

**NATIONAL Assessment Centre Services**

Date In: <b>17/08/22</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NM/40222007865/A13</b>	E-mail (within 2hrs. MP: 2hrs)		
Veh No: <b>SLR1366M</b>	i-Motor Claim Form		
D.O.A: <b>16/08/22 1145</b>	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: <b>(17) Reporting Only</b>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: **SLR462M** 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
	MOBILE REPORTING (ADRIAN)
	JL PERFECT AUTOWORK PTE LTD
	8 KAKI BURIT AVE 4
	#08-09 PREMIER @ KAKI BURIT
	415875

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner: <b>MOBILE Reporting</b>	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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) 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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	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 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 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 ..... 17/08/2022 16:32 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/08/2022 11:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... STEVENS RD TWDS BUKIT TIMAH NEAR L/P 39  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK1366M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HAK KIAN ENTERPRISE PTE LTD  
Company Reg No ..... 1XXXXX373W  
Email Address ..... abc8627e@gmail.com  
Mobile Phone No ..... (Phone) +65-65207125  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1986

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Policy Number / Cover Note Number ..... DHOM110159711804

### DRIVER

Name of Driver ..... LIM HOCK GUAN  
NRIC No ..... SXXXX574J  
Date Of Birth ..... 03/10/1966  
Occupation ..... Outdoor

Date Of Driving Pass	02/01/1987
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90695035
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	BLK 531 HOUGANG AVE 6
Address complement	#08-279
Postcode	530531
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	Collision - Change/cross lane
Weather Conditions	Clear
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

PLS REFER TO THE ATTACHED STATEMENT

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	SLR462M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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

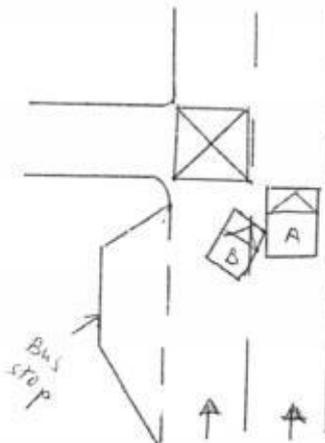
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### **Sketch Plan**

veh A: SLK 1366m  
veh B: SLR 462m

Chelsea  
Garden



STEVEN'S RD TWOS  
BUKIT TIMAH NEAR  
L/P 39

Describe Circumstances of the Accident

Blank lined area for describing the accident circumstances, containing handwritten notes: "Refer", "SU", "AU", and "Attached".

Declaration

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



Policyholder's Signature / Date & Time

*Ricky*

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

*Sym 17/08/22*

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SLK1366M) WAS TRAVELLING STRAIGHT ON LANE 1 OF STEVENS ROAD TOWARDS BUKIT TIMAH NEAR LP 39. SUDDENLY I FELT A HUGE IMPACT FROM THE LEFT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SLR462M) FROM THE LEFT (LANE 2) CUT INTO MY LANE AND COLLIDED ONTO MY VEHICLE.

**VEHICLE A : SLK1366M**

**VEHICLE B : SLR462M**



*Ricky*

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	16/8/22	Time:	11:45hrs	(hh:mm) 24 hr format
Location	Stevens Rd twcls Bukit Timah NEAR LP 39			
Vehicle Number	SLK 1366m			
Insured Name	Hak Kian Enterprise Pte Ltd			
NRIC/FIN	199205373W	Contact Number	6520 7125	
Make	Toyota	Model	Harrier Elegance	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	UOI			
Type of Policy	( <input checked="" type="checkbox"/> ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only	
Policy Number	DHOM110159711804			
Name of Driver	Lim Hock Guan			( ) Same as Insured
NRIC/FIN	81757574J	Contact Number	9069 5035	
Date of Birth	03/10/1966			
Driving Pass Date	02/01/1987			
Occupation	( ) Indoor	( <input checked="" type="checkbox"/> ) Outdoor		
Gender	( <input checked="" type="checkbox"/> ) Male	( ) Female		
Email Address	abc8627e@gmail.com			( ) NO EMAIL
Address of Driver	Blk 531 Hongang Ave 6 #08-279 (S) 530531			
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 2 <sup>nd</sup> party Name Nric Contact				
Veh B	SLR 462m			
Veh C				
Veh D				
Veh E				
Veh F				

\* Driver Only



United Overseas Insurance Limited  
 100, ROBINSON ROAD  
 #12-01, UOB Building  
 SINGAPORE 068973  
 Tel: (65) 6339 1111  
 Fax: (65) 6339 1111  
 Email: uoi@uoi.com.sg  
 www.uoi.com.sg

**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.** DH0H110159/11804 **Excess:** \$600/- ALL DRIVERS  
**Type of Cover** COMPREHENSIVE \$3000/- APPL TO <25 YRS & OR <3YRS EXP  
 \$100/- WINDSCREEN DAMAGE CLAIM  
**Vehicle Number** SLK1366M  
**Name of Insured** HAK KIAN ENTERPRISE PTE LTD  
**Restricted Driver(s)** NOT APPLICABLE

**Period of Insurance** 6 January 2022 to 5 January 2023 **Engine#** 3ZRB911574  
**Hire Purchase** MAYBANK SINGAPORE LIMITED **Chassis#** ZSU600092168

Private Car-Office (MX 4)

**AUTHORISED DRIVER**

Any person who is driving on the Insured's order or with their permission

**LIMITATIONS AS TO USE**

Use only for social domestic and pleasure purposes and for the Insured's business

**THE POLICY DOES NOT COVER**

- (1) Use for hire or reward or pace-making reliability trial or speed-testing
- (2) Use for the carriage of goods other than samples in connection with any trade or business
- (3) Use for any purpose in connection with the Motor Trade

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

FSCPP Date : 03/12/2021