

NATIONAL Assessment Centre Services: [initials] **200822970056**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with/without shift, 1/2/3 hrs)		
1-Motor Claim Form		
1-Motor W/O (with/without shift, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

referred Wksp / INC Assgn Wksp / QW: ()
 P Particulars: Vch No: **UNKNOWN CAR** INC () / Non-INC ()
 Owner / Driver: () Cover Type: ()
 Policy No: () Period: () Date: () Time: ()

Confirmed by: ()
 Insured/Driver Liability: () % [Note- Est. Status (WO): NI: 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: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check/ Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

DATE	ACTIONS

NA-202429

Driver/Owner:	Invoice Preparation Charge:
Contact No:	1) AR: Accidental Reporting (\$30)
Damaged Portion:	2) DA: Damage Assessment (\$100); NIC (\$30)
C. Checked by (Engr-In-Charge):	3) TP: Towing Fee \$120
Additional Comments:	4) FT: Follow-Through Survey \$30
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idm DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N3: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Dollwet Excess Coordination \$5
	TP (NI) / TP (Non INC) against NIC \$20
	9) NI 2: Idm Mobile \$0
	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	07/09/2022 16:28 (SGT)
Reported by	Both
Date of Accident	06/09/2022 20:20 (SGT)
Exact Location of Accident	Cairnhill Rd, Singapore
Additional Location Information	JUNCTION WITH ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8273A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PHUA LI CHENG AILEEN
NRIC No	SXXXX540D
Email Address	aileenp88@hotmail.com
Mobile Phone No	(Phone) +65-83557778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	1496

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110179432100

DRIVER

Name of Driver	PHUA LI CHENG AILEEN
NRIC No	SXXXX540D
Date Of Birth	14/01/1970
Occupation	Indoor

Date Of Driving Pass	17/10/1989
Driving experience	32 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83557778
Alt. Phone Number	-
Email Address	aileenp88@hotmail.com
Address	BLK 5 HULLET ROAD #10-10
Address complement	-
Postcode	229161
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	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?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220906/2109

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE YET

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN YONG LING
NRIC No	SXXXX202H
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:

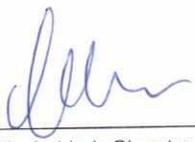
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 7/9/22 15:20

Policyholder's Signature / Date & Time

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

 07/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20220906/2109

Declaration

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


7/9/22
15:20

Policyholder's Signature / Date & Time

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


07/09/2022

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



**SINGAPORE
POLICE FORCE**



T/20220906/2109

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20220906/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2022 22:05		Vide Report No.:		Station Diary No.: 129	
Informant's Particulars					
Name of Informant: PHUA LI CHENG AILEEN			Address: BLK 5 HULLET ROAD #10-10 SINGAPORE 229161		
ID Type / ID No.: NRIC NO / S7001540D			Contact No.:		Mobile: 83557778
Nationality: SINGAPORE CITIZEN			Email: aileenp88@hotmail.com		
Sex: Female	Age: 52	Date of Birth: 14/01/1970	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/09/2022 20:20	Type of Location: Straight Road
Location: GRANGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB8273A	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB8273A	UNITED OVERSEAS INSURANCE LIMITED	DHOM110179432100	06/10/2021	13/11/2022



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20220906/2109

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Report No. T/20220906/2109

CONTINUATION OF REPORT

Brief Details.

I am the above mentioned, on the above mentioned date, time and location, I was involved in a traffic accident at the traffic junction. I was making a left turn from Cairnhill Rd towards Orchard Rd within my own lane when my vehicle (SNB8273A - Light Blue Mazda 2) was banged on the left side by another car in mustard color. The damages on my car are dents and scratches on both front and back doors. I did not managed to get the car plate number or contact number of the other party. There were no injuries sustained during the traffic accident. I am making this report for record and insurance claim purposes. The below are the particulars that I have from the other party. That is all.

Chen Yong Ling
S2633202H
Birth Date: 6/5/1964



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20220906/2109

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Report No. T/20220906/2109

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /
SGT 2 KOH YI ZHE, DARRION

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/09/2022 22:05

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 6/9/2002 (DD/MM/YYYY) TIME: 20:20 (HH:MM) LOCATION: CARNHILL RD / ORCHARD

1. DETAILS OF VEHICLE
d) VEHICLE NUMBER: SNB 8473 A
b) INSURANCE COMPANY: UNI
c) POLICY NUMBER: Dhom 110179432100

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 2

f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

2. INSURED / POLICY HOLDER
a) NAME: PHUA LI CHENG ALLEN
b) NRIC/FIN/PASSPORT: S7001540
c) ADDRESS: 5 HULLET ROAD #10-10 B, PORE 229161

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
d) NAME: K ABOVE
e) ADDRESS: (MALE / FEMALE)
f) NRIC/FIN/PASSPORT: CONTACT:
g) ADDRESS:

3. DRIVER
a) NAME: K ABOVE
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* DATE OF BIRTH: 14/01/1970 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS

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

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: KILIMNEY POLICE POST

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME: CHEN JONG HNE
c) NRIC/FIN/PASSPORT: S2633202H
CONTACT: MODEL: MERCEDES

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: MODEL:

10. No of passengers (including driver)
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: MODEL:

11. No of passengers (including driver)
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: MODEL:

email = aileenp88@hotmail.com
VIBED



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.	DHOM110179432100	Excess:	\$500/- NAMED DRIVERS \$1500/- OTHERS
Type of Cover	COMPREHENSIVE		\$3000/- APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SNB8273A		\$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured	PHUA LI CHENG AILEEN		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 6 October 2021 to 13 November 2022

Engine# P520364458
Chassis# JM6DJ2HAA01100929

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

FCADJ Date : 05/10/2021