

NATIONAL Assessment Centre Services

Date In: 20/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/40521005997/13	SAS e-filing		
Veh No: 5DF88166	E-mail (within 8hrs. Aft. 2hrs.)		
D.O.A: 04/05/21 1700	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: SMP1594H	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

NA2102959	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
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*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC \$20		
Auditors' Comments :-	9) N12: Idac Mobile 30		
Cat. 1:	Invoice date/	Fee Charged	
Cat. 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	20/05/2021 10:48 (SGT)
Date of Accident	04/05/2021 17:00 (SGT)
Exact Location of Accident	Park Cres, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF8816G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM FOOK HING
NRIC No	SXXXX587D
Email Address	ROLANDLIMFH@GMAIL.COM
Mobile Phone No	(Phone) +65-96633016
Alternative Phone No	+65-96633016

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110169201901
Cover Note Number	-

DRIVER

Name of Driver	LIM FOOK HING
NRIC No	SXXXX587D

Date Of Birth	29/08/1947
Occupation	Indoor
Date Of Driving Pass	19/07/1968
Driving experience	52 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96633016
Alt. Phone Number	+65-96633016
Email Address	ROLANDLIMFH@GMAIL.COM
Address	9 JANSEN CLOSE
Address complement	-
Postcode	548479
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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	Serangoon Gardens Neighbourhood Police Post
Police Station Address	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210519/2051

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT RECORDED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP1594H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

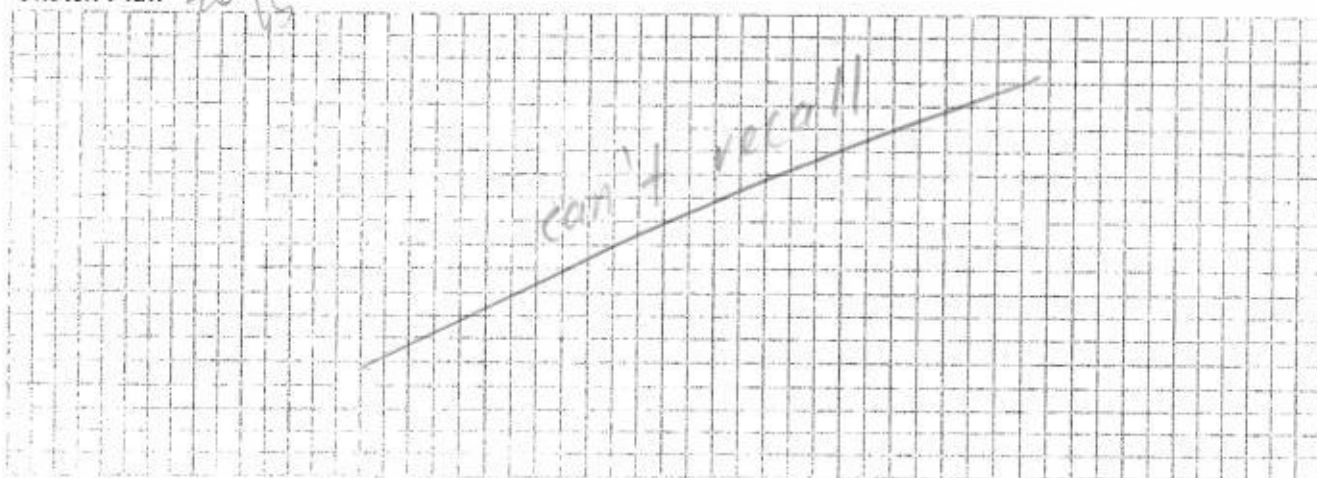
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: T/20210519/2051

Declaration

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

[Signature]
Policyholder's Signature / Date & Time
20/5

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

[Signature] *20/05/21*
Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20210519/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2021 15:14	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: LIM FOOK HING			Address: 9 JANSEN CLOSE SINGAPORE 548479		
ID Type / ID No.: NRIC NO / S0047587D			Contact No.: Home/Office: Mobile: 96633016		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 29/08/1947	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2021 17:00	Type of Location: Car Park
Location: PARK CRESCENT				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDF8816G	Car	MERCEDES BENZ	GLC250 COUPE AUTO	Silver	No Damage	0
SMP1594H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDF8816G	UNITED OVERSEAS INSURANCE LIMITED	DHOM1101692019 01	23/07/2020	22/07/2021



SINGAPORE POLICE FORCE



T/20210519/2051

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Report No. T/20210519/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM FOOK HING	ID No.	S0047587D
Related Vehicle	SDF8816G (Car)	Contact No.	96633016
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name			
LIM YONG KEONG	ID No.	NIL	
Related Vehicle	SMP1594H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2021 at about 1700hrs, I was driving my vehicle - SDF8816G at Blk 33 Park Crescent MSCP. At that point, the weather was raining heavily and the floor was wet.

