

NATIONAL Assessment Centre Services

Unit 1/2/3/4/5

Sub 2900002

Date In: 24/09/2021 16:29
Ref No: N/A 103973
Veh No: 24/09/2021 14:12
D.O.A: 24/09/2021 14:12

Job description: SAS e-illing
E-mail (by email, also short)
I-Motor Claim Form
I-Motor W/O (Within 60 days, TP 4hrs)
I-Photo Uploaded
Assessment/Survey Report
Assessment Report by Fax/Hand to Owner/VV123

Date by

TP Reporting Only

TP Insurer:

Preferred Wksp / INO Assessor Wksp / QW:

TP Incident No: VEH No: 24/09/2021 14:12

INC () / Non-INC ()

Owner / Driver ()

Tel:

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date:

Time:

Insured/Driver Liability: () % (Note: Est. Status (WO): NI: 0-20%; PI: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: () Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer / Customer's Information strictly Confidential & strictly NO Referral of reputation

() Total Loss Case / to email 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 Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

()

1) All Accident Insurance (50%)	INC ()
2) DA / Survey / Assessment (\$1000)	\$1000
3) TP / Follow Up	\$120
4) PT / Follow Through Survey	\$20
5) PT / Follow Through Survey (Recovery)	\$20
6) PT / Follow Through Survey (Recovery)	\$20
7) PT / Follow Through Survey (Recovery)	\$20
8) PT / Follow Through Survey (Recovery)	\$20
9) PT / Follow Through Survey (Recovery)	\$20
10) PT / Follow Through Survey (Recovery)	\$20
11) PT / Follow Through Survey (Recovery)	\$20
12) PT / Follow Through Survey (Recovery)	\$20
13) PT / Follow Through Survey (Recovery)	\$20
14) PT / Follow Through Survey (Recovery)	\$20
15) PT / Follow Through Survey (Recovery)	\$20
16) PT / Follow Through Survey (Recovery)	\$20
17) PT / Follow Through Survey (Recovery)	\$20
18) PT / Follow Through Survey (Recovery)	\$20
19) PT / Follow Through Survey (Recovery)	\$20
20) PT / Follow Through Survey (Recovery)	\$20
21) PT / Follow Through Survey (Recovery)	\$20
22) PT / Follow Through Survey (Recovery)	\$20
23) PT / Follow Through Survey (Recovery)	\$20
24) PT / Follow Through Survey (Recovery)	\$20
25) PT / Follow Through Survey (Recovery)	\$20
26) PT / Follow Through Survey (Recovery)	\$20
27) PT / Follow Through Survey (Recovery)	\$20
28) PT / Follow Through Survey (Recovery)	\$20
29) PT / Follow Through Survey (Recovery)	\$20
30) PT / Follow Through Survey (Recovery)	\$20
31) PT / Follow Through Survey (Recovery)	\$20
32) PT / Follow Through Survey (Recovery)	\$20
33) PT / Follow Through Survey (Recovery)	\$20
34) PT / Follow Through Survey (Recovery)	\$20
35) PT / Follow Through Survey (Recovery)	\$20
36) PT / Follow Through Survey (Recovery)	\$20
37) PT / Follow Through Survey (Recovery)	\$20
38) PT / Follow Through Survey (Recovery)	\$20
39) PT / Follow Through Survey (Recovery)	\$20
40) PT / Follow Through Survey (Recovery)	\$20
41) PT / Follow Through Survey (Recovery)	\$20
42) PT / Follow Through Survey (Recovery)	\$20
43) PT / Follow Through Survey (Recovery)	\$20
44) PT / Follow Through Survey (Recovery)	\$20
45) PT / Follow Through Survey (Recovery)	\$20
46) PT / Follow Through Survey (Recovery)	\$20
47) PT / Follow Through Survey (Recovery)	\$20
48) PT / Follow Through Survey (Recovery)	\$20
49) PT / Follow Through Survey (Recovery)	\$20
50) PT / Follow Through Survey (Recovery)	\$20
51) PT / Follow Through Survey (Recovery)	\$20
52) PT / Follow Through Survey (Recovery)	\$20
53) PT / Follow Through Survey (Recovery)	\$20
54) PT / Follow Through Survey (Recovery)	\$20
55) PT / Follow Through Survey (Recovery)	\$20
56) PT / Follow Through Survey (Recovery)	\$20
57) PT / Follow Through Survey (Recovery)	\$20
58) PT / Follow Through Survey (Recovery)	\$20
59) PT / Follow Through Survey (Recovery)	\$20
60) PT / Follow Through Survey (Recovery)	\$20
61) PT / Follow Through Survey (Recovery)	\$20
62) PT / Follow Through Survey (Recovery)	\$20
63) PT / Follow Through Survey (Recovery)	\$20
64) PT / Follow Through Survey (Recovery)	\$20
65) PT / Follow Through Survey (Recovery)	\$20
66) PT / Follow Through Survey (Recovery)	\$20
67) PT / Follow Through Survey (Recovery)	\$20
68) PT / Follow Through Survey (Recovery)	\$20
69) PT / Follow Through Survey (Recovery)	\$20
70) PT / Follow Through Survey (Recovery)	\$20
71) PT / Follow Through Survey (Recovery)	\$20
72) PT / Follow Through Survey (Recovery)	\$20
73) PT / Follow Through Survey (Recovery)	\$20
74) PT / Follow Through Survey (Recovery)	\$20
75) PT / Follow Through Survey (Recovery)	\$20
76) PT / Follow Through Survey (Recovery)	\$20
77) PT / Follow Through Survey (Recovery)	\$20
78) PT / Follow Through Survey (Recovery)	\$20
79) PT / Follow Through Survey (Recovery)	\$20
80) PT / Follow Through Survey (Recovery)	\$20
81) PT / Follow Through Survey (Recovery)	\$20
82) PT / Follow Through Survey (Recovery)	\$20
83) PT / Follow Through Survey (Recovery)	\$20
84) PT / Follow Through Survey (Recovery)	\$20
85) PT / Follow Through Survey (Recovery)	\$20
86) PT / Follow Through Survey (Recovery)	\$20
87) PT / Follow Through Survey (Recovery)	\$20
88) PT / Follow Through Survey (Recovery)	\$20
89) PT / Follow Through Survey (Recovery)	\$20
90) PT / Follow Through Survey (Recovery)	\$20
91) PT / Follow Through Survey (Recovery)	\$20
92) PT / Follow Through Survey (Recovery)	\$20
93) PT / Follow Through Survey (Recovery)	\$20
94) PT / Follow Through Survey (Recovery)	\$20
95) PT / Follow Through Survey (Recovery)	\$20
96) PT / Follow Through Survey (Recovery)	\$20
97) PT / Follow Through Survey (Recovery)	\$20
98) PT / Follow Through Survey (Recovery)	\$20
99) PT / Follow Through Survey (Recovery)	\$20
100) PT / Follow Through Survey (Recovery)	\$20

