

# NATIONAL Assessment Centre Services

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 18/11/2022       | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/V0122011613/a4 | E-mail (within 8hrs, APT 2hrs):          |                        |          |
| Veh No: SLR 4568E         | i-Motor Claim Form                       |                        |          |
| DOA: 16/11/2022 1840      | i-Motor W/O (Within: OE 2hrs, TP 4hrs)   |                        |          |
| OD: 0 Reporting Only      | i-Photo Uploaded                         |                        |          |
| TP Insurer:               | Assessment/Survey Report                 |                        |          |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: SLR 512C  | 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:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
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|                                 |   |             |          |          |
|---------------------------------|---|-------------|----------|----------|
| NA2203269                       | Invoice Preparation Checklist                   |             | Amt (\$) | Amt (\$) |
|                                 |   |             | 1st Bill | Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |             |          |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |          |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |          |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) NI: 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 (Non 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              | 18/11/2022 13:33 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 16/11/2022 18:40 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | B3 JEWEL CARPARK       |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SCG4568E |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | KOH CHUN BENG         |
| NRIC No                  | SXXXX786C             |
| Email Address            | noelkoh4568@gmail.com |
| Mobile Phone No          | (Phone) +65-96828211  |
| Alternative Phone No     | -                     |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Volvo                     |
| Model  | S60                       |
| 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   | 2400                      |

### INSURANCE COMPANY

|                                   |                               |
|-----------------------------------|-------------------------------|
| Name of Insurance Company         | United Overseas Insurance Ltd |
| Policy Number / Cover Note Number | DHOM120041551901              |

### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | NOEL KOH   |
| NRIC No        | SXXXX773D  |
| Date Of Birth  | 01/11/1998 |
| Occupation     | Indoor     |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass   | 07/09/2018                       |
| Driving experience   | 4 YEARS AND 2 MONTHS             |
| Gender   | Male                             |
| Mobile Number  | (Phone) +65-96879593             |
| Alt. Phone Number  | -                                |
| Email Address  | noelkoh4568@gmail.com            |
| Address  | BLK 569 HOUGANG STREET 51 #05-85 |
| Address complement   | -                                |
| Postcode   | 530569                           |
| 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   | PASSENGER |
| 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

PLEASE REFER TO ATTACHED REPORT

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SLR512C |
| Vehicle Manufacturer        | -       |
| Vehicle Model               | -       |
| Vehicle Variant             | -       |



|   |                      |
|---|----------------------|
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | -                    |
| Contact Number                          | (Phone) +65-94754461 |
| 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.

