

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 07/07/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/40922006507/13 | SAs e-filing | | |
| Veh No: YQ4351E | E-mail (within 5 hrs, AD: 2hrs) | | |
| D.O.A: 09/06/22 0700 | 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: GBK8733J 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | 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 | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2/3: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idac DA + SMRI 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 30 | | |
| | Invoice date: | 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 | 07/07/2022 17:34 (SGT) |
| Reported by | Driver |
| Date of Accident | 09/06/2022 07:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TOH GUAN RD EAST(DORMITORY) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YQ4251E |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | GLOCAL CONSTRUCTION PTE LTD |
| Company Reg No | 2XXXXX066H |
| Email Address | saithairaja1990@gmail.com |
| Mobile Phone No | (Phone) +65-96643631 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|----------------------------|
| Manufacturer | Hino |
| Model | XZU710R 14FT WID CAB 5T MT |
| 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 | 4009 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------|
| Name of Insurance Company | United Overseas Insurance Ltd |
| Policy Number / Cover Note Number | DHOM120061752100 |

DRIVER

| | |
|-----------------|-------------------|
| Name of Driver | GANESAN RAJADURAI |
| Passport No/FIN | GXXXX668Q |
| Date Of Birth | 19/05/1991 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 02/08/2021 |
| Driving experience | 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87309871 |
| Alt. Phone Number | - |
| Email Address | saithairaja1990@gmail.com |
| Address | BLK 518 SUNGEI TGH LODGE |
| Address complement | #06-175 |
| Postcode | 698924 |
| 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 | DRIZZLING |
| Road Surface | Wet |

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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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

I WAS TRAVELLING ALONG TOH GUAN RD EAST TURNING RIGHT INTO DORMITORY.WHILE MAKING A RIGHT TURN SUDDENLY VEH B CAME AND COLLIDED ONTO MY VEH.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBK8733J |
| 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

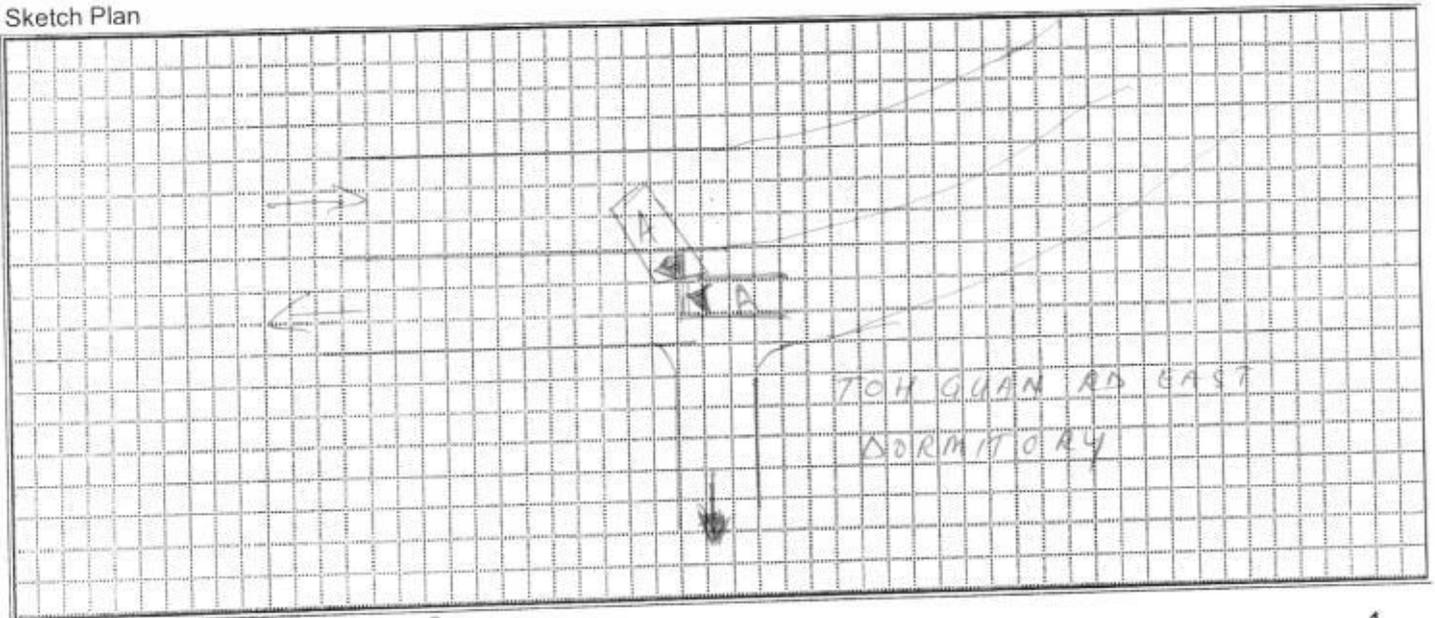
Cheng T17122

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

ROSLINDA BINTEA WAHAB

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *07/07/22*

Sketch Plan



A - YQ4251E

B - GBK8733J

Describe Circumstance of the Accident

I was travelling along Toh Guan Road East turning right into Dormitory. While making a right turn suddenly veh B came and collided onto my veh.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

C. P. [Signature] 7/7/22

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

ROSLINDA BINTE A WAHAB

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 07/07/22

ACCIDENT STATEMENT

ACCIDENT DATE: (07/06/22) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: TOH GUAN DORMITORY RD EAST (DORMITORY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ4251E
b) INSURANCE COMPANY: LIOT
c) POLICY NUMBER: DHUM120061752100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO AUTO/MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) NO

2. INSURED / POLICY HOLDER

- A) NAME: GLOCAL CONSTRUCTION PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200512066H CONTACT: 96642631
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GANGSAN RAJADURAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 92240668Q CONTACT: 87309871
c) ADDRESS: BCK STR SUNGAI TGM LODGE
#06-175 (698924)

*d) DATE OF BIRTH: (19/05/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 02/08/2021

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) DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBK8733J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = Saithairaja 1990@gmail.com

fax =

VIDE.O =



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. | DHOM120061752100 | Excess: | \$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | YQ4251E | | |
| Name of Insured | GLOCAL CONSTRUCTION PTE LTD | | |
| Restricted Driver(s) | NOT APPLICABLE | | |

| | |
|----------------------------|---------------------------------|
| Period of Insurance | 10 August 2021 to 9 August 2023 |
| Hire Purchase | UNITED OVERSEAS BANK LIMITED |

| | |
|-----------------|-------------------|
| Engine# | N04CWN15057 |
| Chassis# | JHHUCV3F50K039979 |

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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

FSGMY Date : 11/08/2021