

NATIONAL Assessment Centre Services

Date In: 17/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/40/2101706/T1	SAS e-filing	✓	
Veh No: YQ 43014	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 23/09/21	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: — 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

NA2200591

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

1) AR: Accident Reporting (\$30); 30

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

ON*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments :-

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Cat. 1:

Cat. 2 / 3:

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	17/11/2021 11:34 (SGT)
Date of Accident	23/09/2021 16:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH CRESCENT BLK 116
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4301U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABUZZ LANDSCAPE PRIVATE LIMITED
Company Reg No	2XXXXX837M
Email Address	ADMIN@ABUZZLANDSCAPE.COM
Mobile Phone No	(Phone) +65-91471787
Alternative Phone No	(Office) +65-85224800

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120061982100
Cover Note Number	-

DRIVER

Name of Driver	WONG CHANG PEI
NRIC No	SXXXX234B

Date Of Birth	06/03/1963
Occupation	Outdoor
Date Of Driving Pass	01/03/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83395310
Alt. Phone Number	-
Email Address	JIMMYWCP@YAHOO.COM.SG
Address	BLK 209 TAMPINES ST 21
Address complement	#06-1327
Postcode	520209
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	UNKNOWN
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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown



Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	GANTRY BOX
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 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' 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.

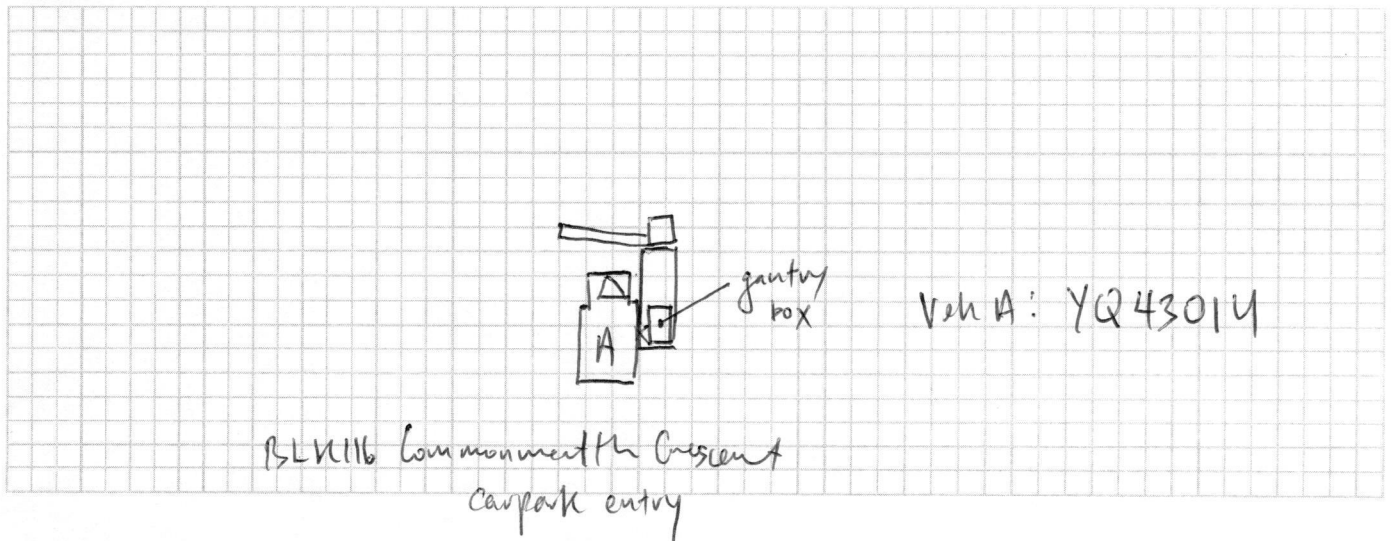


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving my vehicle A into BLK 116 Commonwealth Crescent
Carpark gantry when my vehicle A right side accidentally
guzzed onto the gantry box on

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre
Personnel



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

DUPLICATE

**BIZDRIVE-COMM
THE SCHEDULE**

Agency	A000408	Class of Policy	MOTOR	Policy Number DHOM120061982100
Account	A000408	Issued on 30/08/2021 in UOI		
Client	0461315	Acceptance Date	27/08/2021	Replacing Cover Note	20135741

