

NATIONAL Assessment Centre Services: (wef 1 Jan 08)

SN0822500001

Date In: 30/05/2022 11:50	Job description	Date & Time Completed	Done by
Ref No: N30/4022005084	SAS e-filing		
Veh No: SCW 13387	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 31/05/2022 15:15	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: GBR 70364

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 5616

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA2201459	Invoice Preparation Checklist	Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao 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: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

l. 1:

l. 2/3:

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	30/05/2022 11:56 (SGT)
Date of Accident	29/05/2022 15:15 (SGT)
Exact Location of Accident	Sixth Ave, Singapore
Additional Location Information	TOWARDS HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1338T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA JEE PHUN JENNIFER
NRIC No	SXXXX535Z
Email Address	jchia@umwgroup.com.sg
Mobile Phone No	(Phone) +65-96289698
Alternative Phone No	+65-96289698

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2353

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110181402200
Cover Note Number	-

DRIVER

Name of Driver	CHIA JEE PHUN JENNIFER
NRIC No	SXXXX535Z

Date Of Birth	02/02/1948
Occupation	Indoor
Date Of Driving Pass	07/07/1967
Driving experience	54 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96289698
Alt. Phone Number	+65-96289698
Email Address	jchia@umwgroup.com.sg
Address	27 FERNHILL CRESCENT
Address complement	-
Postcode	259181
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	Collision - Head to Rear
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 SUNDAY 29 MAY 2022 AT ABOUT 17:15 HRS I WAS TRAVELLING ON SIXTH AVENUE TOWARDS HOLLAND ROAD .I HAD STOPPED AND SO HAD THE SEVERAL CARS AHEAD OF ME AND ALLOW A CAR TO TURN RIGHT INTO MING TECK PARK. A WHITE VAN DRIVEN BY MR AMIRUL AKMAL BIN MOHD NADZRI WITH DRIVING LICENCE SXXXX136E COLLIDED INTO THE REAR OF MY HONDA ODYSSEY SKW1338T. THE REGISTRATION PLATE OF THE VAN IS GBK7036U WITH THE WORDS "FENG EXPRESS" PAINTED ON THE VAN. THE VAN HAD THE FOLLOWING PAINTED ON IT PAN PACIFIC VAN & TRUCK LEASING PTE LTD, 8 CHANG CHARN ROAD #04-01 LINK (THM) BUILDING , SINGAPORE 159637 COMPANY NO :201511635R. THE ACCIDENT HAPPENED DUE SOLELY TO THE NEGLIGENCE OF AMIRUL AS HE DID NOT STOP AND COLLIDED O THE REAR OF MY CAR. HE ADMITTED LIABILITY AND APOLOGIZED FOR IT. THERE WERE NO INJURIES TO BOTH PARTIES AND WE EACH DRIVE OFF AFTER EXCHANGING DETAILS.AMIRUL MOBILE NUMBER IS 89133923.

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	GBK7036U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMIRUL AKMAL BIN MOHD NADZRI
NRIC No	SXXXX136E
Contact Number	(Phone) +65-89133923
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

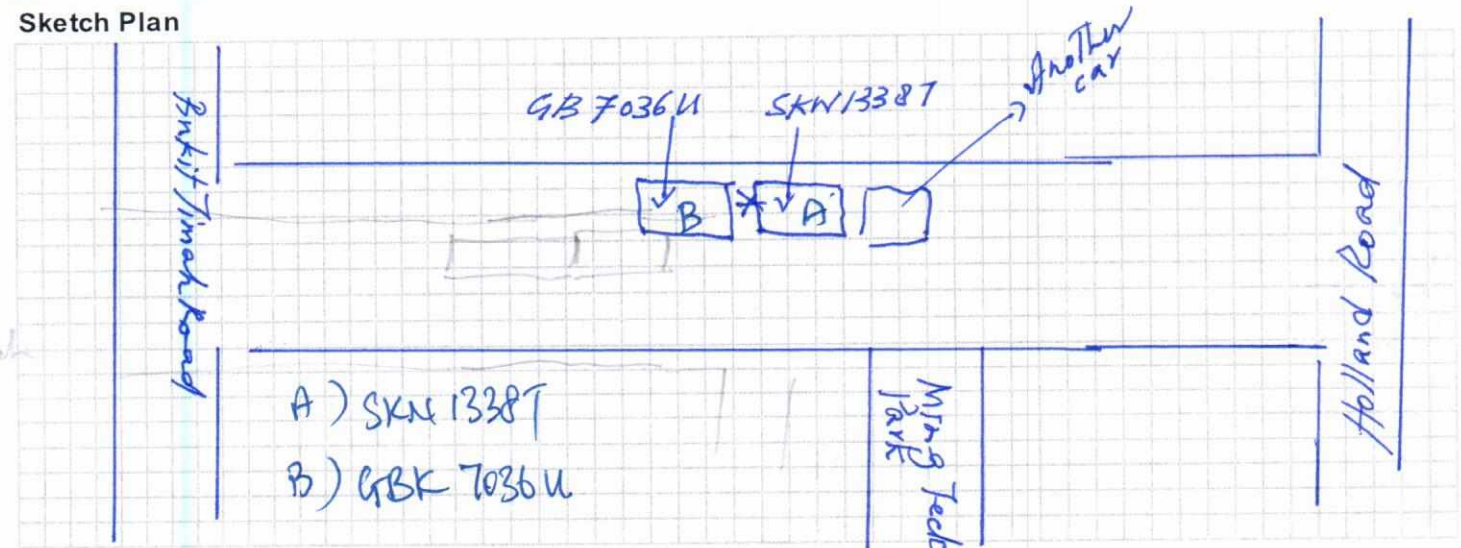
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 30 May 2022
Policyholder's Signature / Date & Time
11am

