

NATIONAL ASSESSMENT Centre Services 8810922480003

Date In: 08/04/2022 12:07	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/NOI22003254/1	E-mail (within 2hrs. After 2hrs):		
Veh No: SKS 6496H	i-Motor Claim Form		
DOA: 08/04/2022 08:37	i-Motor W/O (Within 24 Hrs. After 24hrs)		
<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">00</div> TP Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: XE 2688S	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

<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>Date 1:</p> <p>Date 2 / 3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Invoice Preparation Checklist</th> <th style="width: 10%;">Amt (\$) 1st Bill</th> <th style="width: 10%;">Amt (\$) Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR : Accident Reporting (\$30);</td><td></td><td></td></tr> <tr><td>2) DA : Damage Assessment (\$100); INC (\$80);</td><td></td><td></td></tr> <tr><td>3) TF : Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT : Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) RT : Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td></tr> <tr><td>6) TR : Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) N1 : Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td colspan="3">Q1:</td></tr> <tr><td>*N5: Courtesy Car / Tpt Allowance</td><td>\$5</td><td></td></tr> <tr><td>*N6: Repair Co-ordination</td><td>\$10</td><td></td></tr> <tr><td>*N7: Post Repair Inspection</td><td>\$25</td><td></td></tr> <tr><td>*N8: DV / Collect Excess Coordination</td><td>\$5</td><td></td></tr> <tr><td>TP (N11) : TP (Non INC) against INC</td><td>\$20</td><td></td></tr> <tr><td>9) N12: Idac Mobile</td><td>\$0</td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charge</td><td></td></tr> </tbody> </table>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) 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:-			Q1:			*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	\$0		Invoice dated	Fee Charged		Invoice dated	Fee Charge	
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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	08/04/2022 12:07 (SGT)
Date of Accident	08/04/2022 08:37 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS TAMPINES AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6496H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PUAY TEE
NRIC No	SXXXX595A
Email Address	tptje@yahoo.com
Mobile Phone No	(Phone) +65-92381471
Alternative Phone No	+65-92381471

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?	Yes
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	DHOM120028231702
Cover Note Number	-

DRIVER

Name of Driver	TAN PUAY TEE
NRIC No	SXXXX595A



Date Of Birth	10/06/1961
Occupation	Indoor
Date Of Driving Pass	29/07/1982
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381471
Alt. Phone Number	+65-92381471
Email Address	tptje@yahoo.com
Address	BLK 503 SEMBAWANG ROAD #02-16
Address complement	-
Postcode	757707
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?	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

ON 08/04/2022 AT ABOUT 08:37HRS I WAS TRAVELLING ALONG TPE TOWARDS TAMPINES AVENUE 10. I WAS TRAVELLING SLOWLY DUE TO THE HEAVY TRAFFIC AHEAD. I WAS SWITCHING LANE FROM 4TH LANE TO 3RD LANE, SUDDENLY VEHICLE B HIT THE REAR PORTION OF MY VEHICLE.

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2688S
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE 700 ARS TAMPAKAS AVENUE 10

A: SKS 6496H
B: XE 2688S

Describe Circumstances of the Accident

On 08/09/2022 at about 08:37AM. I was travelling along TPE towards
Tampines Ave 10. I was travelling slowly due to the heavy traffic
ahead. I was switching lanes from the 4th lane to the 3rd lane,
Suddenly vehicle B hit the rear portion of my vehicle.

Declaration

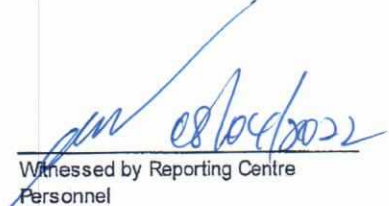
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

(24)

Date of Accident : 08/04/2022 Accident Time: 08:37AM (24-HR-Format)
Accident Place : TPE twds Tampines Ave 10
Vehicle No. (Car Plate No.) : SKS 6496H Make/Model: Jaguar XF 2.0P
Insurance Company : UOI Policy No: DHOM120028231702
Owner or Company Name /IC No. : Tan Ruy Tee (S1466595A)
Owner or Company Contact No. : 9238 1471 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 10/06/1961 DRIVER'S License Pass Date 29/07/1982
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 503 Sembawang Rd #02-16 S(757707)
DRIVER'S Contact No./ Alt No. : 1) 9238 1471 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : tptje@yahoo.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: XE 2688S (VUB)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



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.	DHOM120028231702	Excess:	\$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM \$750/-NAMED DRIVERS - OPTION 2
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKS6496H		
Name of Insured	TAN PUAY TEE		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 28 April 2021 to 27 April 2023

Engine# 271114142736204PT

Hire Purchase OVERSEA-CHINESE BANKING CORPORATION LTD

Chassis# SAJAC05M2FPU66795

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 : 17/03/2021

For the Company