

NATIONAL Assessment Centre Services:

(with 1 job)

NA22027005

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor W/O (within 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Referral Wksp / INC Assign Wksp / QW:	Tell	Fax
P Particulars	INC () / Non-INC ()	
Owner / Driver:	Tell	
Policy No:	Cover Type:	
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: Est. Status (W/O): 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Damage:

Action:

NA2202702

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Invoice Preparation Charge:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	RIC (\$30)
3) TF: Towing Fee	\$120
4) FT: Follow Through Survey	\$30
5) PT: Follow Through Survey (Resurvey)	\$30
Per claimant assist only (w/ 10 Jan 2023)	
6) TR: Re-inspection	\$75
7) NI: DA + SMRT Survey	\$160
8) NTUC Additional Services	
OR:	
*NI: Courtesy Car / Tpl Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$25
*NI: DY / Delivery Process Coordination	\$5
TP (Nil) / TP (w/ INC) against INC	\$20
9) NI: Line Mobile	
Invoice dated	Per Charged
Invoice dated	Per Charged

2/3:

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	29/09/2022 17:37 (SGT)
Reported by	Both
Date of Accident	28/09/2022 17:00 (SGT)
Exact Location of Accident	N Canal Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7280P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG SIEW LOONG
NRIC No	SXXXX903G
Email Address	Adrianchong2000@gmail.com
Mobile Phone No	(Phone) +65-96750830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	1496

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120037431802

DRIVER

Name of Driver	CHONG YOW KIT AVERY
NRIC No	SXXXX229H
Date Of Birth	23/05/1994
Occupation	Indoor

Date Of Driving Pass	03/11/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91182627
Alt. Phone Number	-
Email Address	Adrianchong2000@gmail.com
Address	456 CORPORATION ROAD #02-07
Address complement	PARC VIATS
Postcode	649813
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
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	-

PASSENGER 1

Name	GIRL FRIEND
Gender	Female

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

ARRIVED AT NORTH CANAL ROAD SAW EMPTY PARKING LOT ON LEFT SIDE, 3RD PARTY WAS WAITING AS STATED IN LOCATION, WENT PAST 3RD PARTY CAR AND TRIED TO REVERSE TO PARK IN EMPTY LOT, DID NOT SEE 3RD PARTY CAR WHILE REVERSING SLOWLY AND THEREFORE CAUSE 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	SME8891L
Vehicle Manufacturer	Mercedes

Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THAM KONG YANG
NRIC No	SXXXX502A
Contact Number	(Phone) +65-92716745
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;

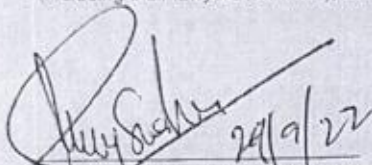
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

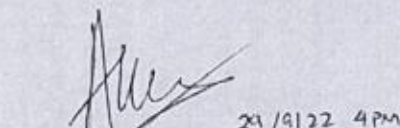
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

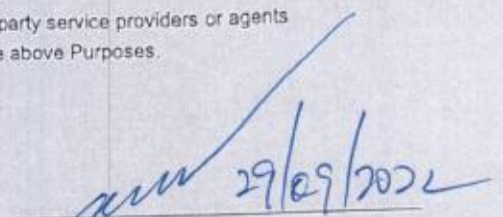
(collectively the "Purposes")

