

**NATIONAL Assessment Centre Services** (wef 1 Jan 20)

Date In: <b>28/03/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA / UOI 22002827/m4</b>	SAS e-filing		
Veh No: <b>GBA 7130H</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>25/03/2022 08:30</b>	i-Motor Claim Form		
OD / TP <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: <b>SMJ 6327L</b>	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

<b>NA 2200807</b>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 (Non 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	28/03/2022 15:29 (SGT)
Date of Accident	25/03/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD TOWARDS CENTRAL EXPRESSWAY (CTE)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7130H
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOLLIBEAN FOODS PTE LTD
Company Reg No	1XXXXX536E
Email Address	nurain@jollibean.com.sg
Mobile Phone No	(Phone) +65-67463877
Alternative Phone No	(Office) +65-67463877

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fb70bb1srdea
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	2977

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DHOM110139161407
Cover Note Number	-

### DRIVER

Name of Driver	LIEW SOON PING
NRIC No	SXXXX065F

Date Of Birth	03/05/1956
Occupation	Outdoor
Date Of Driving Pass	11/05/1977
Driving experience	44 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88896355
Alt. Phone Number	-
Email Address	nurain@jollibean.com.sg
Address	BLK 651 JALAN TENAGA
Address complement	#08-14
Postcode	410651
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)	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?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220325/2086.

#### 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	SMJ6327L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LEE PIN ROU
NRIC No	SXXXX941G
Contact Number	(Phone) +65-90093409
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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3. Information provided must be as truthful and accurate as possible. Any willful 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

28/3 11:21

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

R 28/3/22

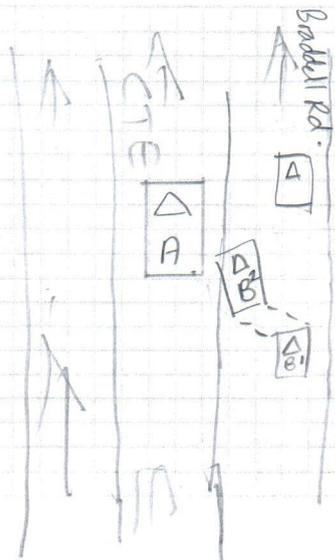
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = GBA 7130H

B = SMJ 6327L

Braddell Road towards CTE.







Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2022 18:03		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: LIEW SOON PING			Address: APT BLK 651 JALAN TENAGA #08-14 SINGAPORE 410651		
ID Type / ID No.: NRIC NO / S1245065F			Contact No.: Home/Office: Mobile: 88896355		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/05/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2022 08:30	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7130H	Van				No Damage	1
SMJ6327L	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20220325/2086

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20220325/2086

**CONTINUATION OF REPORT**

Driver			
Name	LIEW SOON PING		ID No. S1245065F
Related Vehicle	GBA7130H (Van)		Contact No. 88896355
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE PIN ROU		ID No. S8415941G
Related Vehicle	SMJ6327L (Car)		Contact No. 90093409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25/03/2022 at about 0830hrs, I was driving along Braddell Road towards Central Expressway (CTE). The traffic was heavy at that point of time.

Following that, the vehicle on my right hand side signaled me to stop the vehicle and after which the female driver informed me that I have damaged her left side mirror. I was unaware that my lorry hit on to her side mirror.

I am unsure if the damaged of her side mirror was caused by me. I do not have any in car camera in my lorry.

I am lodging a police report for record purposes.





**SINGAPORE  
POLICE FORCE**



T/20220325/2086

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 3

Report No. T/20220325/2086

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 1 MUHAMMAD SUFFIYAN BIN SAFFII 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2022 18:03
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 03 / 2022) (DD/MM/YYYY), TIME: ( 08 : 30 ) (HH:MM)

LOCATION: Braddell Road towards CTE.

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBA 7130H

b) INSURANCE COMPANY: VOI

c) POLICY NUMBER: DHOM110139161407

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Mitsubishi (FB70887SRDEA) AUTO (MANUAL) (2977cc)

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: employment

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: Jollibean Foods Pte Ltd (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 199307536E CONTACT: 6746 3877 (0)

c) ADDRESS: \_\_\_\_\_

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

### DRIVER

a) NAME: Liew Soon Ping (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1245065F CONTACT: 8889 6355

c) ADDRESS: Blk 651 Jalan Tenaga #08-14 (S) 410651.

\*d) DATE OF BIRTH: (03 / 05 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/05/1977

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: SMJ 6327L MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Lee Pin Rou

c) NRIC/FIN/PASSPORT: S8415941G CONTACT: 9009 3409

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = nurain@jollibean.com.sg

Fax =

VIDEO = NO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
146 Robinson Road  
#02-01 UOI Building  
Singapore 068909  
Tel (65) 6224 7733  
Fax (65) 6327 3869 / 6327 3870  
Fax (65) 6327 3872 (claims)  
Email: contactus@uoi.com.sg  
uoi.com.sg  
Co. Reg. No. 19700152R

**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.** DH0M110139161407 **Excess:** \$3000/-APPL TO <25 YRS & OR <3YRS EXP  
**Type of Cover** THIRD PARTY  
**Vehicle Number** GBA7130H  
**Name of Insured** JOLLIBEAN FOODS PTE LTD  
**Restricted Driver(s)** NOT APPLICABLE

**Period of Insurance** 1 November 2021 to 31 October 2022 **Engine#** 4M42A47928  
**Chassis#** FB70BBA10165

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

vmldl Date : 06/10/2021