

NATIONAL Assessment Centre Services

SN0821C1000X

Date: 22/12/2021 10:11	Description	Date & Time Completed	Done by
Ref: X/24/102210/29684	SAS e-filing		
SLQ 3188R	E-mail (e-filing) - 10/21/21		
21/12/2021 12:40	i-Motor Claim Form		
TP Reporting End	i-Motor W/O (Within 10/21/21)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FB8 911Y	INC () / Non-INC ()
Owner / Driver ()	Tel: ()	
Policy No ()	Period ()	Cover Type ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability () % [Note-Est-Sums (W/O): 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Adj Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$15		
	7) N1: 1st DA + SMRT Survey \$160		
Cat 1:	8) NTUC Additional Services:-		
Cat 2, 3:	Q1C		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) TP (N4, N8) against INC \$20		
	9) N12: 1st Mile \$30		
	Insured stated	Fee charged	
	Insurer stated	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	22/12/2021 10:11 (SGT)
Date of Accident	21/12/2021 12:40 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	GOING TOWARDS TAMPINES AVENUE 12 TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3188R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ENG KHAM PENG
NRIC No	SXXXX611F
Email Address	tonyengkp@gmail.com
Mobile Phone No	(Phone) +65-96823935
Alternative Phone No	+65-90210384

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	208
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	1199

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120052722001
Cover Note Number	-

DRIVER

Name of Driver	LIM AI MAY LYDIA
NRIC No	SXXXX442A

Date Of Birth	17/12/1965
Occupation	Indoor
Date Of Driving Pass	30/11/1988
Driving experience	33 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90210384
Alt. Phone Number	-
Email Address	lydiaeng01@gmail.com
Address	BLK 143 PASIR RIS STREET 11 #03-99
Address complement	-
Postcode	510143
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	Collided into Motorcyclist
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?	Yes
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	ENG KHIAM PENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT e/20211221/7030

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS911Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SUKAIMI
Contact Number	(Phone) +65-98441194
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	SUKAIMI
Gender	Male
Phone No	(Phone) +65-98441194
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLQ3188R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN CYCLIST
Phone	-
Email	-

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' 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.

(collectively the "**Purposes**")

(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.



21/12/21

Policyholder's Signature / Date &
Time 1513 pm



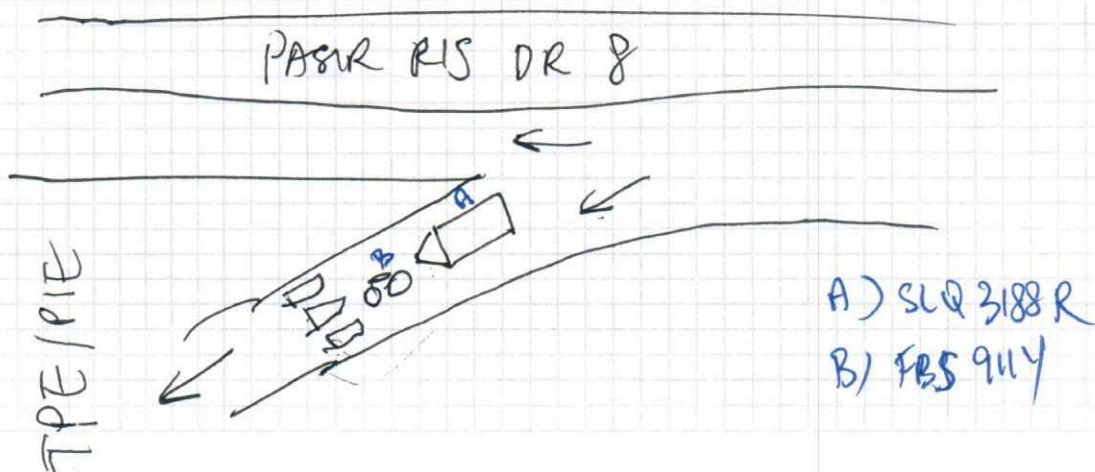
21/12/21

Driver's Signature (If driver is not the policyholder) / Date
& Time 1513 pm



Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident


REFER TO POLICE REPORT E/2021/221/7030

Declaration

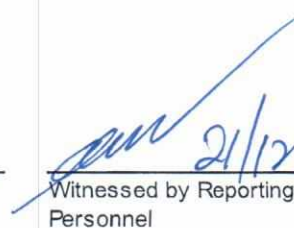
We declare the foregoing particulars are true in every respect.

 21/12/21

Policyholder's Signature / Date &
Time 1513 PM.

 21/12/21

Driver's Signature (If driver is not the policyholder) / Date
& Time 1513 PM

 21/12/2021

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 2021) (DD/MM/YYYY), TIME: (12 : 40) (HH:MM)

LOCATION: PASIR RIS DRIVE 8 going towards Tampines Ave 12 to PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL0 3188 R
b) INSURANCE COMPANY: UDI
c) POLICY NUMBER: DHOM1200527 22001
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: PEUGEOT 208
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / (OTHERS) Hatch Back
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: ENG KHAM PENG (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S1751611 F CONTACT: 96323935
C) ADDRESS: 143 PASIR RIS Street 11. #03-99
Singapore 510143

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LYDIA LIM Ai May (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1725442 A CONTACT: 90210384
c) ADDRESS: 143 PASIR RIS Street 11. #03-99
Singapore 510143

* d) DATE OF BIRTH: (17 / 12 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

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: FBS 911 Y MODEL: motor bike
b) DRIVER'S NAME: SUKHAIMI
c) NRIC/FIN/PASSPORT: CONTACT: 90441194

9. THIRD PARTY VEHICLE

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

tongyengkp@gmail.com
Email = lydiaengoi@gmail.com
VIDEO

Eng Kham Peng

No of passengers
(Including driver)
(2)

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()



**SINGAPORE
POLICE FORCE**



E/20211221/7030

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20211221/7030

Date/Time Report Made 21/12/2021 15:58	Vide Report No.	Station Diary No.
Name Of Informant LIM AI MAY LYDIA	Address 143 PASIR RIS STREET 11 #03-99 SINGAPORE 510143	
ID Type / ID No. NRIC NO / S1725442A	Contact No. Home/Office:	Mobile: 90210384
Nationality SINGAPORE CITIZEN	Email Address LYDIAENG01@GMAIL.COM	
Occupation Accountant	Sex Female	Age 56
Institution/School Name	Date of Birth 17/12/1965	Race Chinese
Date/Time Of Incident 21/12/2021 12:36 - 21/12/2021 15:36	Location Of Incident along drive 8 pasir ris goint towards PIE/TPE slip eoad	

Brief details.

the motocylist stopped suddenly at the zibra corssing and i jammed brake and could not stop in time and hit him. the motorcyclist was injured and i called 911 for assistance. The ambulance came and followed by the police to take down my statement. There is a witness who is a cyclist at the scene. Report number: G/20211221/0101. IO incharge: Shalar. Tel: 65476236

Subjects Involved	
Victim	
Person Name	sukhaimi

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2021 15:58
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Kim Seng NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20211221/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211221/7030

Gender	Male	Age	0
Race	Malay	Language	English
Occupation	Despatch worker	Mobile No	98441194
Relation To Informant	stranger		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
21/12/2021 15:58

Classification Of Case:

This report is lodged at Kim Seng NPP Kiosk 1



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.	DH0M120052722001	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM \$500/-WINDSCREEN DAMAGE & SOLAR FILM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLQ3188R		
Name of Insured	ENG KHIAM PENG		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 27 June 2021 to 26 June 2022

Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# 10XVA10407820

Chassis# VF3CCHNZTGT170153

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 : 15/06/2021