

NATIONAL Assessment Centre Services SA08221 P0004

Date In: 25/1/22 16:27	Job description	Date & Time Completed	Done by
Ref No: NHA/40122000882/TI	SAS e-filing	/	
Veh No: SLB9463K	E-mail (within 3hrs. At 2hrs)		
DDA: 24/1/22 14:30	I-Motor Claim Form		
OD: Reporting Only	I-Motor W/O (within 1hr. At 1hr)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSM		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 9965201 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

Claimant's Particulars:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est. Bill	Add 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			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)			
Cat. 2 / 3:	6) TR: Re-Inspection \$75			
	7) NI: Idue DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	9) NI: Idue Mobile \$30			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TR (N11): TP (Non INC) against INC \$20			
	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	25/01/2022 16:27 (SGT)
Date of Accident	24/01/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREEN VERGE CARPARK BLK 624B
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9463K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH SIONG ANG CINDY
NRIC No	SXXXX759D
Email Address	KSAcindy@gmail.com
Mobile Phone No	(Phone) +65-92327818
Alternative Phone No	(Office) +65-92327818

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

## INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DH0M120041751901
Cover Note Number	-

## DRIVER

Name of Driver	CHNG MENG TECK
NRIC No	SXXXX078D

Date Of Birth .....	01/10/1969
Occupation .....	Indoor
Date Of Driving Pass .....	26/07/1990
Driving experience .....	31 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98638378
Alt. Phone Number .....	-
Email Address .....	KSAcindy@gmail.com
Address .....	BLK 124 SIMEI ST 1
Address complement .....	#09-366
Postcode .....	520124
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Wet

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 .....	CHNG KAILIN
Gender .....	Female

PASSENGER 2

Name .....	KOH SIONG ANG
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO:T/20220125/7010

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 OWNER
Was there any audio recorded? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY6520L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SINKANAN BOOMINATHAN
Passport No/FIN .....	GXXXX461L
Contact Number .....	(Phone) +65-90858460
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 .....	CHNG MENG TECK
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	CHNG KAILIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 3

Name of injured person .....	KOH SIONG ANG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB9463K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

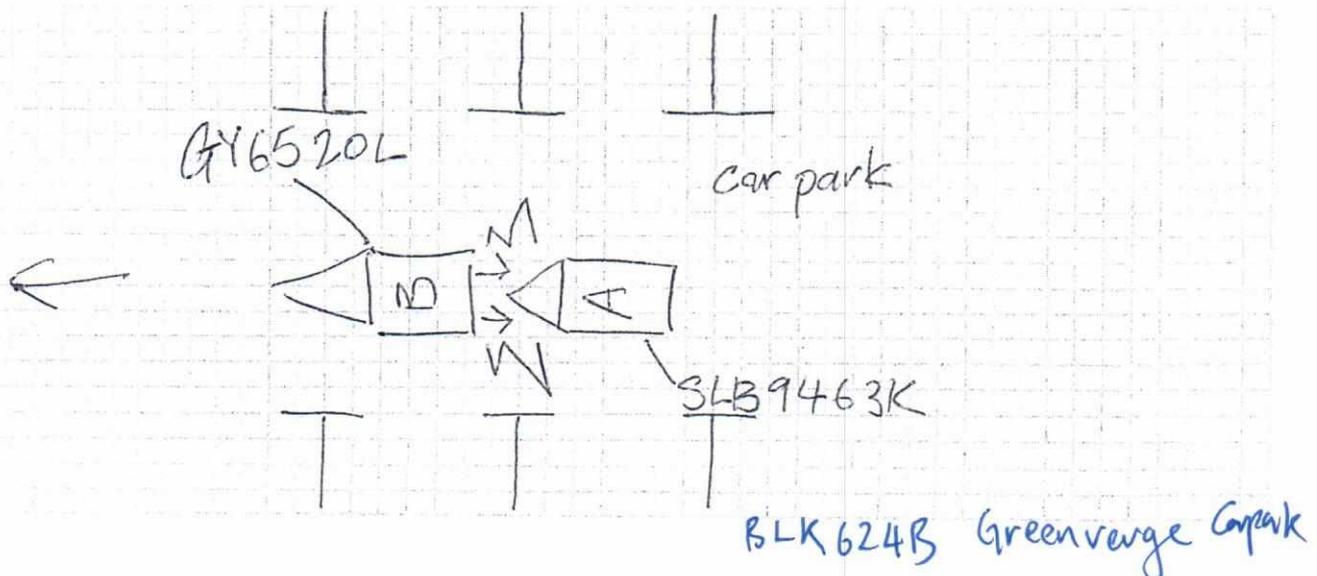
(collectively the "**Purposes**")

(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.

