

NATIONAL Assessment Centre Services (011) 220-3311

NA2203311

Date In: 02/12/2022 15:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS/WO220/2102	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SKS 8450B	i-Motor Claim Form		
D.O.A: 01/12/2022 16:10	i-Motor W/O (within 24 hrs, 24 hrs)		
OO (TP / Reporting Only)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JLT 87 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-30%, 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 6788-6615) 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

NA2203311	Invoice Preparation Checklist	STATUS	Task Bill
Important Particulars:	1) AR: Accident Reporting (330)	✓	
Client/Owner:	2) DA: Damage Assessment (\$100)	INC (\$5)	
Contact No:	3) TF: Towing Fee	\$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$150	
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Remarks/Comments:	6) TR: Re-inspection	\$75	
	7) NI: New DA + SMART Survey	\$180	
	8) NTUC Additional Services		
	9) NI: DV / Collect Excess Coordination	\$1	
	10) NI: TP (Non-INC) against INC	\$10	
	11) NI: New Invoice		
	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	02/12/2022 15:51 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 16:10 (SGT)
Exact Location of Accident	Taman Sentosa, Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8450B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN LI CHIN
NRIC No	SXXXX095F
Email Address	zilzz@yahoo.com
Mobile Phone No	(Phone) +65-98425263
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	DHOM120050972001

DRIVER

Name of Driver	TAN LAY KOK
NRIC No	SXXXX724D
Date Of Birth	10/08/1952
Occupation	Indoor

Date Of Driving Pass	30/08/1973
Driving experience	49 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96793084
Alt. Phone Number	-
Email Address	zilzz@yahoo.com
Address	BLK 680A JURONG WEST CENTRAL 1 #11-36
Address complement	-
Postcode	641680
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JLT81
Vehicle Category	Private car

PASSENGER 1

Name	LEE TECK HWEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20221202/2002

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	JLT81
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE TECK HWEE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SKS8450B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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

