

NATIONAL Assessment Centre Services

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 13/7/22 | Job description | Date & Time Completed | Done by |
| Ref No. NA 401220065717 | SAS e-filing | | |
| Veh No. 93684 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A. 12/7/22 | 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: 945 477K | 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 |
|-----------|---------|
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| | | | | |
|---------------------------------|---|-------------|-----------|-----------|
| NA 2202544 | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | | |
| Dat. 2/3: | 7) NI: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON: | | | |
| | *N5: Courtesy Car / Tp. 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: Idno Mobile 30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 7 / 2022) (DD/MM/YYYY), TIME: (09:15) (HH:MM) ^{9m}

LOCATION: Tampines Ave 1 towards Bedok Reservoir.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8G93684.
 b) INSURANCE COMPANY: Uol
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Dyna AUTO/MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Work.
 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: Liam Gim (S) Trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2887744E CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Hock Chen (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2510583D CONTACT: 90697758
 c) ADDRESS: BLK 7 King George's Ave #12-118
S(20/007)

*d) DATE OF BIRTH: (07 / 06 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06/06/1988 20/9/1983

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) _____

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: SHB1177L 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 = * liangim44@gmail.com

fax = 66357411

VIDEO =

Annex

Transaction ref 20190411111218883538

Please check that the owner and vehicle details are correct:

- | | |
|--|--|
| 1. Name | : LIAN GIM (S) TRADING |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 52887744E |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : GBG9368U |
| 6. Previous Vehicle Registration No. | : - |
| 7. Effective Date of Ownership | : 11 Apr 2019 |
| 8. Original Registration Date | : 30 Nov 2017 |
| 9. First Registration Date | : 30 Nov 2017 |
| 10. Vehicle Type | : B31 - Goods (Open) Lorry (Metal Body)/Pickup |
| 11. Vehicle Scheme | : Normal |
| 12. Attachment 1 | : With Hood |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make | : TOYOTA |
| 16. Vehicle Model | : DYNA 150 5MT |
| 17. Year of Manufacture | : 2017 |
| 18. Primary Colour | : Silver |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 2 |
| 21. Chassis/Trailer Chassis No. | : JTFAT35Y00K209374 / - |
| 22. Propellant | : Diesel |
| 23. Engine No./Motor No. | : 1KD2759981 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 2982 / - |
| 25. Maximum Power Output(kW/bhp) | : - / - |
| 26. Unladen Weight(kg) | : 1780 |
| 27. Maximum Laden Weight(kg) | : 3500 |
| 28. Open Market Value | : \$27,084.00 |
| 29. PARF Eligibility | : No |
| 30. PARF Eligibility Expiry Date | : - |
| 31. Minimum PARF Benefit | : \$0.00 |
| 32. No. of Transfers | : 2 |



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. | DHOM110173742002 | Excess: | \$600/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | GBG9368U | | |
| Name of Insured | LIAN GIM (S) TRADING | | |
| Restricted Driver(s) | NOT APPLICABLE | | |

Period of Insurance 30 May 2022 to 29 May 2023

Hire Purchase TECK WEI CREDIT PTE LTD

Engine# 1KD2759981
Chassis# JTFAT35Y00K209374

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

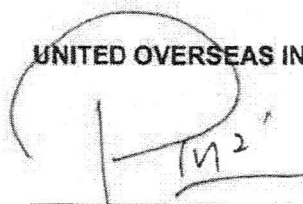
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*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 part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FSCPP Date : 18/05/2022


For the Company

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 | 13/07/2022 18:51 (SGT) |
| Reported by | Driver |
| Date of Accident | 12/07/2022 09:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TAMPINES AVE 1 TOWARDS BEDOK RESERVOIR |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG9368U

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | LIAN GIM (S) TRADING |
| Company Reg No | 5XXXX744E |
| Email Address | liangim44@gmail.com |
| Mobile Phone No | (Phone) +65-90697758 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| 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 | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------|
| Name of Insurance Company | United Overseas Insurance Ltd |
| Policy Number / Cover Note Number | DH0M110173742002 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | NG HOCK CHAI |
| NRIC No | SXXXX583D |
| Date Of Birth | 07/06/1959 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 30/09/1983 |
| Driving experience | 38 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90697758 |
| Alt. Phone Number | - |
| Email Address | liangim44@gmail.com |
| Address | BLK 7 KING GEORGE'S AVE |
| Address complement | #12-118 |
| Postcode | 201007 |
| 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 | 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 |
| 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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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 | SHB1177L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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.



