

NATIONAL Assessment Centre Services

Date In: 06/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/NOI21007394/03	SAS e-filing		
Veh No: 5279254C	E-mail (w/duc, Slat, AP, 2hrs)		
DOA: 05/07/21 1350	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: G865836L	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

NA2105352	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		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:-		
	OD:		
	*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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charged	
Auditors' Comments :-	Invoice dated:	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			



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	06/07/2021 17:30 (SGT)
Date of Accident	05/07/2021 13:50 (SGT)
Exact Location of Accident	37A Teban Gardens Rd, Singapore 601037
Additional Location Information	TEBAN GARDEN HAWKER CENTRE OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9254C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJARAJEN S/O ROWTHEN
NRIC No	SXXXX473B
Email Address	rajen@live.com.sg
Mobile Phone No	(Phone) +65-91262359
Alternative Phone No	+65-91262359

VEHICLE PARTICULARS

Manufacturer	Opel
Model	ASTRA HB 1.4 AT
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	1399

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120037831801
Cover Note Number	-

DRIVER

Name of Driver	RAJARAJEN S/O ROWTHEN
NRIC No	SXXXX473B



Date Of Birth	23/06/1959
Occupation	Indoor
Date Of Driving Pass	04/08/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91262359
Alt. Phone Number	+65-91262359
Email Address	rajen@live.com.sg
Address	BLK 153 TOA PAYOH LOR 2
Address complement	#05-602
Postcode	310153
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SALAMAT
Gender	Male

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

ON 5TH JULY AT 13:50HRS MY COLLEAGUE AND I BOARDED MY VEH SLT9245C.AFTER HAVING LUNCH AT TEBAN GARDEN HAWHER CENTRE.WHEN I WAS MOVING OUT OF THE PARKING LOT NO 114,I NOTICED THAT A VEH B GBG5836L WAS MAKING AN ABRUPT SHARP RIGHT TURN.I SAW THAT THE VEH B DRIVER WAS NOT LOOKING AT MY CAR,I IMMEDIATELY STOPPED MY CAR AND HORNED.THE VEH B SWERVED INFRT OF MY VEH AND COLLIDED ON MY FRT RIGHT BUMPER AND DRAGGED TO THE FRT LEFT BUMPER BEFORE VEH B CAME TO A HALT.

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	FRT CAMERA NOT WORKING
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	GBG5836L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD KHAIRUL BIN KAMAL
NRIC No	SXXXX993F
Contact Number	(Phone) +65-94510215
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

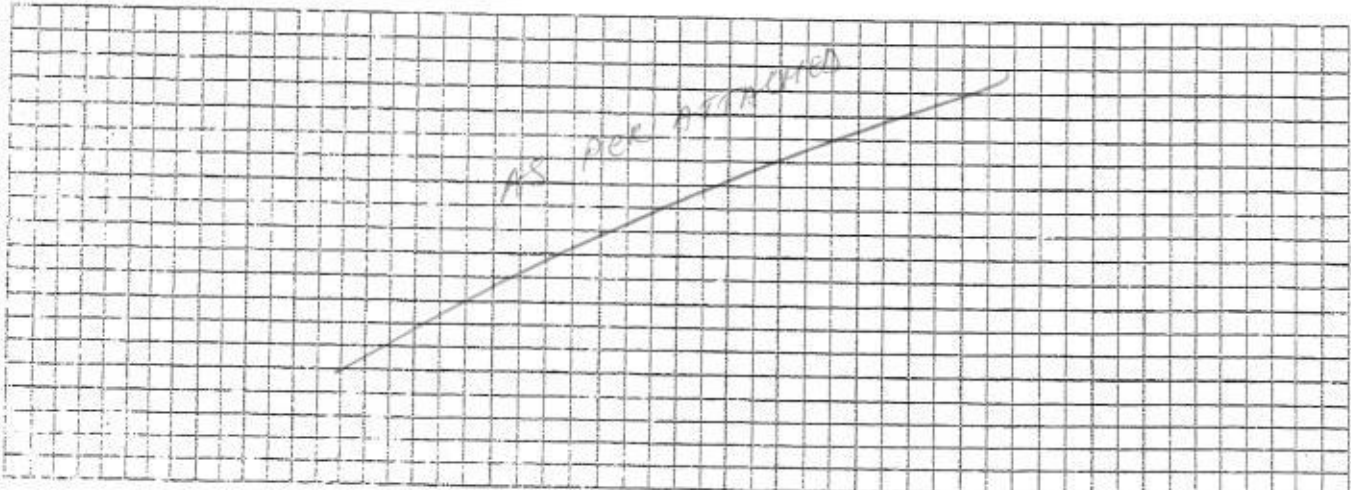
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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.

 6/7/2021
Policyholder's Signature / Date & Time

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

 06/07/21
Witnessed by Reporting Centre Personnel

Sketch Plan



UOI - DHOM 120037231201

- Ex: Nov-2021

On 5th July 2021 at 1.50pm, my colleague, Mr Salamat 97653294, and I boarded my vehicle, SLT9245C, after having lunch at Teban Garden Hawker Centre. When I was moving out of the parking lot no. 114, I noticed that a white van, GBG5836L, was making an abrupt sharp right turn. I saw that the white van driver was not looking at my car, I immediately stopped my car & horned. The white van, swerved in front of my vehicle and collided on my front right bumper & dragged to the front left bumper before he came to a halt.



Position of the collided vehicle. The white van making a sharp right turn and not making a proper right turn using the proper lane.

