury traffic accident which
occurred at McCallum Street
on 30/04/2021 at 1830hrs involving the following vehicles:

V1) SKJ23B (Informant)
V2) XD6848B

Facts:

1 On the above mentioned date and time, I came out from a backlane and was at a stationary position along McCallum Street waiting for the traffic light to turn green. During which, another vehicle bearing registration plate XD6848B on my right was stationary too. When the traffic light turned green, both of our vehicles started to move on however the driver V2 had collided on my right side of my vehicle. Due to the collision, my vehicle had sustained serious damages which needed to be towed away. I took photos of the damages and exchanged particulars with the other party.

2 Nobody was injured and no conveyance made. I am lodging this for record purposes.

3 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (3) T130339 Nur Fatin

Date: 30/04/2021 Time: 2151 hrs

S/D Ref: 56

Police Post/Unit: Bukit Timah NPC / Tanglin Police Division

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL



ACCIDENT STATEMENT

ACCIDENT DATE: (30/04/2021) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: McCallum Street.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ23B
b) INSURANCE COMPANY: VOI
c) POLICY NUMBER: PHOM120036701801
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: DB11 Aston Martin.
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: Low See ching (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7506530B CONTACT: 93832733
c) ADDRESS: 23A MARIGOLD DRIVE S (576431)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (17/02/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 Nov 1995.

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: Bukit Timah.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD6848B MODEL: Waste Management Truck
b) DRIVER'S NAME: RAJAN A/L RAMAU
c) NRIC/FIN/PASSPORT: G7694628R CONTACT: +65 8504 9904

9. THIRD PARTY VEHICLE (Driving license)

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

Email: elseec@gmail.com

VIDEO

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.	DHOM120036701801	Excess:	\$10000/-RESTRICTED DRIVERS APPL IN S'PORE \$20000/-RESTRICTED DRIVERS APPL OUTSIDE S'PORE \$1000/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKJ23B		
Name of Insured	LOW SEE CHING (LIU SHIJIN)		
Restricted Driver(s)	LOW SEE CHING (LIU SHIJIN) EVELYN YEOH JOE WEI		

Period of Insurance	20 September 2020 to 19 September 2022	Engine#	AE31/48911
Hire Purchase	DBS BANK LTD	Chassis#	SCFRLFAV0HGL02730

Private Car - Individual Ownership [MX 1]

AUTHORISED DRIVER
 1 The Insured
 2 Restricted Driver[s] refer above

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

FSCPP Date : 06/08/2020