

NATIONAL Assessment Centre Services

Date: 23/08/22	Job description: SAS e-filing
Ref No: NA/4020008048/13	E-mail (include first & last name)
Work No: SMK8585P	I-Motor Claim Form
QC: 22/08/22 1500	I-Motor W/O (within 60 days of claim)
QC TP: <u>Reporting</u>	I-Photo Uploaded
TP Insurer:	Assessment/Survey Report
	Ass't Report by Fax/Hand to Owner/Wkst

Preferred Wkst / INC Assign Wkst / QWst	Tel:	Fax:
TP Particulars:	Yeh No: QBT6457A	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%; R: 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time/Sections:

NA2202285	Invoice Preparation Checklist:	Amount	Amount
Claimant's Particulars:-	1) AR: Accident Reporting (\$100)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$1,515		
Damaged Portion:	4) FT: Follow-Through Survey \$100		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10		
Auditors' Comments:-	For claiming against INC Only (Ref: 11/1/10)		
	6) TR: Re-inspection \$75		
	7) N1: Inc DA - SMPT Survey \$150		
	8) NTUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$20		
	*N5: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idea Mobile \$20		
	Invoice dated	Fax Charges	
	Invoice dated	Fax Charges	

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	23/08/2022 09:08 (SGT)
Reported by	Driver
Date of Accident	22/08/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 608 AMK AVE 5 OPEN CARPARK NEAR TO GANTRY EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8585P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ANLI
NRIC No	SXXXXX969I
Email Address	anni.tan90@gmail.com
Mobile Phone No	(Phone) +65-98201613
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120064222200

DRIVER

Name of Driver	TAN ANNI
NRIC No	SXXXXX419F
Date Of Birth	07/04/1990
Occupation	Outdoor

Date Of Driving Pass	15/12/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93225586
Alt. Phone Number	-
Email Address	anni.tan90@gmail.com
Address	85 JALAN CHENGKEK
Address complement	-
Postcode	369308
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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
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 AT THE GANTRY AND AFT REALISING CASHCARD WASN'T WORKING.I REVERSED A BIT THE DRIVER BEHIND ME SAW AND STARTED REVERSING TOO.SO I CONTINUED AFT SEEING HIM REVERSING,SUDDENLY I FELT A BUMP AND I IMMEDIATELY STOP.

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	GBJ6457A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHYE CHIAN HSIUNG
Contact Number	(Phone) +65-97986626
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 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.

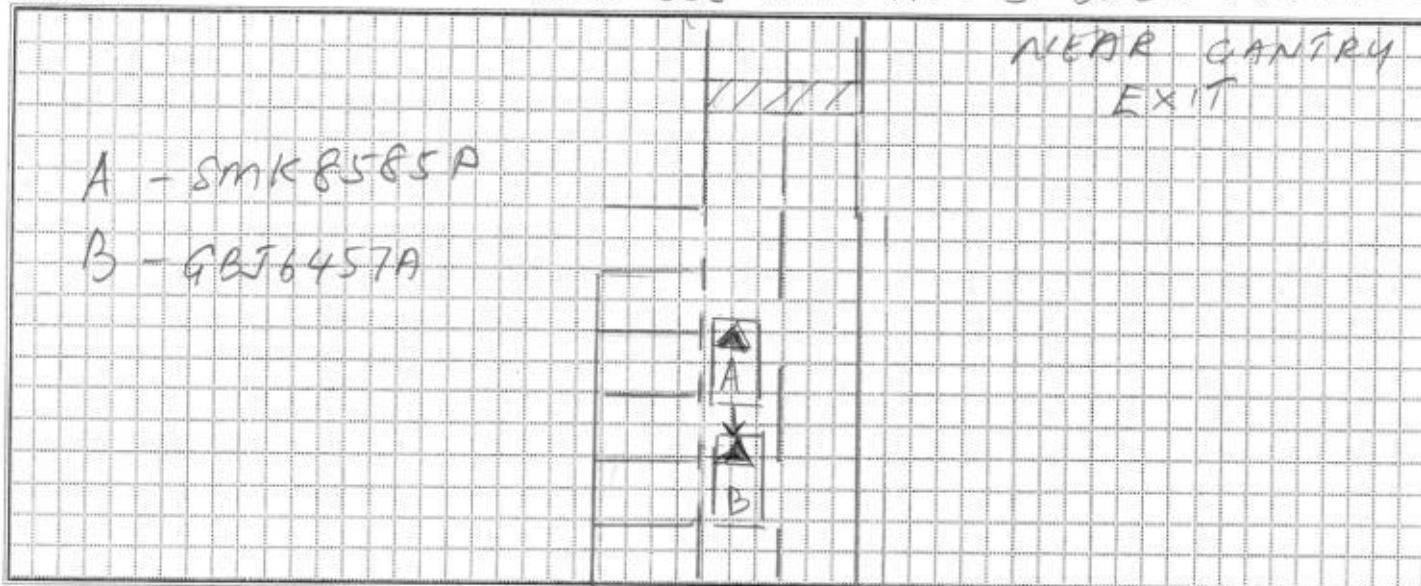
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BLK 608 AMK AVE 5 OPEN CARPARK



Describe Circumstances of the Accident

I was at the gantry and after realising cashcard wasn't working. I ~~reverse~~ reverse a bit the driver behind me saw and started reversing too. so I continued after seeing him reversing, ~~after stopping for a while. when~~ ~~I reverse reversed~~ and felt a bump I immediately stop.

Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 22/08/22 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: BLK 608 AMK AVE 5 OPEN CARPARK

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMK8585P

b) INSURANCE COMPANY: UOI

c) POLICY NUMBER: DHOM120064222200

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

e) MAKE & MODEL: KLIA CERATO 1.6 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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: TAN ANLI

b) NRIC/FIN/PASSPORT: 59331969I (MALE / FEMALE)

c) ADDRESS: 98201613

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: TAN ANNI

b) NRIC/FIN/PASSPORT: 59012419F (MALE / FEMALE)

c) ADDRESS: 85 JLN CHENGKEK CONTACT: 93225586
369308

* d) DATE OF BIRTH: 07/04/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/12/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SIBLING

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

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: GBJ6457A MODEL:

b) DRIVER'S NAME: CHYE CHIAN HSIUNG

c) NRIC/FIN/PASSPORT: CONTACT: 97986626

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 = annie.tan90@gmail.com

fax =

VIDEO = YES NO



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.	DHOM120064222200	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$750/-AUTHORISED WORKSHOP SCHEME
Vehicle Number	SMK8585P		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	TAN ANLI		\$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s)	NOT APPLICABLE		\$500/-WINDSCREEN DAMAGE & SOLAR FILM

Period of Insurance 28 February 2022 to 27 February 2024

Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# G4FGJH716006

Chassis# KNAF1416MK5027319

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

For the Company

FSGMY Date : 25/01/2022