

# NATIONAL Assessment Centre Services

Date In: 09/03/2022 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/VOI 22002227/m4	SAS e-filing		
Veh No: SDQ 8118E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/03/2022 18:15	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: SJQ 5203R 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 2200632

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

	Ant (\$) 1st Bill	Ant (\$) Add Bill
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) FT : 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:-		
ON*		
*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:n INC) 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	09/03/2022 17:54 (SGT)
Date of Accident	08/03/2022 18:15 (SGT)
Exact Location of Accident	Jln Bunga Rampai & Joo Seng Rd, Singapore
Additional Location Information	T-JUNCTION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ8118E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHUN WEEN (LI JUN WEN)
NRIC No	SXXXX585A
Email Address	leechunween@hotmail.com
Mobile Phone No	(Phone) +65-97968118
Alternative Phone No	+65-97968118

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	435i
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	2979

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120047261900
Cover Note Number	-

### DRIVER

Name of Driver	LEE CHUN WEEN (LI JUN WEN)
NRIC No	SXXXX585A

Date Of Birth	05/09/1974
Occupation	Indoor
Date Of Driving Pass	11/03/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-97968118
Alt. Phone Number	+65-97968118
Email Address	leechunween@hotmail.com
Address	59 BELIMBING AVENUE
Address complement	-
Postcode	349926
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)	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

I WAS TRAVELLING ALONG JOO SENG ROAD, APPROACHING T-JUNCTION OF JLN BUNGA RAMPAI. VEHICLE B WAS COMING OUT OF JLN BUNGA RAMPAI WITHOUT GIVING WAY TO ME AND COLLIDED WITH ME, HITTING THE REAR PASSENGER DOOR ON THE RIGHT SIDE OF MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ5203R
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FREEMAN CHUA FU EN
NRIC No	SXXXX205B

Contact Number	(Phone) +65-86619363
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	LEE CHUN WEEN (LI JUN WEN)
Gender	Male
Phone No	(Phone) +65-97968118
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK (SLIGHT)
Injured person in which vehicle?	SDQ8118E
Were seat belts worn?	Yes
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

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

09/03/22

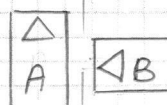
Witnessed by Reporting Centre Personnel

### Sketch Plan

A = SDQ 8118E

B = SJA 5203R

T-junction of Jln Bunga Rampai  
& Joo Seng Rd.




**Describe Circumstances of the Accident**

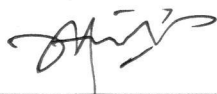
I was travelling along Joo Seng Road, approaching T-junction of Jln Bunga Rampai. Vehicle Buds coming out of Jln Bunga Rampai without giving way to me and collided with me, hitting the rear passenger door on the right side of my vehicle.

**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

R 09/3/2022

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT ( 6:15 pm )

ACCIDENT DATE: ( 08 / 03 / 2022 ) (DD/MM/YYYY), TIME: ( 18 : 15 ) (HH:MM)

LOCATION: T-junction of ~~Jln~~ Jln Bunga Rampai & Joo Seng Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDQ 8118E  
 b) INSURANCE COMPANY: VOI  
 c) POLICY NUMBER: DHOM120047261900  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: Bmw 435i ( AUTO / MANUAL ) ( 2979cc )  
 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: LEE CHUN WEEN (LI JUN WEN) ( MALE / FEMALE )  
 b) NRIC/FIN/PASSPORT: S7429585A CONTACT: 9796 8118  
 c) ADDRESS: 59 Belimbing Avenue (S) 349926

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: - As above - ( MALE / FEMALE )  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 05 / 09 / 1974 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 11/03/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / 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 ) driver (neck & back, slight)

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STQ 5203R MODEL: mazda  
 b) DRIVER'S NAME: Freeman Chua Fu En  
 c) NRIC/FIN/PASSPORT: S9937205B CONTACT: 8661 9363

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = leechunween@hotmail.com

fax =

VIDEO = Yes . ( No audio ) .



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**

<b>CERTIFICATE NO.</b>	DHOM120047261900	<b>Excess:</b>	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	SDQ8118E		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	LEE CHUN WEEN (LI JUN WEN)		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 28 September 2021 to 19 March 2022

**Engine#** 05508965N55B30A

**Hire Purchase** MAYBANK SINGAPORE LIMITED

**Chassis#** WBA4B12070GD53017

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**

FCZAH Date : 18/03/2021

For the Company