

NATIONAL Assessment Centre Services

Date In 03/02/22	Job description	Date & Time Completed	Done by
Ref No NA/40222001041/13	SAS e-filing		
Veh No SKT9458T	E-mail (within 2hrs: AP: 2hrs)		
D.O.A 01/02/22 1255	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: EV988A	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

NA2200317

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$80)	
3) TF : Towing Fee \$40/\$45	
4) FT : Follow-Through Survey \$120	
5) RT : Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
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 (N-11) against INC	\$20
9) N12: Idac Mobile	\$30

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	04/02/2022 08:40 (SGT)
Date of Accident	01/02/2022 12:55 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	EXIT TO PIE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9458T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MR WONG KO SIONG PATRICK
NRIC No	SXXXX810Z
Email Address	teo.anne@yahoo.com
Mobile Phone No	(Phone) +65-97385091
Alternative Phone No	+65-97385091

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	Private car
Transmission	Auto
CC	1999

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120021561603
Cover Note Number	-

DRIVER

Name of Driver	TEO POH GEK
NRIC No	SXXXX557I

Date Of Birth	18/11/1959
Occupation	Indoor
Date Of Driving Pass	06/10/1987
Driving experience	34 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90229159
Alt. Phone Number	-
Email Address	teo.anne@yahoo.com
Address	69 PASIR RIS GROVE
Address complement	#15-13
Postcode	518219
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	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	WONG KO SIONG PATRICK
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	EV988A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KAI
Contact Number	(Phone) +65-90294798
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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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

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

AS PER ATTACHED

PIE

PIE EXIT
TUAS

ROAD
WORK

KPE

A - S1C79458T

B - EV988A

A

B

OUR
CAR



P/s refer to the attached statement.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel	
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1st Feb 2022

Re: Accident report before KPE exit to PIE toward Tuas.

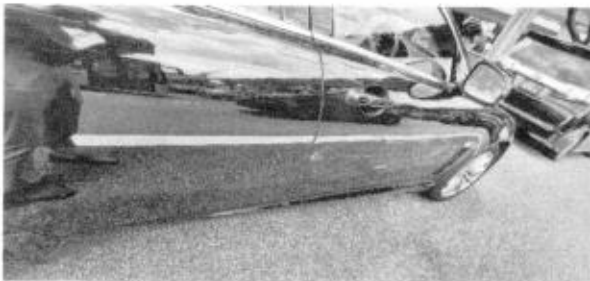
On this day at about 12.55pm, I was driving my car on the left lane in KPE tunnel, planning to exit 3 to PIE. The traffic was busy and I saw the road works warning sign flashing on the exit lane. I was travelling about 65 KM/H. As I was driving closer to the exit I slowed down - preparing to filter left, a black Vellfire car came by the right side of my car and passed by me. I heard some noise and slight jerk with my car as the black Vellfire overtook me and exited towards PIE. I honked and the driver signalled and we move to the shoulder at PIE expressway to assess our car conditions.

There were no injuries from both parties; my husband was with me and met the Vellfire driver to exchange contact number. The driver name is Kai, contact number is 90294798, car number is EV988A. Our car is a black Jaguar XF2.0. SKT9458T

My husband told Kai that he should have slowdown and not cut into our lane, Kai claimed that we cut into his lane. The Vellfire has some scratches on the car's left side and he want us to compensate to repair the paint work, we did not agree to any compensation. Both parties agreed to make an accident report.

Below are some pictures showing scratches of both cars and condition and the sketch of the situation.

Jaguar with the scratches



Scratches on Vellfire



It was clear to me that I am on the correct lane and following the road warning sign. The Vellfire which is on the right should not cut in from the right to exit to PIE expressway.

Anne Teo

Teo Poh Gek
S1374557I
69 Pasir Ris Grove
15-13. Singapore 518219

ACCIDENT STATEMENT

ACCIDENT DATE: (01/02/22) (DD/MM/YYYY), TIME: (12:55) (HH:MM)

LOCATION: KPE EXIT 90 A16 TWAS THAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT9458T
 b) INSURANCE COMPANY: 407
 c) POLICY NUMBER: 010M120021561603
 d) POLICY TYPE: ~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: JAGUAR XF2 (Auto/Manual) 1999
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: MR WONG KO SIONG PATRICK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13048102 CONTACT: 97385091
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO POH GEEK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13745577 CONTACT: 90229159
 c) ADDRESS: 69 PASIR RIS GROVE #15-13 (S18219)

d) DATE OF BIRTH: (18/11/1959) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 06/10/1987

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

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: EV988A MODEL:
 b) DRIVER'S NAME: KAI
 c) NRIC/FIN/PASSPORT: CONTACT: 90294798

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (2)

WONG KO SIONG
 PATRICK (M)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

CI

Email = teo.anne@yahoo.com

fax =

VIDEO = NO



CERTIFIED TRUE COPY

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

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.	DHOM120021561603	Excess:	\$1000/-NAMED DRIVERS \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKT9458T		
Name of Insured	WONG KO SIONG PATRICK		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 26 June 2021 to 25 June 2022

Engine# 251114062513204PT

Hire Purchase MAYBANK SINGAPORE LIMITED

Chassis# SAJAC05M2FPU70796

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

FSCPP Date : 03/02/2022


For the Company