

NATIONAL Assessment Centre Services (Ref: JA 104)

Date In: 23/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/UOI 22004828/m4	SAS e-filing		
Veh No: SLD 5255K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/05/2022 14:10	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: YM5271L	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 2201395	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*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	23/05/2022 15:03 (SGT)
Date of Accident	20/05/2022 14:10 (SGT)
Exact Location of Accident	2 Kaki Bukit Ave 2, Singapore 417921
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5255K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG POH CHOO
NRIC No	SXXXX816Z
Email Address	pntoh2255@gmail.com
Mobile Phone No	(Phone) +65-83881629
Alternative Phone No	+65-83881629

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1999

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120042211901
Cover Note Number	-

DRIVER

Name of Driver	KOH CHUAY HUAY
NRIC No	SXXXX176I

Date Of Birth	23/04/1952
Occupation	Indoor
Date Of Driving Pass	08/06/1972
Driving experience	49 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91052129
Alt. Phone Number	-
Email Address	pntoh2255@gmail.com
Address	2 THRIFT DRIVE
Address complement	-
Postcode	535010
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 20/5/22 ABOUT 10AM I SENT MY CAR TO WORKSHOP FOR REPAIR AT 2 KAKI BUKIT AVE 2 #01-25 KAKI BUKIT AUTOHUB S(417921). AT ABOUT 2.10PM THE WORKSHOP IN CHARGE RICHARD CHOY H/P : 97307286 CALLED ME AND SAID THAT MY CAR WAS HIT BY ANOTHER VEHICLE YM5271L WHILE PARKED ALONG THE LANE. THE VEHICLE B DRIVER'S PARTICULAR IS MR. TAN TECK KEE H/P: 96648489. THE WORKSHOP IN-CHARGE AND OTHERS IS WILLING TO BE THE WITNESS FOR THIS INCIDENT.

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	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5271L
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle



Name of Driver	TAN TECK KEE
NRIC No	SXXXX720H
Contact Number	(Phone) +65-96648489
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	RICHARD CHOY
Phone	(Phone) +65-97307286
Email	-

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

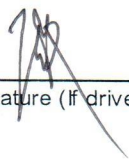
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

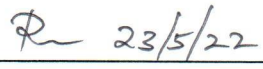
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

 23/5/22

Witnessed by Reporting Centre
Personnel

Sketch Plan

As per attached.

Kaki Bukit Road 2

Entrance

A = SLD 5255K

B = Ym. 5271L

2 Kaki Bukit Ave 2

Worship

SLD 5255K
3rd floor

Ym 5271L
1st floor

Handwritten signature or mark at the bottom of the page.


Describe Circumstances of the Accident

On 20/5/22 about 10am I sent my car to Workshop for repair at 2 Kaki Bukit Ave 2 #01-05 Kaki Bukit Autohub S(41792). At about 2:10pm the workshop in charge Richard Choy HP: 97307286 called me and said that my car was hit by another vehicle GM 5271L while parked along the lane. The vehicle B driver's particular is Mr. Tan Teale Kees HP: 96678789. The workshop in-charge and others is willing to be the witness for this incident.

Declaration

I/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

 23/5/22
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (2:10pm)

ACCIDENT DATE: (20 / 05 / 2022) (DD/MM/YYYY), TIME: (14 : 10) (HH:MM)

LOCATION: 2 KAKI BUKIT AVE 2.

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLD 5255K

b) INSURANCE COMPANY: UOI

c) POLICY NUMBER: DH0M120042211901

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

e) MAKE & MODEL: JAGUAR XE 2.0 AUTO (1999cc)

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: Ang Poh Choo (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1199816Z CONTACT: 83881629

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: KOH CHUAY HUAY (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S0173176I CONTACT: 91052129

c) ADDRESS: 23A Lorong Marzuli (S) 417193
2 Thrift Drive (S) 535010

*d) DATE OF BIRTH: (23 / 04 / 1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 08/06/1972

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: Ym 5271L MODEL: Isuzu

b) DRIVER'S NAME: Tan Teck Kee

c) NRIC/FIN/PASSPORT: S1640720H CONTACT: 96648489

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

witness: Richard Choy (97307286)

Email = pntoh2255@gmail.com

fax =

video = Yes (Haven't retrieve)

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

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.	DHOM120042211901	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SLD5255K		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	ANG POH CHOO		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 13 May 2021 to 12 May 2023
Hire Purchase OCBC LIMITED

Engine# 015244012058204PT
Chassis# SAJAB4AG3GA925363

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



FCTTS Date : 30/04/2021

For the Company