

NATIONAL Assessment Centre Services

Date In: 13/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA / UOI 22000508/m4	SAS e-filing		
Veh No: GBL 3668S	E-mail (w/ dnt 8hrs. A/C 2hrs)		
D.O.A: 12/01/2022 14:45	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: CB6666 T	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 22 00132	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jun 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OTI			
	* 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			
Auditors' Comments:-	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				

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	13/01/2022 16:42 (SGT)
Date of Accident	12/01/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK SOUTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3668S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAR EASTERN COSMETICS (S) PTE LTD
Company Reg No	1XXXXX752W
Email Address	loon2808@gmail.com
Mobile Phone No	(Phone) +65-65380833
Alternative Phone No	(Office) +65-65380833

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2184

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DHOM110036260219
Cover Note Number	-

DRIVER

Name of Driver	LOON PENG KWANG @ LEUN PENG FONG
NRIC No	SXXXX815E

Date Of Birth	15/06/1944
Occupation	Indoor
Date Of Driving Pass	01/01/1963
Driving experience	59 YEARS
Gender	Male
Mobile Number	(Phone) +65-90882808
Alt. Phone Number	-
Email Address	loon2808@gmail.com
Address	BLK 67 BEDOK SOUTH AVENUE 3
Address complement	#15-502
Postcode	460067
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	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?	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	LIM LIN SIONG
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 ON THE STATED VENUE AND VEHICLE B WHICH IS INFRONT OF ME SUDDENLY JAM BRAKE AND I COULDN'T STOP IN-TIME HENCE HIT ONTO THE RIGHT SIDE REAR PORTION OF VEHICLE B. THERE WERE SOME OLD DAMAGES ON THE VEHICLE B WHICH IS NOT CAUSED BY ME, AND I OBSERVED THAT THERE IS NO LIGHT DAMAGE OR CRACK. THE DRIVER POINTED TO ME THE DAMAGES WAS ON THE REAR RIGHT SIDE ONLY. OTHERS DENT WAS OCCURED BY THEMSELVE PREVIOUSLY.

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	CB6666T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	(Phone) +65-83868989
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 CIA 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.



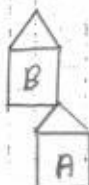
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Rm 13/01/2022

Sketch Plan



A = GBL 3668S

B = CB 6666 T

Bedok South Rd.

Describe Circumstances of the Accident

I was travelling on the stated venue and vehicle B which is in front of me suddenly jam brake and i couldn't stop in-time hence hit onto the right side rear portion of vehicle B. There were some old damages on the vehicle B which is not caused by me, and i observed that there is no light damage or crack. The driver pointed to me the damages was on the rear right side only. ~~Others~~ ~~dent~~ Was occurred by themselves previously.

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

Jan 13th 2022

Per 13/01/2022

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (2:45pm)

ACCIDENT DATE: (12 / 01 / 2022) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Bedok South Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 3668S
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota ~~Liace~~ Liace (Manual) (2184cc)
 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)
 IF NO, PLEASE STATE [THIRD PARTY CLAIM (REPORTING ONLY)]

2. INSURED / POLICY HOLDER

- A) NAME: Far Eastern Cosmetics (S) Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 197500752W CONTACT: 6538 0833
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loon Peng Kwang @ Loon Peng Fong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0652815E CONTACT: 9088 2808
 c) ADDRESS: Blk 67 Bedok South Avenue 3 #15-502 (S) 460067.

* d) DATE OF BIRTH: (15 / 06 / 1944) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 59 yrs

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: CB 6666T (bus) MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 8386 8989

9. THIRD PARTY VEHICLE

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

loon2808@gmail.com

Email =

fax =

video = NO.

* No of passengers
(including driver)

(2)

1) Lim Lin Siang
(F)

* No of passengers
(including driver)

()

* No of passengers
(including driver)

()



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

15 DEC 2021

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. DHOM110036260219 **Excess:** \$0/- NOT APPLICABLE
Type of Cover THIRD PARTY
Vehicle Number GBL3668S
Name of Insured FAR EASTERN COSMETICS (S) PTE LTD
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 27 December 2021 to 26 December 2022

Engine# 3C3964144
Chassis# CR425004061

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

FSCPP Date : 26/11/2021