

NATIONAL Assessment Centre Services

Date In: 24/12/2021	Job description	Date & Time Completed	Done by
Ref No: NA /UOI 21013090/r3	SAS e-filing		
Veh No: SGC 812A	E-mail (within 24hrs, AP: 2hrs)		
D.O.A: 23/12/2021 16:25	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: SHC 5827M	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

NA 2104 794

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
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		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR : Re-inspection \$75		
	7) N1 : 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 \$0		
	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	24/12/2021 11:01 (SGT)
Date of Accident	23/12/2021 16:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	30-40 HOOT KIAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC812A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH BOON HONG @ JENNY OH
NRIC No	SXXXX732C
Email Address	jennyoh2006@yahoo.com
Mobile Phone No	(Phone) +65-90708008
Alternative Phone No	+65-90708008

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120043301902
Cover Note Number	-

DRIVER

Name of Driver	OH BOON HONG @ JENNY OH
NRIC No	SXXXX732C

Date Of Birth	20/06/1960
Occupation	Indoor
Date Of Driving Pass	21/09/1978
Driving experience	43 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90708008
Alt. Phone Number	+65-90708008
Email Address	jennyoh2006@yahoo.com
Address	160 HAIG ROAD
Address complement	#10-01
Postcode	438795
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE POOH HAI
Gender	Female

PASSENGER 2

Name	LEE AH HARN
Gender	Female

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

I WAS TRAVELLING AT HOOT KIAM ROAD AND VEHICLE INFRONT SUDDENLY STOP SO I FOLLOWED SUIT. THEN SUDDENLY I FELT AN IMPACT FROM BEHIND. IT WAS VEHICLE B THAT HAD COLLIDED MY VEHICLE RIGHT REAR PORTION.

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	SHC5827M
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Vehicle Manufacturer	Renault
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-96237757
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	OH BOON HONG @ JENNY OH
Gender	Female
Phone No	(Phone) +65-90708008
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE POOH HAI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEE AH HARN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGC812A
Were seat belts worn?	-
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 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

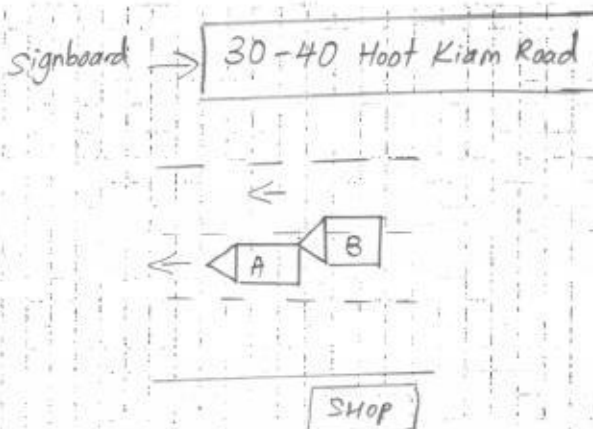
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 24/Dec/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

 24/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SGC 812 A
B = SHC 5827 M

Describe Circumstances of the Accident

I was travelling at Hoot Kiam Road and vehicle in front suddenly stop so i followed suit. Then suddenly i felt an impact from behind. It was vehicle B that had collided my vehicle right rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



24/Dec/2021

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

Rm 24/12/21

Witnessed by Reporting Centre Personnel

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

TAX INVOICE

OH BOON HONG
160 HAIG ROAD #10-01 438795
INVOICE NO:211223035
DATE:23/12/2021
PATIENT NO:08279

Patient : OH BOON HONG (S1405732C)
ATTENDED BY: DR LIM MENG YONG

DESCRIPTION	QTY	FEE (\$)
CONSULTATION FEE		\$28.00
MEDICINE		
ANAREX TAB	15	\$3.00
ROSIDEN GEL 30G	1	\$6.00
PANACO TABLETS	15	\$3.00

RECEIVED :	\$40.00 NETS	SUB TOTAL :	\$40.00
		COST ADJUSTMENT :	\$0.00
		GRAND TOTAL :	\$40.00
		AMOUNT PAID :	\$40.00
		AMOUNT OUTSTANDING :	\$0.00

This is a computer generated invoice which does not require a signature
E. & O.E

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

MEDICAL CERTIFICATE

NO. M11578/R0

NB: This certificate does not exempt the bearer from attending court.

Time In:	Time Out	Date: 23/12/2021
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This is to certify that OH BOON HONG

NRIC S1405732C is unfit for work/school for 3 day(s)
from 24/12/2021 to 26/12/2021 inclusive.