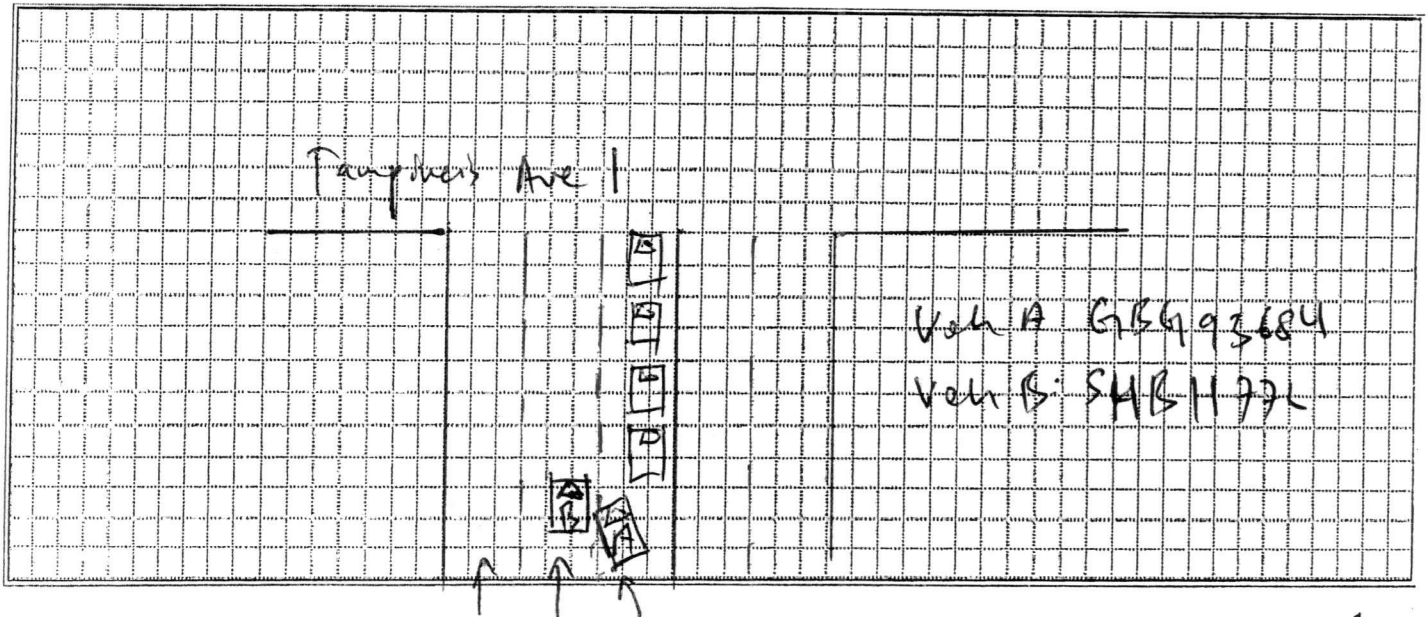
Policyholder's Signature / Date & Time

1326pm

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

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

Sketch Plan



Describe Circumstance of the Accident

I was driving at Tampines Ave 1 at 3rd lane, ~~to~~
, ~~in~~, in front there was vehicles lining up waiting
to turn right, so I signal to turn left to go
straight when suddenly veh B out from nowhere
came and hit onto my ^{veh A} front left hand portion.

Declaration

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



12/7/22
13:26pm

Policyholder's Signature / Date & Time

Chin

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

[Signature]

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