Period of Insurance from 20/08/2021 to 19/08/2023 , both dates inclusive

Insured's Name....	ABUZZ LANDSCAPE PRIVATE LIMITED
Mailing Address...	18 BOON LAY WAY #09-110 TRADEHUB 21 SINGAPORE 609966

Business/Occupn...	LANDSCAPE PLANT CARE MAINTAIN SVC
Financial interest	UNITED OVERSEAS BANK LIMITED

Premium	BASIC ANNUAL PREMIUM	SGD1,709.45		
	NO CLAIM BONUS	15.00%	SGD280.24-	
	SRCC & FLOOD		SGD50.00	
	Total Annual Premium	SGD1,479.21	Premium Due	SGD2,958.42
			Premium GST	SGD207.09
			Total Due	SGD3,165.51

Risk No. 001	BIZDRIVE-COMM		
1. Registration	YQ4301U	Make/Model ..	HINO XZU710R 14FT WIDE CAB 5T WITH HOOD
Type of Cover	COMPREHENSIVE	No. of seats	2
Engine No. ..	NO4CWN14833	Capacity cc's	0
Chassis No. .	JHHUCV3F10K039610		
		Tonnage	2.50
			NCB%..... 15.00
			Certificate Ref. STT
INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE		
SECTION 1	SGD500.00		
WINDSCREEN DAMAGE CLAIM	SGD100.00		
APPL TO <25 YRS & OR <3YRS EXP	SGD3,000.00		

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 YEAR PLAN

15 & 15(B) & 15 (C)

AIR-CON/RADIO-CASS/CD COVERAGE INCLUSIVE

2 - EXCESS - DAMAGE CLAIMS

AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM

25 - STRIKE RIOT AND CIVIL COMMOTION

2 E - YOUNG AND INEXPERIENCED DRIVERS

30 - REPLACEMENT PARTS

57 - INCLUSION OF SPECIAL PERILS

89 [UNLIMITED WINDSCREEN COVER]

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

POLICY OWNERS' PROTECTION SCHEME

SANCTION LIMITATION AND EXCLUSION CLAUSE

Authorised Drivers for vehicle(s) with Certificate Ref. STT

MZ 801

TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

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)

Date 13/08/2021
Cover Note No. 20135741
Name of Insured ABUZZ LANDSCAPE PRIVATE LIMITED

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in terms of the Company's usual form. Policy applicable thereto for the period from **19/08/2021** to **18/08/2023** unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

Applicable to all individual policyholders and for Bonds

Payment Before Cover Warranty requiring that premium must be paid on or before inception date.

Applicable to all corporate policyholders

Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model :	HINO XZU710R 14FT WIDE CAB 5T WITH CANOPY	EngineCC / Tonnage :	0 / 2.50
Engine No. :	N04CWN14833	Estimated Value :	MARKET VALUE AT TIME OF LOSS
Chassis No. :	JHHUCV3F10K039610	Year of Registration :	2021
Vehicle Number :	To be advised	Year of Manufacture :	2021
Cover :	COMPREHENSIVE		
Hire Purchase :	UNITED OVERSEAS BANK LTD		
Excess :	SECTION 1 \$500.00 WINDSCEN DAMAGE CLAIM \$100.00 APPL TO <25 YRS &OR < 3 YRS EXP \$3000.00		

FOR REGISTRATION PURPOSES ONLY

We hereby certify that this covering note 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).

ACCIDENT STATEMENT

ACCIDENT DATE: 23/09/2021 (DD/MM/YYYY), TIME: 16:37 (HH:MM)

LOCATION: Commonwealth Cres. Bk 116

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ 4301 U
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 120061982100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOY - HINO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: ABUZZ LANDSCAPE P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: uEN 101717837 M CONTACT: 91471787 / 85224800
 c) ADDRESS: 18 Boon Lay Way, #09-110, Tradehub 21, 560966

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG CHANG PEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1573234 B CONTACT: 83395310
 c) ADDRESS: BLK 209 #06-1327 Tampines St 21, S(520209)

* d) DATE OF BIRTH: 06/03/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 39 01/03/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)

(2)

1 male passenger

* No of passenger

(including driver)

()

* No of passenger

(including driver)

()

Email = jimmywcp@yahoo.com.sg /

fax = Benny@abuzzlandscape.com /

VIDEO = admin@abuzzlandscape.com

2021
 82
 39