Remarks:



DR LIM MENG YONG
MBBS (SINGAPORE)
MCP NO. 057161

DR LIM MENG YONG

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

TAX INVOICE

LEE POOH HAI

BLK 119 LORONG 1 TOA PAYOH

#06-455

S(310119)

INVOICE NO:211223037

DATE:23/12/2021

PATIENT NO:10490

Patient : LEE POOH HAI (S0668960D)

ATTENDED BY: DR LIM MENG YONG

DESCRIPTION	QTY	FEE (\$\$)
CONSULTATION FEE		\$28.00
MEDICINE		
PANACO TABLETS	15	\$3.00
ANAREX TAB	15	\$3.00
ROSIDEN GEL 30G	1	\$6.00

RECEIVED : \$40.00 NETS

SUB TOTAL :	\$40.00
COST ADJUSTMENT :	\$0.00
GRAND TOTAL :	\$40.00
AMOUNT PAID :	\$40.00
AMOUNT OUTSTANDING :	\$0.00

This is a computer generated invoice which does not require a signature
E. & O.E

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

MEDICAL CERTIFICATE

NO. M11579/R0

NB: This certificate does not exempt the bearer from attending court.

Time In:	Time Out	Date: 23/12/2021
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This is to certify that LEE POOH HAI

NRIC S0668960D is unfit for work/school for 3 day(s)

from 23/12/2021 to 25/12/2021 inclusive.

Remarks:

DR LIM MENG YONG
MBBS (SINGAPORE)
MCR NO. 057161

DR LIM MENG YONG

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

TAX INVOICE

LEE AH HARN
BLK 119 LORONG 1 TOA PAYOH
#05-443
S(310119)
INVOICE NO:211223036
DATE:23/12/2021
PATIENT NO:28711

Patient : LEE AH HARN (S0590209F)
ATTENDED BY: DR LIM MENG YONG

DESCRIPTION	QTY	FEE (\$)
CONSULTATION FEE		\$28.00
MEDICINE		
ANAREX TAB	15	\$3.00
PANACO TABLETS	15	\$3.00
BEGESIC 30 GM	1	\$6.00

RECEIVED :	\$40.00 NETS	SUB TOTAL :	\$40.00
		COST ADJUSTMENT :	\$0.00
		GRAND TOTAL :	\$40.00
		AMOUNT PAID :	\$40.00
		AMOUNT OUTSTANDING :	\$0.00

This is a computer generated invoice which does not require a signature
E. & O.E

AMPM FAMILY CLINIC & SURGERY PTE LTD

BLK 123 TOA PAYOH LOR 1 #01-521 S 310123
TEL: 6253 0917 FAX: 62599051

MEDICAL CERTIFICATE

NO. M11580

NB: This certificate does not exempt the bearer from attending court.

Time In:	Time Out	Date: 23/12/2021
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This is to certify that LEE AH HARN

NRIC S0590209F is unfit for work/school for 3 day(s)
from 24/12/2021 to 26/12/2021 inclusive.

Remarks:


DR LIM MENG YONG
MBBS (SINGAPORE)
MCR NO. 057161

DR LIM MENG YONG

ACCIDENT STATEMENT

(4:25pm)

ACCIDENT DATE: 23 / 12 / 2021 (DD/MM/YYYY), TIME: 16 : 25 (HH:MM)

LOCATION: 30-40 Hoot Kiam Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC 812A
 b) INSURANCE COMPANY: VOI
 c) POLICY NUMBER: DHOM120043301902
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Meradez C180 (A) (1595cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: OH BOON HONG @ JENNY OH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1405732C CONTACT: 9070 8008
 c) ADDRESS: 160 Haig Road #10-01 (S) 438795.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1405732C CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: 20 / 06 / 1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/9/1978

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) 3 pax (Slight)

7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 5827M MODEL: Renault (Trans Cab)
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 9623 7757

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(3)

- 1) Mother (F)
 2) Aunt (F)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

- 1) Oh Boon Hong @ Jenny Oh
 2) Lee Pook Hai (mother)
 3) Lee Ah Harn (aunt)

Email = jennyoh2006@yahoo.com

fax =

video = NO

→ All slight!



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.	DHOM120043301902	Excess:	\$500/-NAMED DRIVERS \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SGC812A		
Name of Insured	OH BOON HONG @ JENNY OH		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 9 June 2021 to 8 June 2023

Engine# 27491030389381

Hire Purchase MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE

Chassis# WDD2050402R069332

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 : 25/05/2021