Describe Circumstances of the Accident

P/s refer to the attached statement.

Declaration

We declare the foregoing particulars are true in every respect.

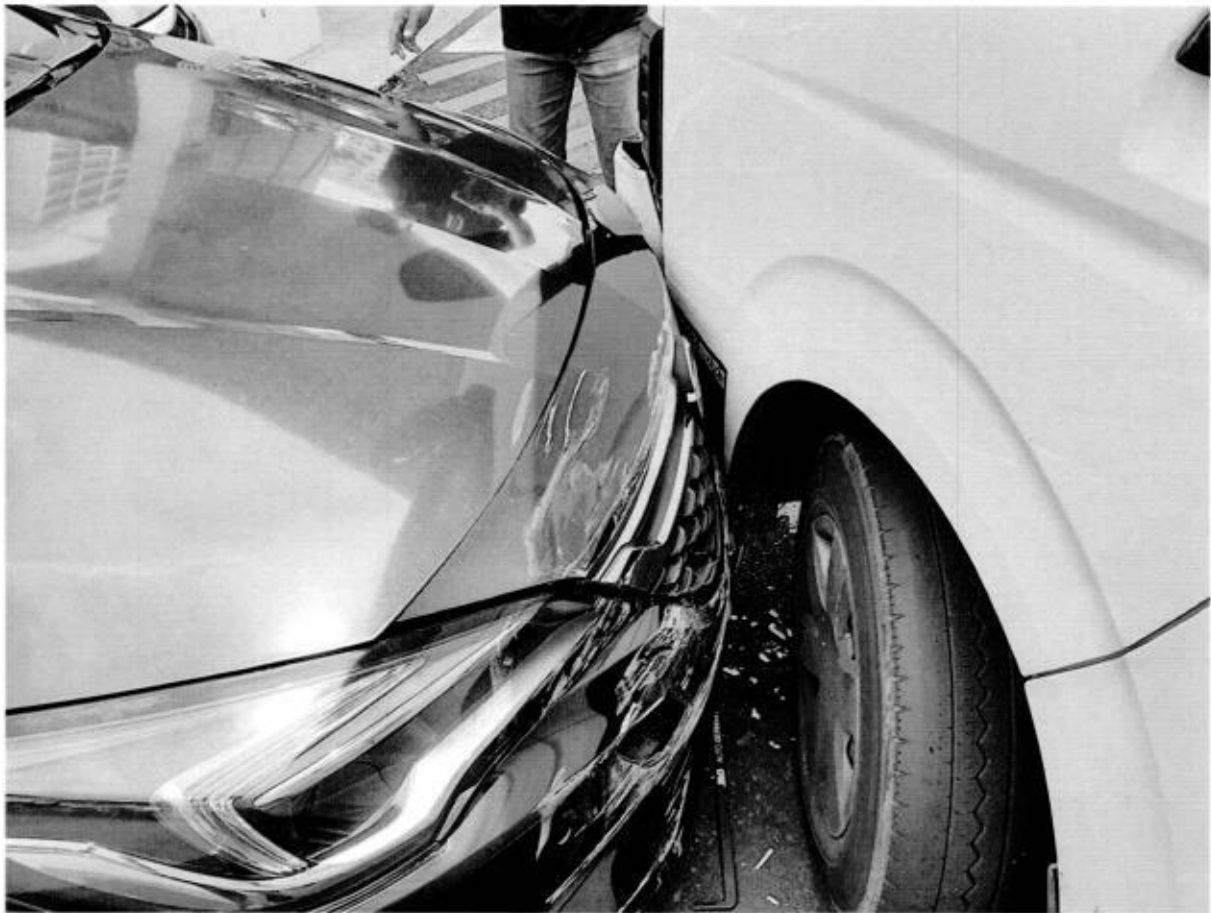
[Signature] *6/7/2021*

Policyholder's Signature / Date &
Time

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

[Signature] *06/07/21*

Witnessed by Reporting Centre
Personnel



The front damages of my car was due to the van left bumper hit on the right front side of my car and dragged to left.



Position of my car which is already half way out of the parking lot 114 and at halt.

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 07 / 21) (DD/MM/YYYY), TIME: (13 : 50) (HH:MM)

LOCATION: TEBAN GARDEN HAWKER CENTRE CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 9245C
 b) INSURANCE COMPANY: UOZ
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: OPHEL X-IVA 1.4
 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: RS Arin Driver (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAJARAJEN ROWTHEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1348473B CONTACT: 91262359
 c) ADDRESS: BLK 153 TUA PAUH LOR 2
#05-602 / 310152

*d) DATE OF BIRTH: (23 / 06 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04 (08/1999)

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: GBG 5836L MODEL: _____
 b) DRIVER'S NAME: Muhammad Khairul Bin Kamal
 c) NRIC/FIN/PASSPORT: S9422993F CONTACT: 94510315

9. THIRD PARTY VEHICLE

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

* No of passengers
 (Including driver)
(2)

* SALAMAT
(M)

* No of passengers
 (Including driver)
()

* No of passengers
 (Including driver)
()

Email = raj@live.com.sg

fax =

video = no yes, but not working

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.	DHOM120037831801	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SLT9254C		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	RAJARAJEN S/O ROWTHEN		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 16 November 2020 to 15 November 2021

Engine# B1171707JCVX0809
Chassis# WOLBE6ECXHG180525

Hire Purchase MAYBANK SINGAPORE LIMITED

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 : 06/07/2021