NA2103973

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engin-Chief):

QC:

QC:

QC:

QC:

QC:

QC:

QC:

QC:

QC:

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	24/09/2021 16:29 (SGT)
Date of Accident	23/09/2021 14:12 (SGT)
Exact Location of Accident	Kaki Bukit Rd 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF6113R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TAO YON, CLEMENT (HUANG DAOYONG)
NRIC No	SXXXX468D
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-98413031
Alternative Phone No	+65-98413031

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs200t
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	1998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120047641900
Cover Note Number	-

DRIVER

Name of Driver	NG TAO YON, CLEMENT (HUANG DAOYONG)
NRIC No	SXXXX468D

Date Of Birth	28/09/1978
Occupation	Indoor
Date Of Driving Pass	02/01/2003
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98413031
Alt. Phone Number	+65-98413031
Email Address	citizenpower555@gmail.com
Address	30 JAGO CLOSE
Address complement	-
Postcode	428440
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 - 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 vehicle 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

ON THE STATED DATE AND TIME, I WAS WAITING FOR THE VEHICLE IN FRONT OF ME TO MOVE OFF. OUT OF NOWHERE, I FELT AN IMPACT FROM THE 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	GBJ4152S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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 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 :

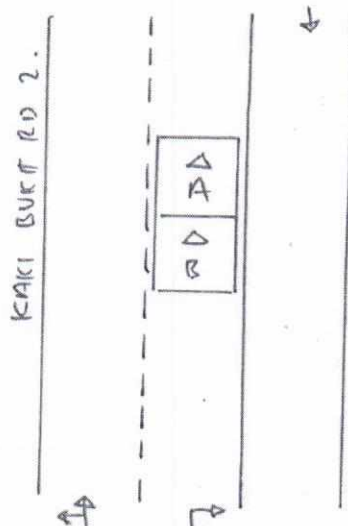
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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



A: SFF 6113R.
B: GB 4152S.

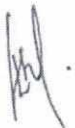
Describe circumstances of the incident

ON THE STATED DATE AND TIME, I WAS WAITING FOR THE
VEH IN FRONT OF ME TO MOVE OFF.

OUT OF NOWHERE, I FELT AN IMPACT FROM THE REAR.

Declaration

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


Witnessed by Reporting Centre
Personnel

VEHICLE NO: SFF 6113R.

MAKE & MODEL: LEXUS GS200T.

AUTO / MATRICAL

DATE OF ACCIDENT	22 / 09 / 21.	ACC. 2.0.
TIME OF ACCIDENT	1412.	AM / PM
LOCATION OF ACCIDENT	KAKI BUKIT RD 2.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	NG TAO YUN, CLEMENT (HUANG DAOYONG, CLEMENT).	
EMAIL	CITIZENPOWER555@gmail.com	Office: MOBILE: 98413031.
NRIC	57828468D	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	WU	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DHDM120047641900	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	"	
DATE OF BIRTH	28 / 09 / 78.	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	02 / 01 / 03.	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 4 Office: Home:	
EMAIL	4	
ADDRESS	30 JAGO close 5 (92844).	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No: IMPRPP.	
RELATIONSHIP	Employee / If No: <u>SELF</u> .	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONTACT NO.	/	
POLICE REPORT	<u>NO</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	6B) 4152S.	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u> .	
**WORKSHOP:	REVOLUTION AUTOMOTIVE.	
Have you been approach by unknown person soliciting (s) /		

66



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

CERTIFICATE NO.	DHOM120047641900	Excess:	\$750/- NAMED DRIVERS - OPTION 2
Type of Cover	COMPREHENSIVE		\$1500/- OTHERS
Vehicle Number	SFF6113R		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	NG TAO YON CLEMENT		\$100/- WINDSCREEN DAMAGE CLAIM
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 7 December 2019 to 6 December 2021

Engine# 8ARZ036959
Chassis# JTHBA1BL80A002221

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

MCHHC Date : 11/10/2019