At that point, the carpark was full and I have problems finding a parking lot. As such, I have made several 3-points turns and reverses around the carpark. After a while, I managed to find a lot and parked my vehicle. I am unable to recall the deck and vehicle lot I parked at. I then proceeded to leave the carpark to purchase my food before I returned shortly to retrieve my car and left the area.

On 18/05/2021, I received a letter from UOI (United Overseas Insurance Limited) that a vehicle owner namely Lim Yong Keong, SMP1594H had lodged a traffic accident (T/20210505/2117) report against me. They have also attached a copy of the police report for my reference.

In the traffic accident report, it was stated that on 04/05/2021 at about 1715hrs, my car had reverse into the parking lot next to the vehicle owner. It was also stated in the process of reversing, the rear left bumper of my vehicle had collided into the front right bumper of his vehicle. I was then seen leaving without leaving any note or contact details behind.

I wish to state that I have some hearing difficulties and on the day of the incident, I did not notice any alarm sensor during reversing. Neither did I felt any collisions as well. Furthermore, it was raining heavily on the day as well, which made it more difficult for me to hear the environment sound clearly.



**SINGAPORE
POLICE FORCE**



T/20210519/2051

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Report No. T/20210519/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

I also wish to state that I did noticed there was some scratch marks on the rear of my vehicle. However, I did not take much notice and had sent it for repair. I did not sustain any injuries.

As such, I am lodging this police report to submit to my insurance company and to aid the traffic police for the investigation.



**SINGAPORE
POLICE FORCE**



T/20210519/2051

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Report No. T/20210519/2051

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 TAN WEI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/05/2021 15:14

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



11 May 2021

Our Ref : DHOM110169201901

Lim Fook Hing
9 Jansen Close
Singapore 548479

Dear Sir

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES SDF8816G AND SMP1594H ON 04.05.2021.**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copies of the following letter(s) are attached for your information:-

- (1) Letter dated 07 May from InchCape representing vehicle SMP1594H and a copy of his police report

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving licence immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle.

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully
for **UNITED OVERSEAS INSURANCE LTD**



Josephine Wong
Claims Division

胜利喷漆有限公司

SHENG LI SPRAY PAINTING PTE LTD

(Business Registration No.: 202013959H)

Block 1, Sector C #01-137, Sin Ming Industrial Estate Singapore 575636 Tel : 6453 2211

新加坡新民路工业区大牌 零一。一三七号 电话：六四五三二二一一

歡無光諸咭打燒地帆噴汽各修本
迎任顧君等嗎焊楠布漆車種理號
SPECIALISE IN SPRAY PAINTING AND
MOTOR CAR REPAIR

No.: 0676

M

Cash

Date: *8/5/21*
車號 *mercedes*
Vehicle No: *SDP 88166*

Quantity	Description of Goods Supplied	@	\$	cts.
	- labour changer			
	- LH Bumper repair		180	00
	- Knocky & spray painting			
TOTAL \$			180	00

Wb

ACCIDENT STATEMENT

ACCIDENT DATE: (04/05/21) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: PARK CRESCENT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDF8816G
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM110169201901
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERC GLC250 (A) 1991
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: LIM POOK HING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S00475870 CONTACT: 96633016
 c) ADDRESS: 9 JANSSEN CLOSE
 (548479)

* 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: (29/08/1947) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/07/1968

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: SMP1594H MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 (1)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email =

fax =

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.	DHOM110169201901	Excess:	\$0/-NAMED DRIVERS
Type of Cover	COMPREHENSIVE		\$0/-OTHERS
Vehicle Number	SDF8816G		\$2000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	LIM FOOK HING		\$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 23 July 2020 to 22 July 2021

Engine# 27492031381425
Chassis# WDC2533462F407860

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

FSCPP Date : 15/07/2020


 For the Company