 24/01/2022	 24/01/2022	
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**

- REFER TO POLICE REPORT -

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 24/01/2022

Policyholder's Signature / Date & Time

*[Signature]* 24/01/2022

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

*[Signature]*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220125/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220125/7010

**CONTINUATION OF REPORT**

Driver			
Name	CHNG MENG TECK	ID No.	S6934078D
Related Vehicle	SLB9463K (Car)	Contact No.	98638378
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	CHNG KAILIN	ID No.	T0131968F
Related Vehicle	SLB9463K (Car)	Contact No.	88761911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious
Passenger			
Name	KOH SIONG ANG	ID No.	S7118759D
Related Vehicle	SLB9463K (Car)	Contact No.	92327818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I WAS STATIONARY WAITING FOR GY6520L TO MOVE OFF/PARK.

OUT OF NOWHERE, GY6520L BEGAN TO REVERSE AT A HIGH SPEED.

I IMMEDIATELY CHECKED MY MIRRORS TO CHECK IF IT IS SAFE FOR ME TO REVERSE WHILE HIGH BEAMING AND HONKING GY6520L TO AVOID AN ACCIDENT BUT GY6520L HIT ONTO THE FRONT PORTION OF MY VEHICLE AT A HIGH SPEED.

MY VEHICLE HAD 2 OTHER PASSENGERS.

WE ALL EXPERIENCED PAIN FROM THE ACCIDENT AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM THE DOCTOR AND MYSELF AND KOH SIONG ANG WERE GIVEN 3 DAYS



**SINGAPORE  
POLICE FORCE**



T/20220125/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20220125/7010

**CONTINUATION OF REPORT**

OF MC WHILE CHNG KAILIN WAS GIVEN 2 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20220125/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20220125/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TRIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
25/01/2022 12:26

Classification Of Case:

1 boomin<sub>^</sub> vehicle GY6X20L  
at 2:30p.m Tampines 624B Car park  
reverse and knock onto SLB94631C

JB boomin<sub>^</sub>  
24/01/22

VEHICLE NO: SLB 9463K MAKE & MODEL: Toyota wish  AUTO  MANUAL

DATE OF ACCIDENT	24 / 1 / 2022		1.8 C.C.
TIME OF ACCIDENT	2.30 AM / <input checked="" type="radio"/> PM		
LOCATION OF ACCIDENT	Green verge carpark BIK 624B		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Koh Siong Ang Cindy		
EMAIL	KSAcindy@gmail.com	Office:	MOBILE: 92327818
NRIC	Q7118759D		
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO ?		
INSURANCE CO.	401		
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DHOM120041751901		
NAME OF DRIVER	AS ABOVE / IF NO: CHNG MENG TECK		
NRIC	S6934078D		
DATE OF BIRTH	01 / 10 / 1969		
ANY PASSENGER	<input checked="" type="radio"/> YES / NO :		
NAME OF PASSENGER	CHNG Kailin (F), Koh Siong Ang (F)		
GENDER OF PASSENGER	MALE / <input checked="" type="radio"/> FEMALE		
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor		
DATE OF DRIVING PASS	26 / 7 / 1990		
GENDER	<input checked="" type="radio"/> Male / Female		
CONTACT NO.	Mobile: 98638378	Office:	Home:
EMAIL:			
ADDRESS	Blk 124 Simei St / #09-366 3520124		
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.		INSURER:
RELATIONSHIP	Employee / If No: husband		
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:		
ROAD SURFACE	Dry / <input checked="" type="radio"/> Wet / Other:		
ANY INJURIES	No / If yes: Who? Driver and two passenger of SLB 9463K		
CONTACT NO.			
POLICE REPORT	No / <input checked="" type="radio"/> Yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?			NO/IF YES: WHO?
VEHICLE B NO.	G66520L		Any Passenger:
NAME	SINKANAN BOOMINATHAN G6605461L		
CONTACT NO.	90858460		
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO		
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		

**\*\*WORKSHOP:**

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?



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. DHOM120041751901 Excess: \$500/-NAMED DRIVERS
Type of Cover COMPREHENSIVE \$1500/-OTHERS
Vehicle Number SLB9463K \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured KOH SIONG ANG (XU XIANGHONG) \$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 27 April 2021 to 26 April 2023

Engine# 2ZR1685036
Chassis# JTDGG20WX0J003458

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

[Signature]

For the Company

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0822P004 Vehicle Registration No: SLB9463K  
Name (as shown in NRIC): Chng Meng Teck NRIC/FIN/Passport No: SXXX 078D  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 124 Simei St 1 #09-366 Singapore (S2024)  
Contact (Tel): 98638378 Mobile No.: \_\_\_\_\_  
Email Address: KSACindy@gmail.com  
Date of Accident: 24/01/22 Time of Accident: 1430  
Place of Accident: Green Verge Carpark. BLK 624B.  
Insurance Company: United Overseas Ins

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Uploaded correct Police Report No: T/20220125/7010

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 26/1/22