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

[Signature] 30/05/2022
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

REFER TO STATEMENT & ATTACHMENT

Declaration

We declare the foregoing particulars are true in every respect.

 30 MAY 2022
Policyholder's Signature / Date &
Time 11am.

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

 30/05/2022
Witnessed by Reporting Centre
Personnel

Accident on Sunday 29 May 2022 along Sixth Avenue

1. On Sunday 29 May 2022 at about 5:15/5:20pm I was travelling on Sixth Avenue towards the direction of Holland Road.
2. I had stopped and we had the several cars ahead of me & when a car & turn right into Ming Teck Park.
3. A white van driven by one AMIRUL AKMAL BIN MOHD NADZRI with Driving licence Number S9935136 E. collided into the rear of my Honda Odyssey SKW 1338T.
4. The registration plate of the van is GBK 70364 with the words "Feng Express" painted on the van.
5. The van had the following painted on it
Pan Pacific Van + Truck Leasing Pte Ltd
8 Chang Chuan Road
#04-01 Link (THM) Building, Singapore 159637
Company No: 201511635R, OUR SORRY
6. The accident happened but solely to the negligence of AMIRUL as he did not stop and collided to the rear of my car. He admitted liability and apologized for it.
7. There were no injuries to both parties and we each went off after exchanging details.
8. AMIRAL's mobile number is: 8913 3923

amir
30/5/2022


30 May 2022

ACCIDENT STATEMENT

ACCIDENT DATE: 29/5/2022 (DD/MM/YYYY), TIME: Approximately 5:15pm (HH:MM)

LOCATION: Along Sixth Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 1338T
 b) INSURANCE COMPANY: United Overseas Insurance Limited
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: DHOM 4001 1018 11018140220
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Taken car for a drive
 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: CHIA JEE PHUN JENNIFER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0157535Z CONTACT: _____
 c) ADDRESS: 27 FERH HILL CRESCENT SINGAPORE 259181

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 02/02/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7 JULY 1967

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) CLEAR + DRY

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

No of passenger
(including driver)
(ONE)

- a) VEHICLE NUMBER: GBK 7026U MODEL: VAN
 b) DRIVER'S NAME: AMIRUL AKMAL BIN MOHA NADZRI
 c) NRIC/FIN/PASSPORT: S9935136F CONTACT: 89133923

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email: jechia@umxgroup.com.sg
 Mobile: 96285692

Email: Whap App Video to Rashid of NAC Services (LKK Group) at Blk 1007 Bukit Merah Lane 3 A 01-11 Singapore 159321



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

146 Robinson Road

#02-01 UOI Building

Singapore 068909

Tel (65) 6222 7733

Fax (65) 6327 3869 / 6327 3870

Fax (65) 6327 3872 (claims)

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. DHOM110181402200 **Excess:** \$0/-NOT APPLICABLE
Type of Cover COMPREHENSIVE
Vehicle Number SKW1338T
Name of Insured CHIA JEE PHUN JENNIFER
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 27 May 2022 to 26 May 2023

Engine# K24W72500440
Chassis# JHMRC1890LC200634

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

MCHHC Date : 26/05/2022

For the Company