

NTUC Assessment Centre Services

Date: 28/11/2022	Job Description	Date & Time Completed	Done by
Ref: NA/0012011912/24	SAS e-filing		
Ref: SKP 2080R	E-mail (if applicable)		
Date: 25/11/2022 1850	i-Motor Claim Form		
Q 6 (Repairing only)	i-Motor W/O (within 60 Days IP 40%)		
	i-Photo Uploaded		
IP Insurer	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW. ()		Tel: ()	Fax: ()
IP Particulars:	Veh No: SJE 3809U	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: 6788 6616)	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: _____

Date/Time	Actions

NA2203335	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 19 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: 1dsc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$0		
Auditors' Comments :-	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	28/11/2022 14:55 (SGT)
Reported by	Driver
Date of Accident	25/11/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD TOWARDS UPPER CHANGI EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2080R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Company Reg No	1XXXXX593E
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-83339371
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110168621903

DRIVER

Name of Driver	LIM WEI YANG
NRIC No	SXXXX138D
Date Of Birth	03/04/1993
Occupation	Indoor

Date Of Driving Pass	28/05/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83339371
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	89 JALAN ANGIN LAUT
Address complement	-
Postcode	489284
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

WAITING FOR THE MAIN ROAD TO BE CLEAR , SUDDENLY MY VEHICLE REAR PORTION BEING COLLIDED BY VEHICLE B.

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	SJE3809U
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.
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.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

28/11/2022

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

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

Upper Chang Rd
East

DOA: 25/11/22
A: SKP 2080 R
B: STE 3809U

Describe Circumstance of the Accident

Waiting for the main road to be clear, suddenly
my veh rear portion being collided by veh B.

Declaration

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



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

28/11/2022

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

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 25/11/22		Time of Accident : 6.50 pm	
Exact Location of Accident : Slip Road tower ds Upper Changi East			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Seow Khim Polythelene Co PL		Pte Use / Work	
Driver's Name : Lim Wei Yang		NRIC : 83339371	
DOB : 3/4/1993	Driving Licence Passing Date : 28/5/2011	Occupation : Indoor / Outdoor	
Address : 89 Jln Angin Laut SC489284			
Relationship Of Driver with Insured : Owner		Email : jmartauto@gmail.com	
Vehicle Number : SKP 2080R		Make & Model : Subaru	
Insurance Company : UOI		Policy No : DHOM110168621903	Coverage : Comprehensive
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1+0	B : 1+0	C :	D :
Vehicle A Passenger Name :			Male / Female
Anyone Injured : Convey By Ambulance: Yes / No			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO		<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input checked="" type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : SJE 3809U		Make & Model : Honda	
Driver's Name :		NRIC :	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

Witness 's Particular

Name :	NRIC :	HP :
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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 3972 (claims)

Email: contactus@uoi.com.sg

uoi.com.sg

Co. Reg. No. 19700152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110168621903	Excess:	\$800/-ALL DRIVERS \$2500/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	SKP2080R		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 28 May 2022 to 27 May 2023**Engine#** FB20YF23410**Hire Purchase** HL BANK**Chassis#** JF1SK7KL5KG006356

Private Car-Office [MX 4]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or pace-making reliability trial or speed-testing
- (2) Use for the carriage of goods other than samples in connection with any trade or business
- (3) Use for any purpose in connection with the Motor Trade

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