

NATIONAL Assessment Centre Services

Date In: 29/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/0021011093/13	SAS e-filing		
Veh No: 8 KP 4293E	E-mail (within 3hrs. MP: 2hrs)		
DOA: 28/10/21 0900	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: SGC 4183J	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

NA2104316	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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		
	Invoice date: /	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	29/10/2021 16:50 (SGT)
Date of Accident	28/10/2021 09:00 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP4293E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN GUEK ENG
NRIC No	SXXXX594D
Email Address	wongsy@singnet.com.sg
Mobile Phone No	(Phone) +65-96487550
Alternative Phone No	+65-96487550

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1400

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120036381801
Cover Note Number	-

DRIVER

Name of Driver	WONG SWEI YEUAN
NRIC No	SXXXX853J

Date Of Birth	25/11/1968
Occupation	Indoor
Date Of Driving Pass	09/03/1987
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97314130
Alt. Phone Number	-
Email Address	wongsy@singnet.com.sg
Address	BLK 768 BEDOK RESERVOIR RD
Address complement	#05-28
Postcode	479249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	KELVIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20211028/2098

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG4183J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STELLA FERNANDEZ
NRIC No	SXXXX782E
Contact Number	(Phone) +65-91850445
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SWEI YEUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SKP4293E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST
Injured person in which vehicle?	SKP4293E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

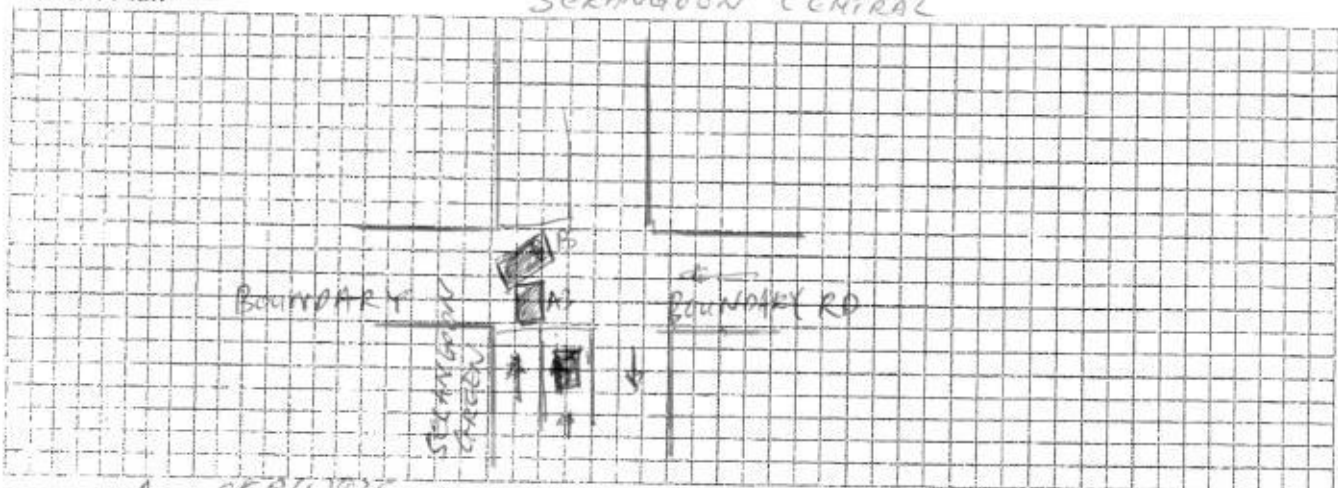
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SKP4293E

B - SQG 4183J

Describe Circumstances of the Accident

P/s refer to the police report: 17/2021/1028/2098

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



SINGAPORE POLICE FORCE



T/20211028/2098

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211028/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2021 19:57	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: WONG SWEI YEUAN			Address: 768 BEDOK RESERVOIR ROAD #05-28 SINGAPORE 479249	
ID Type / ID No.: NRIC NO / S6844853J			Contact No.: Home/Office: Mobile: 97314130	
Nationality: SINGAPORE CITIZEN			Email: WONGSY@SINGNET.COM.SG	
Sex: Male	Age: 52	Date of Birth: 25/11/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SERVICE MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2021 09:00	Type of Location: X-Junction
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG4183J	Car	MAZDA	MAZDA 3 LUX	Black		1
SKP4293E	Car	AUDI	A3 SB 1.4 TFSI AMBIENTE	Grey	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211028/2098

