

**NATIONAL Assessment Centre Services**

Date In: 21/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/00721006835/13	SAS e-filing		
Veh No: SLK 7971B	E-mail (w/In, 5hrs, AD 2hrs)		
D.O.A: 18/06/21 1308	i-Motor Claim Form		
OD: TP (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/Wksp		

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

TP Particulars: Veh No: SGL319K 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
Cat. 1:	7) NI: Idac DA + SMRT Survey \$160		
Cat. 2/3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	9) N11: TP (Non-INC) against INC \$20		
	9) N12: Idac 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	21/06/2021 10:51 (SGT)
Date of Accident	18/06/2021 13:08 (SGT)
Exact Location of Accident	Rodyk St, Singapore
Additional Location Information	TOWARDS MARTIN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK7971B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KIM LENG PETER
NRIC No	SXXXX886B
Email Address	KIMBERLY-CHUA@OUTLOOK.COM
Mobile Phone No	(Phone) +65-93662366
Alternative Phone No	+65-93662366

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120043641901
Cover Note Number	-

#### DRIVER

Name of Driver	KIMBERLY CHUA
NRIC No	SXXXX945A

Date Of Birth	17/09/1997
Occupation	Outdoor
Date Of Driving Pass	04/01/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83822366
Alt. Phone Number	-
Email Address	KIMBERLY-CHUA@OUTLOOK.COM
Address	BLK 192A RIVERVALE DR
Address complement	#06-934
Postcode	541192
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	DRIZZLING
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS EXITING OUT OF RODYK STREET ONTO MARTIN RD.I WAS LOOKING TO TURN RIGHT,WITH INCOMING TRAFFIC ON THE LEFT.WHEN I MADE THE TURN I COLLIDED INTO VEH B AS HE WAS DRIVING FORWARD.I HIT ONTO HIS RIGHT SIDE PORTION OF HIS VEH.WE BOTH GOT OUT OF OUR CARS,VEH B DRIVER WAS UNHARMED AND NO INJURIES.HE HAD NO PHYSICAL INJURIES AND REPEATEDLY ANSWERED TO NO INJURIES AT POINT OF ACCIDENT.WE EXCHANGED DETAILS AND THEN PROCEEDED TO FILE AN ACCIDENT REPORT WITH IDAC.

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	SGL319K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN ENG SUAN

NRIC No	SXXXX8831
Contact Number	(Phone) +65-98823289
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



**Describe Circumstances of the Accident**

I was exiting out of Rodur street onto Martin Rd. I was looking to turn right, with incoming traffic on the left.

When I made the turn, I collided ~~in~~ into Mr. Chan as he was driving forward. I hit onto the right side of his car door (drivers seat side).

We both got out of our cars, and Mr Chan was unharmed, and had no injuries. He had no physical injuries and ~~we~~ repeatedly answered to no injuries at point of accident.

We exchanged details and then proceeded to file an accident report with IDAC.

**Declaration**

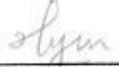
We declare the foregoing particulars are true in every respect.

 18/6

Policyholder's Signature / Date & Time

 18 June 2021

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

 21/06/21

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (18/06/21) (DD/MM/YYYY), TIME: (13:08) (HH:MM)

LOCATION: ROBERTSON QUAY ROBYN STREET

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 7971B  
b) INSURANCE COMPANY: UOI  
c) POLICY NUMBER: DHUM/20043641901  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MERCE C180A  
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: CHUA KIM LING PETER (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1685886B CONTACT: 93662366  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: KIMBERLY CHUA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9732945A CONTACT: 83822366  
c) ADDRESS: BLC 172A RIVERVALE DR  
#106-924 (54192)

\*d) DATE OF BIRTH: (17/04/1997) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 04/01/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)  
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: SGL319K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHAN ENG SUAN  
c) NRIC/FIN/PASSPORT: S2500883I CONTACT: 988233289

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = kimberly\_chua@outlook.com

fax =

VIDEO = 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. 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>	DHOM120043641901	<b>Excess:</b>	\$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM \$500/-NAMED DRIVERS
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	SLK7971B		
<b>Name of Insured</b>	CHUA KIM LENG PETER		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 22 July 2020 to 21 July 2022  
**Hire Purchase** DBS BANK LTD

**Engine#** 27491030059113  
**Chassis#** WDD2043312G127463

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

FSCPP Date : 05/06/2020