

# VALLEY T. ASSESSMENT CENTRE SERVICES

SN0821CK000G

Date: 20/12/2021 20:45 Ref: N/A/107210/2908/4 Tel: 6788 98364 Time: 20/12/2021 13:30 TP: Repairs Only TP Insurer:	Job description: SASE filing E-mail (upload date, file name) i-Motor Claim Form i-Motor W/O (upload date, file name) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp
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Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: GBH 39994	INC ( ) / Non-INC ( )
Owner / Driver ( )	Tel: ( )	
Policy No ( )	Period ( )	Cover Type ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	[Note-Est-Status (WOE) 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 later or repairer

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towel-In ( ) ; Invoice YES ( ) / NO ( ) ; Towing Co ( )

Remarks:-	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 :- Driver/Owner: Contact No. Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2, 3:	<b>Invoice Preparation Checklist</b> <table border="1"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Inc (\$)</th> <th>Am't (\$)</th> <th>Inc (\$)</th> </tr> <tr> <th></th> <th>Inc Bill</th> <th></th> <th>Am't Bill</th> <th></th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td>INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40</td> <td>\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$10</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">For claiming against INC Daily (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7) N1: Inc DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8) NT1: Additional Services:-</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    QC:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    • N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    • N6: Repair Coordination</td> <td>\$10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    • N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    • N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    • LP (N11), TF (N4, INC) against INC</td> <td>\$20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9) N12: Misc. Ref. fee</td> <td>\$5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> <td>See Charges</td> <td></td> <td></td> </tr> <tr> <td>Survey dated</td> <td></td> <td>See Charges</td> <td></td> <td></td> </tr> </tbody> </table>		Am't (\$)	Inc (\$)	Am't (\$)	Inc (\$)		Inc Bill		Am't Bill		1) AR: Accident Reporting (\$30)					2) DA: Damage Assessment (\$100)		INC (\$80)			3) TF: Towing Fee	\$40	\$45			4) FT: Follow-Through Survey	\$120				5) FT: Follow-Through Survey (Resurvey)	\$10				For claiming against INC Daily (wef 10 Jan 2005)					6) TR: Re-inspection	\$75				7) N1: Inc DA + SMRT Survey	\$160				8) NT1: Additional Services:-					QC:					• N5: Courtesy Car / Tpt Allowance	\$5				• N6: Repair Coordination	\$10				• N7: Post Repair Inspection	\$25				• N8: DV / Collect Excess Coordination	\$5				• LP (N11), TF (N4, INC) against INC	\$20				9) N12: Misc. Ref. fee	\$5				Invoice dated		See Charges			Survey dated		See Charges		
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## 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	20/12/2021 20:45 (SGT)
Date of Accident	20/12/2021 13:30 (SGT)
Exact Location of Accident	2 Stamford Rd, Singapore 178882
Additional Location Information	DRIVEWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9836E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VINUM HOLDINGS PTE LTD
Company Reg No	1XXXXX607G
Email Address	logistics.sg@inumfinewines.com
Mobile Phone No	(Phone) +65-84848305
Alternative Phone No	+65-84848305

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110165261803
Cover Note Number	-

#### DRIVER

Name of Driver	HAMDI BIN MOHAMED
NRIC No	SXXXX252Z



Date Of Birth	02/03/1971
Occupation	Outdoor
Date Of Driving Pass	30/11/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84848305
Alt. Phone Number	-
Email Address	hamdimohd71@gmail.com
Address	BLK 21 BEDOK SOUTH ROAD
Address complement	-
Postcode	460021
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 Parked Vehicle
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 20-12-2021 AT ABOUT 1330HRS AT NO.2 STAMFORD ROAD, WHILE PARKING VEHICLE NO. GBH9836E, I REVERSED ONTO VEHICLE NO, GBH3999H WHICH CAUSE A DENT ABOVE THE VEHICLE HEAD LIGHT (RIGHT).

#### 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	GBH3999H
Vehicle Manufacturer	Nissan
Vehicle Model	Urvan
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANDREW ANG
Contact Number	(Phone) +65-90500012
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 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.

VINUM PTE. LTD.  
Reg: 200205891H  
No. 1 Jalan Kilang Timor  
#01-03 Pacific Tech Centre  
Singapore 159303

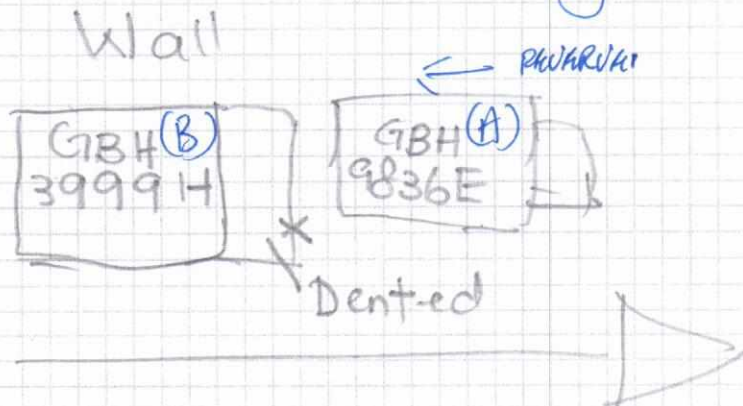
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

20.2 STAMFORD ROAD DRIVEWAY





**Describe Circumstances of the Accident**

On 20-12-2021 at about 1330hrs at no:2 Stamford Road, while parking Vehicle no: GBH 9836 E, I reversed onto vehicle # GBH 03999 H which caused ~~an~~ a dent above # the vehicle headlight (right).

**Declaration**

I/We declare the foregoing particulars are true in every respect.

VINUM PTE. LTD.  
Reg: 200205891H  
No 1 Jalan Kilang Timor  
#01-03 Pacific Tech Centre  
Singapore 159303

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

*Handwritten signatures and dates:*  
20/12/2021 1740hrs. 20/12/2021

# ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/2021) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: 2, Stamford Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH9836E  
 b) INSURANCE COMPANY: UOI  
 c) POLICY NUMBER: DHOM110165261803  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Dyna  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: Vium Hanah (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 199505607G CONTACT:  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Hamdi Bin Mohamed (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 3706252Z CONTACT: 84848305  
 c) ADDRESS: Blk 21 # B200C South Rd (460091)

\* d) DATE OF BIRTH: (02/03/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30-11-1998

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: GBH3999H MODEL: Nissan Nivan  
 b) DRIVER'S NAME: Andrew Ang  
 c) NRIC/FIN/PASSPORT: - CONTACT: 950 905000/2

## 9. THIRD PARTY VEHICLE

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

Email = namdimchdm71@gmail.com /  
 VIDEO logistics.sg@vinumfinewines.com





MEMBER OF THE UOB GROUP

**United Overseas Insurance Limited**

146 Robinson Road  
#02-01 UOI Building  
Singapore 068909

Tel (65) 6222 7733  
Fax (65) 6327 3869 / 6327 3870  
Fax (65) 6327 3872 (claims)  
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>	DHOM110165261803	<b>Excess:</b>	\$1500/-SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	GBH9836E		
<b>Name of Insured</b>	VINUM HOLDINGS PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 14 November 2021 to 13 November 2022

**Engine#** 1KD2829739  
**Chassis#** JTFAT35Y90K211754

Goods carrying - Private Type [MZ 300]

**AUTHORISED DRIVER**

Any person who is driving on the Insured's order or with their permission

**LIMITATIONS AS TO USE**

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

**THE POLICY DOES NOT COVER**

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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

FSGMY Date : 07/10/2021