CONTINUATION OF REPORT

Driver			
Name	STELLA FERNANDEZ	ID No.	S2009782E
Related Vehicle	SGG4183J (Car)	Contact No.	91850445
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
Driver			
Name	WONG SWEI YEUAN	ID No.	S6844853J
Related Vehicle	SKP4293E (Car)	Contact No.	97314130
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2021	Date Discharge	28/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	KELVIN LIM PENG HUAT	ID No.	S1758998I
Related Vehicle	SKP4293E (Car)	Contact No.	98585112
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2021	Date Discharge	28/10/2021
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

On 28 October 2021 at about 0900hrs, I was driving my vehicle along Serangoon Central towards the Cross Junction Boundary Road and Serangoon Central. As I was approaching the cross junction, I observed the traffic light was green in my vehicle flow. Hence, I proceeded on. All of a sudden, a black color vehicle came into my vehicle path and as a result, I could not brake in time and collided into the left passenger side of the black color vehicle.

I then checked on my passenger (i.e. my friend namely Mr. Kelvin), and exited my vehicle after which. Both of us then approached the other driver, to check on her. As she was shaken up, I then called for police assistance. Ambulance services and Traffic Police then arrived shortly. I wish to state, no one was conveyed to hospital. As my vehicle could still move, we shifted my vehicle to the side while awaiting for towing. We then exchanged particulars with the other driver.



**SINGAPORE
POLICE FORCE**



T/20211028/2098

3 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211028/2098

CONTINUATION OF REPORT

Paramedics then advised us to seek medical treatment if we were feeling unwell due to the accident. As I wanted my vehicle to be towed first, I waited. After the towing crew had towed my vehicle, my friend and I proceeded to Mount Elizabeth Novena Hospital A&E to seek medical treatment. I was feeling pain on my neck area, whereas my friend Mr. Kelvin was feeling pain at his chest area. I was issued with 3 days of medical leave, whereas Mr. Kelvin was issued with 9 days instead.

This is the first time, such an accident had occurred to me.



**SINGAPORE
POLICE FORCE**



T/20211028/2098


Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

4 of 4

Report No. T/20211028/2098

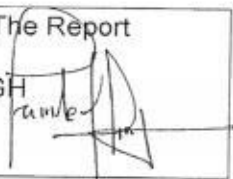
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan 

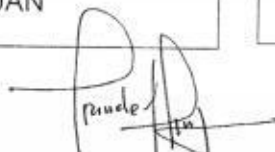
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Staff Sgt TRAVINDER JIT SINGH

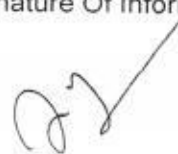


Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404



Signature Of Informant:



Date/Time:
28/10/2021 19:57

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (28/10/21) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: SERANGOON CENTRAL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP4293E
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM120036381801
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: A401 H3 (A) 19000
 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: CHAN GUER ENL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68125940 CONTACT: 96487530
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG SWEI YEAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S68448533 CONTACT: 97314130
 c) ADDRESS: BLK 768 BEDOK RESERVOIR RD.
 #05-28 (479247)

- * d) DATE OF BIRTH: (25/11/1968) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 09/03/1987

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

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: S444183J MODEL:
 b) DRIVER'S NAME: STELLA FERNANDEZ
 c) NRIC/FIN/PASSPORT: S2009782E CONTACT: 9850445

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 (2)

KELVIN (M)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

wongsy@singnet.com.sg

Email = krcg98@gmail.com

fax =

video = yes, with witnesses



MEMBER OF THE LOB GROUP

United Overseas Insurance Limited
3 Anson Road,
26-01 Springleaf Tower
Singapore 079909
Tel: (65) 6222 7733
Fax: (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
LICENSING
Co. Reg. No. 97 00523

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.	DHOM120036381801	Excess:	\$500/- NAMED DRIVERS \$1500/- OTHERS
Type of Cover	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SKP4293E		\$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured	CHAN GUEK ENG		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 9 September 2020 to 8 September 2022

Engine# CXS092289
Chassis# WAUZZZ8V4EA169034

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

FSCPP Date : 04/09/2020

For the Company