

# NATIONAL Assessment Centre Services

Date In: 19/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/UOI 2200 4694/m4	SAS e-filing		
Veh No: YN 8852K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/05/2022 10:00	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: BARRIER 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 2201359

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	19/05/2022 11:19 (SGT)
Date of Accident	18/05/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR SQUARE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8852K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Company Reg No	1XXXXX593E
Email Address	alice@skp.com.sg
Mobile Phone No	(Phone) +65-94303077
Alternative Phone No	+65-94303077

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Auto
CC	2998

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110152401605
Cover Note Number	-

### DRIVER

Name of Driver	NG YU CHUAN
NRIC No	SXXXX843A



Date Of Birth	14/08/1953
Occupation	Outdoor
Date Of Driving Pass	11/07/1979
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94303077
Alt. Phone Number	-
Email Address	alice@skp.com.sg
Address	BLK 449 TAMPINES STREET 42
Address complement	#08-94
Postcode	520449
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	COLLEAGUE
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

WHILE REVERSING HIT ONTO THE BARRIER. THAT'S ALL.

#### 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BARRIER
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.



*[Signature]*  
Policyholder's Signature / Date & Time

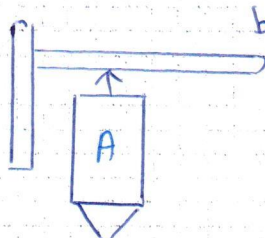


*[Signature]*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*Ta 19/5/22*

Witnessed by Reporting Centre Personnel

### Sketch Plan



barrier

DOA: 18/5/22

A = 4N8852K

Paya Lebar Square

While reversing hit onto the barrier. That's all.

Witnessed by Reporting Centre  
Personnel



Date of Accident : 18/5/22		Time of Accident : 10 am	
Exact Location of Accident : Raya Lebar Square			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry	
Private Use / Work			
Owner's Name : Sean Him Polythelene		NRIC : 199308593E	HP :
Driver's Name : Ng Yu Chuan		NRIC : S2548843A	HP : 94303077
DOB : 14/8/1953	Driving Licence Passing Date : 11/7/1979		Occupation : Indoor / Outdoor
Address : 449 Tampines St 42 #08-94 (S20449)			
Relationship Of Driver with Insured : Employee		Email : alice@skp.com.sg	
Vehicle Number : YN 885 2K (A)		Make & Model : Mit	
Insurance Company : UOI		Policy Num : DHOM110152401805	Coverage : Comprehensive
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 1+1 (male) <sup>colleague</sup>	B :	C :	D :
Vehicle A Passenger Name :			
Anyone Injured :			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Name / NRIC / Which Vehicle :		
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number :		Insurer :
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ? <input checked="" type="radio"/> NO <input type="radio"/> YES			

### Third Party's Particular

Vehicle B's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

### Witness's Particular



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
5 Anson Road  
#25-01 Springvale Tower  
Singapore 079909  
Tel (65) 6222 7731  
Fax (65) 6227 3869 / 6227 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, 1966  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

ORIGINAL

<b>CERTIFICATE NO.</b>	DHOM110152401605	<b>Excess:</b>	\$500/-SECTION 1 \$2000/-APPL TO >25 YRS & OR <3YRS EXP
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	YN8852K		
<b>Name of Insured</b>	SEOW KHIM POLYTHELENE CO PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 13 August 2021 to 12 August 2022

**Engine#** 4P10B69712  
**Chassis#** FEB21EA10104

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 partly of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FSCPP Date: 08/07/2021

  
For the Company