(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

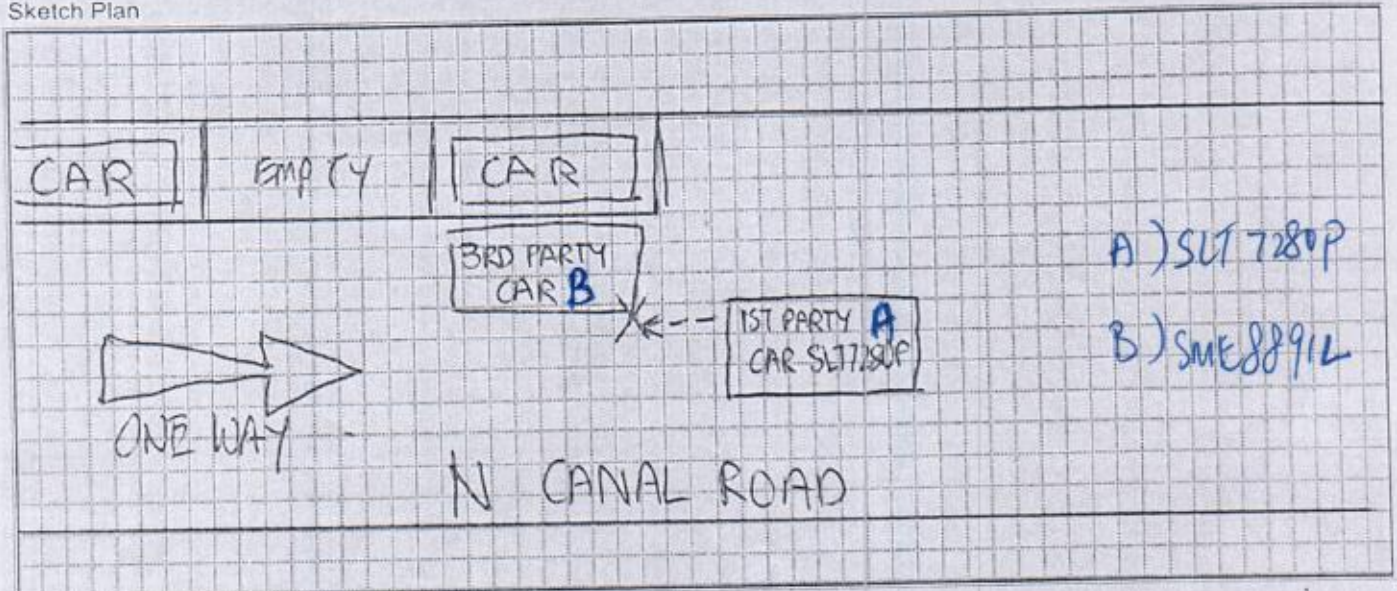
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
24/9/22
4 PM


Actual Driver's Signature (if driver is not the policyholder) / Date & Time
24/9/22 4 PM


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
29/09/2022

Sketch Plan



Describe Circumstance of the Accident

- ARRIVED AT NORTH CANAL ROAD
- SAW EMPTY PARKING LOT ON LEFT SIDE
- 3RD PARTY CAR WAS WAITING AS STATED IN LOCATION
- WENT PAST 3RD PARTY CAR AND TRIED TO REVERSE TO PARK IN EMPTY LOT
- DID NOT SEE 3RD PARTY CAR WHILE REVERSING SLOWLY AND THEREFORE CAUSED ACCIDENT

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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

ACCIDENT STATEMENT

ACCIDENT DATE: 20/9/22 (DD/MM/YYYY), TIME: 17.00 (HH:MM)

LOCATION: along north canal road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 7280P
 b) INSURANCE COMPANY: WDI
 c) POLICY NUMBER: DHOM 120037431802
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 116D
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going for dinner
 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: CHONG SIEW LON NG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S25119036 CONTACT: 91750836
 c) ADDRESS: 456 CORPORATION RD #02-07 PANG VISTA
Tower 4 649813

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG YOW KIT, ANG Y. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9418229H CONTACT: 9182827
 c) ADDRESS: AT ABU

* d) DATE OF BIRTH: 13/05/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/11/2014

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

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

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: SME 8891L MODEL: MERCEDES C180
 b) DRIVER'S NAME: THAM KONG YANG
 c) NRIC/FIN/PASSPORT: S7630502A CONTACT: 92716745

9. THIRD PARTY VEHICLE

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

Email: =

VIDEO



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

146 Robinson Road

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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.	DHOM120037431802	Excess:	\$750/- NAMED DRIVERS - OPTION 2 \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLT7280P		
Name of Insured	CHONG SIEW LOONG		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 9 November 2021 to 8 November 2023

Engine# 39175091B37D15A

Hire Purchase DBS BANK LTD

Chassis# WBA1V720105G87181

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

FSCPP Date : 11/10/2021