

NATIONAL Assessment Centre Services. Jan 2005 **210821614001**

Date In: <b>17/06/2021 11:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>1138/10721006785/4</b>	SAS e-filing		
Veh No: <b>GBD 3960P</b>	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: <b>16/06/2021 10:20</b>	I-Motor Claims Form		
OD: <b>TP</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VK32		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **GBE 3468P** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Dates: ( ) Times: ( )

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Assignment	By

**NA2102144**

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditor's Comments: \_\_\_\_\_

Date: \_\_\_\_\_

1) AR: Accident Reporting (\$30)	INC (\$10)
3) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 Jan 2005)	\$75
6) TR: Re-inspection	\$160
7) NI: Idao DA + EMRI Survey	
8) NTUC Additional Services:	
ON:	\$3
• NS: Courtesy Car / Tpl Allowance	\$10
• NG: Repair Co-ordination	\$23
• NW: Post Repair Inspection	\$3
• NB: DV / Collect Excess Co-ordination	\$30
• TP (NI) / TP (NS, INC) against INC	\$0
9) NI: Idao Mobile	

Fee Charged \_\_\_\_\_  
 Fee Charged \_\_\_\_\_

Invoice dated \_\_\_\_\_  
 Invoice dated \_\_\_\_\_

# 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 ..... 17/06/2021 11:57 (SGT)  
Date of Accident ..... 16/06/2021 10:20 (SGT)  
Exact Location of Accident ..... Sims Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD3960P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YONG GARMENTS MANUFACTURING CO PTE LTD  
Company Reg No ..... 1XXXXX606R  
Email Address ..... liuaikou00@gmail.com  
Mobile Phone No ..... (Phone) +65-82918821  
Alternative Phone No ..... (Office) +65-62835053

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... DHOM110145381505  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIU AIKOU  
Passport No/FIN ..... GXXXX994Q

Date Of Birth .....	06/08/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	23/10/2019
Driving experience .....	1 YEAR AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82918821
Alt. Phone Number .....	-
Email Address .....	liuaikou00@gmail.com
Address .....	97 GEYLANG BAHRU
Address complement .....	-
Postcode .....	-
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? .....	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

WHILE I TRAVELLING ALONG SIMS AVENUE. I SAW TRAFFIC LIGHT FROM YELLOW CHANGE TO RED. I SLOW DOWN MY VEHICLE PREPARE TO STOP AND SUDDENLY VEHICLE B BEHIND ME COULD NOT STOP IN TIME AND HIT ONTO MY REAR.

#### 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 .....	GBE3468P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	DONG ZHI SHUAI
Passport No/FIN .....	GXXXX762K
Contact Number .....	(Phone) +65-91878604

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

**SKETCH PLAN**

Veh A: 6BD3960P

Veh B: 6BE3468P

**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 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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY.I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 17/06/2021  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

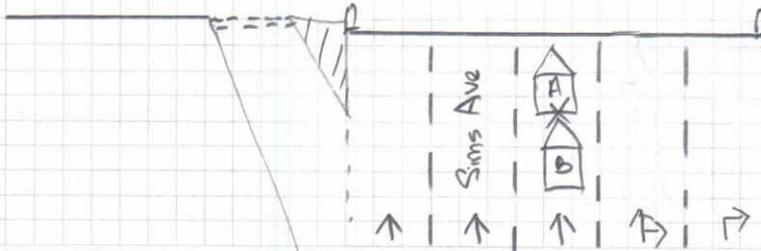
17/6/2021  
10:25 AM

**SKETCH PLAN**

Veh A: GBD3960P

Veh B: GBE3468P

Jahn Eunos



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While I travelling along Sims Avenue , I saw traffic light from  
yellow change to red . I slow down my vehicle prepare to stop and suddenly  
Vehicle B behind me could not stop in time and hit onto my rear .

**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:

17/6/2021  
10:25 AM

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

①

\*Date of Accident: 16/6/2021

\*Time of Accident: 10:20 AM

\*Accident Location: Sims Ave

### Vehicle Details

\*Vehicle Number: GBD3960P \* Make & Model: Toyota Hiace Van Turbo 5 DR Manual Eng Cap: 2982 cc  
\* Purpose Being Used At Time Of Accident: Work

### Insured / Policyholder

\*Owner Name: Yong Garments Manufacturing Co. P/L \*NRIC: 199404606 R

\*Address: 362 UP Paya Lebar RD # 09-12

\*Email: \_\_\_\_\_ \*HP: 6283 5053 - office

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel / H / Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: Lia Aikou \*NRIC: G2380994 Q

\*Address: 97 Geylang Bahru

\*Date of Birth: 02/06/1983 \*Driving Pass Date: 23/10/2019 \*HP: 82918821

\*Email: Liaaikou00@gmail.com \*Gender: Male / Female

\*Occupation: driver (Indoor / Outdoor) \* Tel / H / Other: 6283 5053

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\* P/Name: / / (Male/Female) \* P/Name: / / (Male/Female)

\* P/Name: / / (Male/Female) \* P/Name: / / (Male/Female)

### Insurance Company

\*Insurer: VOI \*Coverage: C / TPFT / TPO \*Policy No: DHQM110145 381505

### Detail of other vehicle / Property 1

Vehicle No.: GBE 3468P

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: Dang zhi Shuai

NRIC : G2913762 K

HP : 9187 8604

No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only (TP Claims))

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC : \_\_\_\_\_ HP: \_\_\_\_\_)

\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



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. 197400152R

**Certificate of Insurance**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**ORIGINAL**

<b>CERTIFICATE NO.</b>	DHOM110145381505	<b>Excess:</b>	\$500/-SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBD3960P		
<b>Name of Insured</b>	YONG GARMENTS MANUFACTURING CO PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

<b>Period of Insurance</b>	14 October 2020 to 13 October 2021	<b>Engine#</b>	1KD2436782
<b>Hire Purchase</b>	UNITED OVERSEAS BANK LIMITED	<b>Chassis#</b>	JTFHT02P500148236

Goods carrying - Private Type [MZ 300]

**AUTHORISED DRIVER**

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

**LIMITATIONS AS TO USE**

- (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 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 : 21/09/2020