

# NATIONAL Assessment Centre Services

(part 1 of 2)

NOB22BR0001

Date In: 11/11/2022 12:44	Job description	Date & Time Completed	Done by
Ref No: NISA 1012013204	SAS e-Milling		
Veh No: SJA 281R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/11/2022 10:40	I-Motor Claim Form		
OD 101 / Reporting Only	I-Motor W/O (within 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SMT 460X	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: 0788 0016)	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: \_\_\_\_\_

Int: Tuna: Actions:

NA2203174	Invoice Preparation Checklist	AMT	Ass/Bill
1) AR: Accident Reporting (\$300)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$40		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-Inspection	\$70		
7) NI: Hdr DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD:			
*NI: Courtesy Car / Trip Allowance	\$3		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$20		
*NI: DV / Collect Excess Coordination	\$1		
*TP (NI): TP (NI) INC against INC	\$30		
*NI: Idle Motor	\$0		
Invoice dated	Fee Charged		
Invoice total	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	11/11/2022 12:44 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 10:40 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	AFTER LAVENDER STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA287R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH TECK FEI
NRIC No	SXXXX918J
Email Address	ypyp68@gmail.com
Mobile Phone No	(Phone) +65-98281526
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1595

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120044791901

### DRIVER

Name of Driver	TAN GEOK PENG
NRIC No	SXXXX827H
Date Of Birth	24/05/1969
Occupation	Indoor

Date Of Driving Pass	15/12/2009
Driving experience	12 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92205352
Alt. Phone Number	-
Email Address	ypyp68@gmail.com
Address	19 FERNVALE LANE #16-21
Address complement	-
Postcode	797499
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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

ON 10-11-2022 AT ABOUT 10.40 HRS . I WAS TRAVELLING ALONG JALAN BESAR. SUDDENLY I FELT AN IMPACT. THE VEHICLE B COLLIDED ONTO RIGHT PORTION OF MY CAR (SJA287R).

#### 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	SMT460X
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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

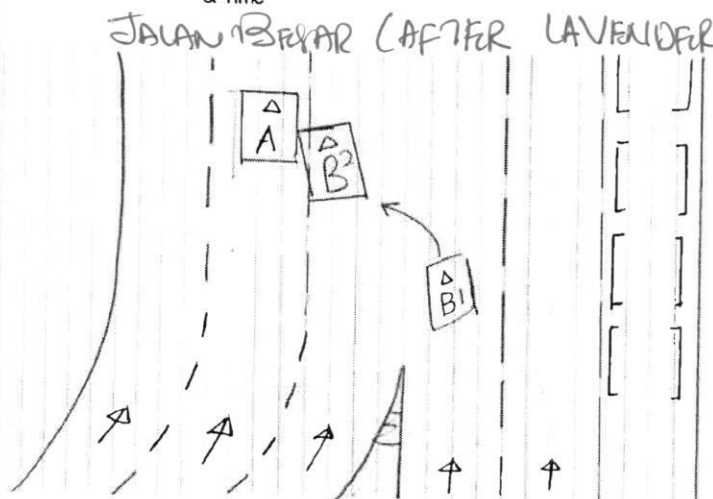
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(STREET)

A = SJA 287R

B = SMT 460X

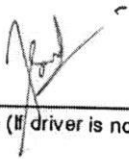
**Describe Circumstances of the Accident**

On 10.11.2022 at about 10:40hrs. I was travelling along  
jalan besar. Suddenly I felt an impact. The vehicle B collision onto right  
portion of my vehicle (SJA 287R).

**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

11/11/2022  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 10.11.2022 Accident Time : 10:40hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Jalan Besar (After Lavender St)

Vehicle No (Car Plate No) : SJA 287R Make/Model: Mercedes Benz A180

Insurance Company : UOI Policy No: DHOM120044791901

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Loh Teck Fei (S1666918J)

Owner Contact No : 98281526 Owner's Hp - Company Tel -

Driver Name / IC No : Tan Geok Peng (S6917827H1)

Driver's Date of Birth : 24.05.1969 Driver's License Pass Date: 15 Dec 2009

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: -

Driver's Address : 19 Fernvale Lane #16-21 Singapore 797499

Driver's Contact No : 1) 92202352 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : ypyp68@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : No

**Other Party Driver's Particular (if any)**

VEH B : <u>SMT 460X</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

*[Signature]*



## 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**

<b>CERTIFICATE NO.</b>	DHOM120044791901	<b>Excess:</b>	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
<b>Type of Cover</b>	COMPREHENSIVE		
<b>Vehicle Number</b>	SJA287R		
<b>Name of Insured</b>	LOH TECK FEI		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

<b>Period of Insurance</b>	8 August 2021 to 7 August 2023	<b>Engine#</b>	27091031324292
<b>Hire Purchase</b>	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE	<b>Chassis#</b>	WDD1760422J621364

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

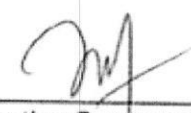
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

\*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.

**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 : 15/07/2021

  
 For the Company



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN0822 BB 0001 Vehicle Registration No: SJA 287R  
Name (as shown in NRIC) : LOH TECK FEI NRIC/FIN/Passport No : S1666918J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 19 Fernvale Lane #16-21 Singapore (119747)  
Contact (Tel) : 9828 1526 Mobile No. : \_\_\_\_\_  
Email Address : YP YP 68 @gmail.com  
Date of Accident : 10.11.2022 Time of Accident : 10:40 am  
Place of Accident : JALAN BESAR (AFTER LAVENDER STREET)  
Insurance Company : UOI

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Name of Driver = LOH TECK FEI change to TAN GEOK PENG  
NRIC NO = S1666918J change to S6917827H  
DRIVER  
MOBILE NUMBER = +65-98281526 change to +65-9220 2352  
DRIVER  
GENDER = MALE change to Female

Reported by = Both change to DRIVER

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Leslie Lim Han  
NRIC/FIN No.:  
Date: 11/11/2022