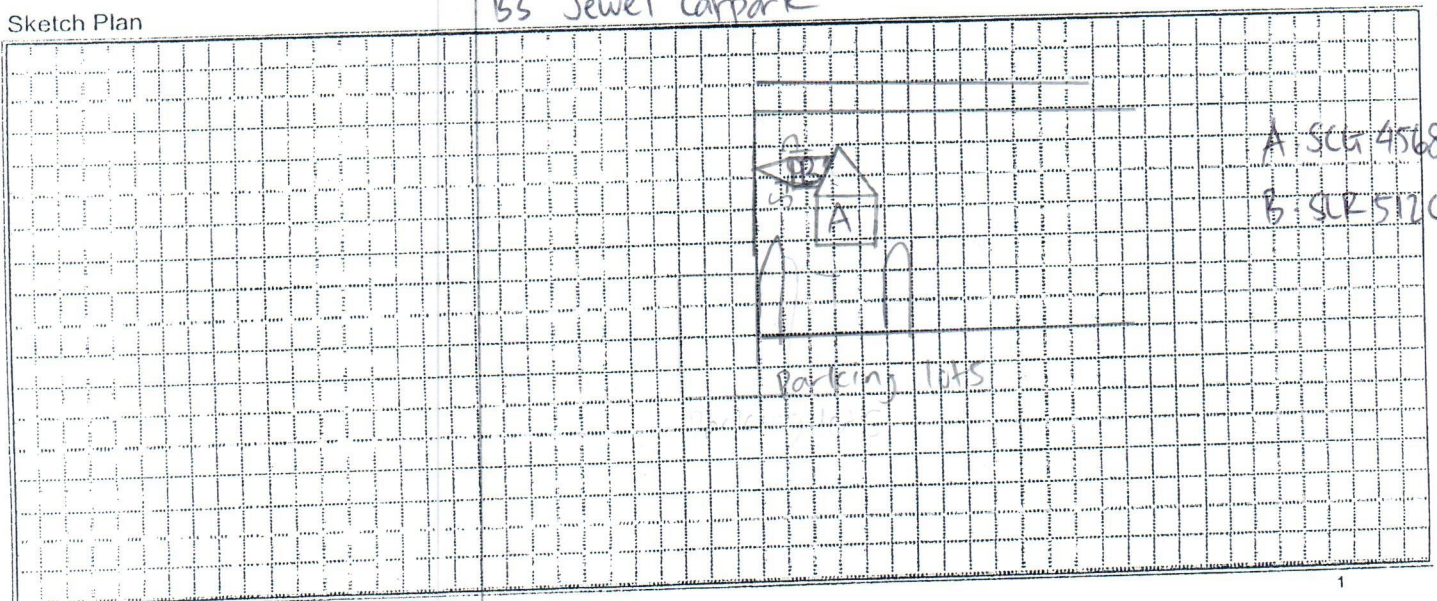
Policyholder's Signature / Date & Time

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

B3 Jewel Carpark





Describe Circumstance of the Accident

I was driving at B3 Jewel carpark and I found a lot no. 96 and I went to park my car. As I was parking, Vehicle B pass by my vehicle and i stopped moving to let them clear. Once they were clear off my path, i pushed forward to realign my vehicle in the lot. As I was pushing my vehicle forward, Vehicle B Stopped while they turned out, there was no reverse light so I continued to realign my vehicle. So i stopped to see on my right side whether am I align to the parking lot and when I turned around vehicle B reversed and hit the left front side of my vehicle from a stationary position, while my car was stationary.

↳ vehicle B

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) / Date & Time

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 11 / 2022 (DD/MM/YYYY), TIME: 18 : 40 (HH:MM)

LOCATION: B3 Jewel Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 4568 E  
 b) INSURANCE COMPANY: UOI Insurance  
 c) POLICY NUMBER: DHOM120041551901  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volvo S60 AUTO / MANUAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: KOH CHUN BENQ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6817786C CONTACT: 96828211  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NOEL KOH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9835773D CONTACT: 9687 9593  
 c) ADDRESS: B1K 569 Hougang Street S1 #05-85  
8 (530569)  
 d) DATE OF BIRTH: 1 / 11 / 1998 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7/9/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 512 C MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9475 4461

## 9. THIRD PARTY VEHICLE

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

Email = noelkoh4568@gmail.com

Pax =

VIDEO = Yes

No of passengers  
(including driver)  
(2)

1 female

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )





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**

|                             |                  |                |   |
|-----------------------------|------------------|----------------|---|
| <b>CERTIFICATE NO.</b>      | DHOM120041551901 | <b>Excess:</b> | \$750/-NAMED DRIVERS - OPTION 2<br>\$1500/-OTHERS<br>\$3000/-APPL TO <25 YRS & OR <3YRS EXP<br>\$100/-WINDSCREEN DAMAGE CLAIM |
| <b>Type of Cover</b>        | COMPREHENSIVE    |                |   |
| <b>Vehicle Number</b>       | SCG4568E         |                |   |
| <b>Name of Insured</b>      | KOH CHUN BENG    |                |   |
| <b>Restricted Driver(s)</b> | NOT APPLICABLE   |                |   |

**Period of Insurance** 28 April 2021 to 27 April 2023  
**Hire Purchase** DBS BANK LTD

**Engine#** B4204T111521510  
**Chassis#** YV1FS40LDG2409523

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 : 18/11/2022