

NATIONAL Assessment Centre Services S10822/RO003

Date In: 27/1/22 17:28	Job Description	Date & Time Completed	Done by
Ref No: NDA 40/2200977/T	SAS e-filing		
Veh No: 9BJ3437C	E-mail (within 4hrs. After 2hrs. ✓)		
DOA: 11/1/22 14:30	I-Motor Claim Form		
OD TP: Reposting Only	I-Motor W/O (Within 10: 2hrs. 10: 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: 9BF 7106C	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: 21-70%; 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:-	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

<p>NA 2200428</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Invoice Preparation Checklist</th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td colspan="4">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idue DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Q1:</td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Mile Mobile</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> <td></td> </tr> </table>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)			1st Bill	Add Bill	1) AR: Accident Reporting (\$30);				2) DA: Damage Assessment (\$100);	INC (\$30)			3) TF: Towing Fee	\$40/\$45			4) FT: Follow-Through Survey	\$120			5) FT: Follow-Through Survey (Resurvey)	\$30			For claiming against INC Only (wef 10 Jan 2005)				6) TR: Re-Inspection	\$75			7) NI: Idue DA + SMRT Survey	\$160			8) NTUC Additional Services:-				Q1:				*N5: Courtesy Car / Tpt Allowance	\$5			*N6: Repair Coordination	\$10			*N7: Post Repair Inspection	\$25			*N8: DV / Collect Excess Coordination	\$5			TP (N11): TP (Non INC) against INC	\$20			9) N12: Mile Mobile	\$30			Invoice dated	Fee Charged			Invoice dated	Fee Charged		
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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	27/01/2022 17:29 (SGT)
Date of Accident	11/01/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVE WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3437C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRU-POWER PTE LTD
Company Reg No	2XXXXX434C
Email Address	WINSONCHEE@TRU-POWER.COM.SG
Mobile Phone No	(Phone) +65-69884337
Alternative Phone No	(Office) +65-69884337

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1598

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110167661902
Cover Note Number	-

DRIVER

Name of Driver	CHEE WENG SAN
NRIC No	SXXXX252D

Date Of Birth	03/11/1972
Occupation	Outdoor
Date Of Driving Pass	11/12/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96778205
Alt. Phone Number	-
Email Address	WINSONCHEE@TRU-POWER.COM.SG
Address	343 CHOA CHU KANG AVE 3
Address complement	#09-26
Postcode	689875
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	Collision - Head to Rear
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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	GBF7106C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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

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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.

X

Policyholder's Signature / Date & Time



X

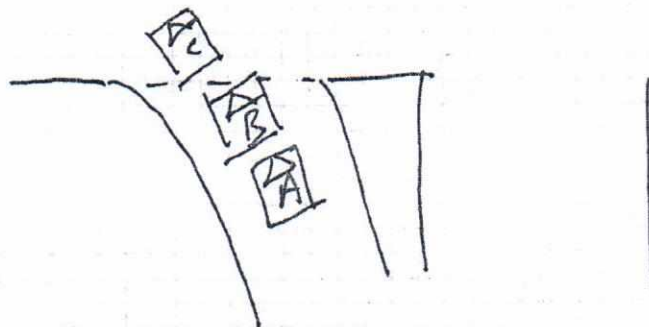
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Commonwealth Ave West.



Veh A: GBJ 3437C

Veh B: GBF 7106C

Veh C: Unknown.

Describe Circumstances of the Accident

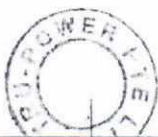
I was driving at slip road turning left to Commonwealth Ave west. Vehicle C and Vehicle B was in front of me.

Traffic was clear and Vehicle C move off, Vehicle B also move but suddenly stopped and I can't stop in time and hit slightly hit onto Vehicle's B rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

W

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

J. J. J.

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 01 / 2022) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: Commonwealth Ave West

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ3437C
b) INSURANCE COMPANY: UOE
c) POLICY NUMBER: PHOM 1106766 1902
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: First Doble
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: TRU-POWER PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201114346 CONTACT: 6988 4337
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chee Weng San (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S72412520 CONTACT: 9677 8205
c) ADDRESS: 343 Choa Chu Kang Ave 3 # 09-26 s(689875)

* d) DATE OF BIRTH: (3 / 11 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/12/1996

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: GBE7106C MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email: winsonchee@tru-power.com.sg
VIDEO

UOI

BER 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.	DHOM110167661902	Excess:	\$500/-SECTION 1 \$2500/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBJ3437C		
Name of Insured	TRU-POWER PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 29 March 2021 to 28 March 2022

Engine# 263A80008223358
Chassis# ZFA26300006H85699

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

FCTTS Date : 01/03/2021

18 January 2022

Our Ref: DHOM110167661902

Tru-Power Pte Ltd
50 Bukit Batok Street 23
#06-10 Midview Building
Singapore 659578

Dear Sir

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES GBJ3437C AND GBF7106C ON 11.01.2022**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copies of the following letter(s) are attached for your information:-

(1) Letter dated 17 January 2022 from Million Auto Service

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving licence immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle.

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully
for **UNITED OVERSEAS INSURANCE LTD**

Josephine Wong
Claims Division

This is a computer-generated letter and does not require signature.