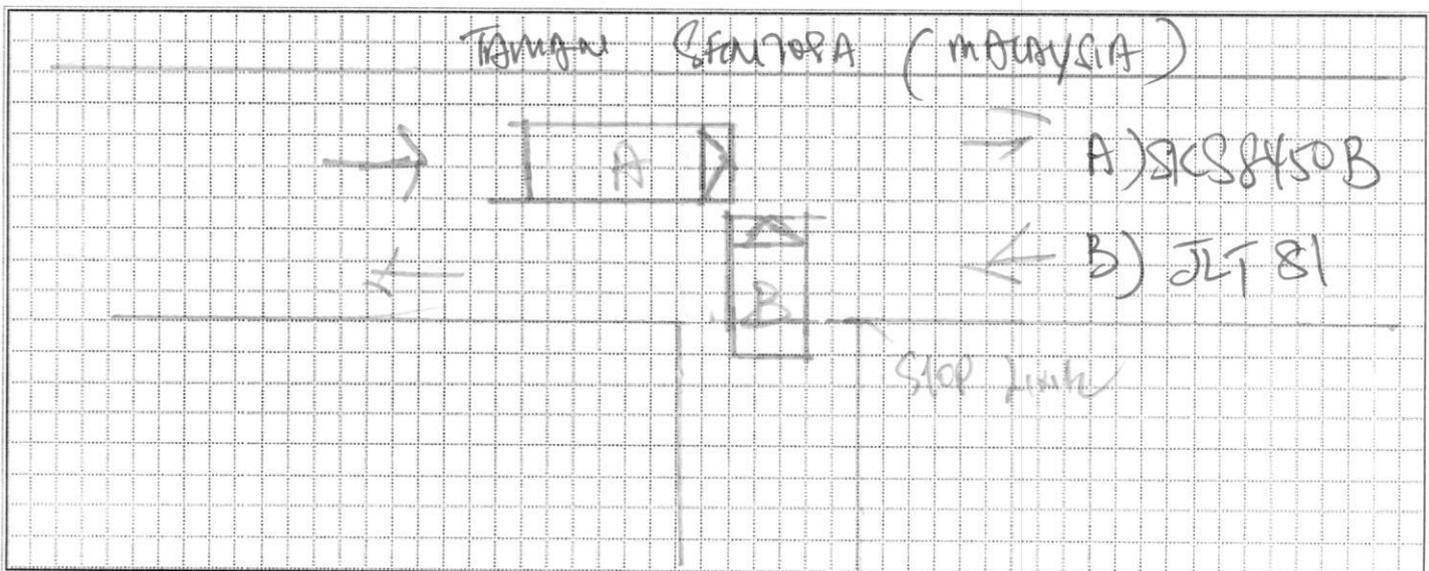
las

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

02/12/2022

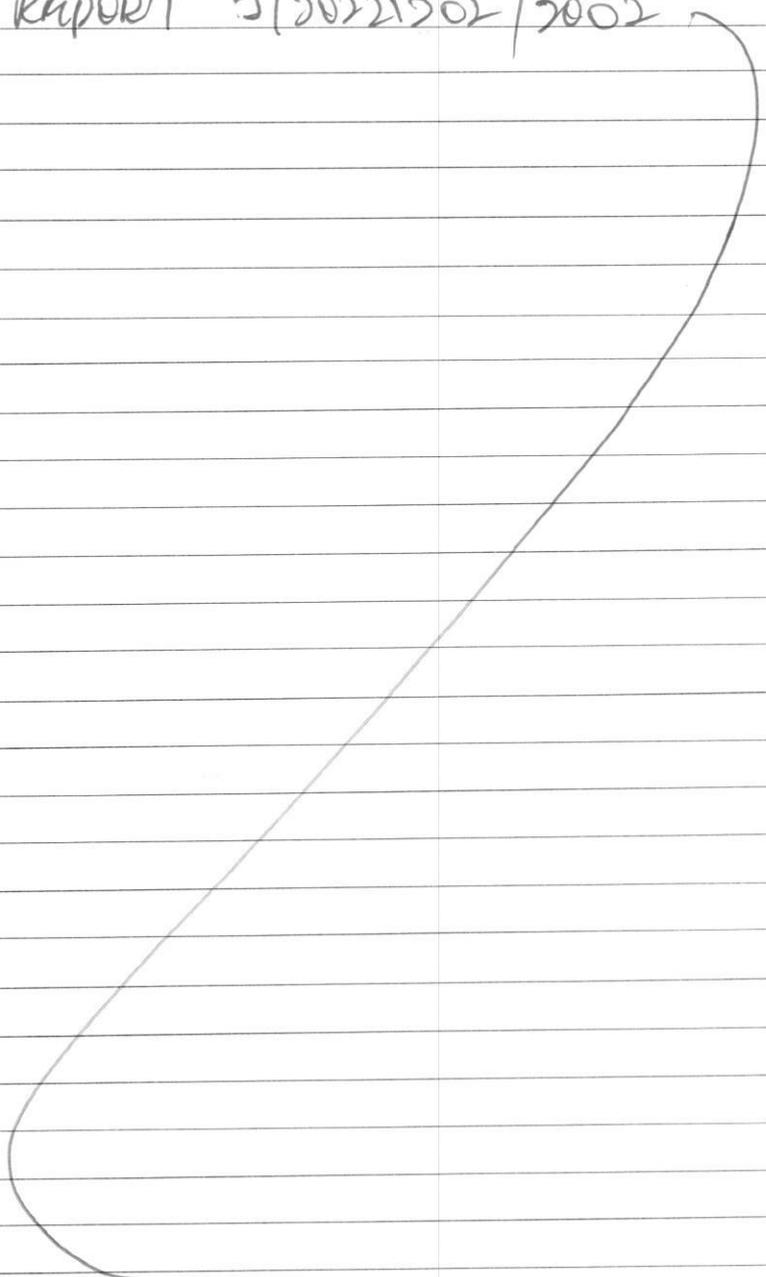
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT J/20221202/2002



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)



**SINGAPORE
POLICE FORCE**



J/20221202/2002

1 of 1

Report No. J/20221202/2002

POLICE REPORT (NP299)

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 02/12/2022 00:47	Vide Report No.	Station Diary No. 10
Name Of Informant TAN LAY KOK	Address APT BLK 680A JURONG WEST CENTRAL 1 #11-36 SINGAPORE 641680	
ID Type / ID No. NRIC NO / S0140724D	Contact No. Home/Office	Mobile 96793084
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Carpenter	Sex Male	Age 70
Institution/School Name	Date of Birth 10/08/1952	Race Chinese
Date/Time Of Incident 01/12/2022 16:10	Location Of Incident MALAYSIA	

Brief details.

On 01/12/2022 at about 1610hrs, I was driving my vehicle bearing the plate number SKS8450B at Taman sentosa as I was driving straight and there was a vehicle bearing the plate number JLT81 coming from a filter lane did not give way as such we collided. I wish to state that during the accident my wife namely Lee Teck hwee sustain injuries. Her injuries are broken nose and stich on her right eye brown area. I sustain pain on my shoulder area as well as pain around my neck area.

Signature Of Officer Recording The Report: J / SGT 2 LINUS LEOK YI QUAN 
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SR STAFF SGT NEO YING XUAN Contact No.: 63167667

Signature Of Informant: 
Date/Time: 02/12/2022 00:47
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2012) (DD/MM/YYYY), TIME: (16:10) (HR:MM)

LOCATION: TAMAN SIKOTOSA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SC9 8650B
- b) INSURANCE COMPANY: WOT
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: TAN LI OHIM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8203095 F CONTACT: 9805268
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN WAI KOK (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 96793084
- c) ADDRESS: _____

No of passengers (including driver) (2)

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

- 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: JURONG WEST

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JLI 81 MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers (including driver) ()

9. THIRD PARTY VEHICLE

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

No of passengers (including driver) ()

(LEE TECK HWEE WIFE)

email = ZILIZ@YAHOO.COM VIDEO



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. DHOM120050972001 Excess: \$750/-NAMED DRIVERS - OPTION 2
Type of Cover COMPREHENSIVE \$1500/-OTHERS
Vehicle Number SKS8450B \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured TAN LI CHIN \$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 12 May 2022 to 11 May 2024

Engine# P520281319
Chassis# JM6BM42A8G0309944

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 : 28/04/2022