

Date In 20/01/2023	Job description	Time & Time Completed	Done by
Ref NO NA/UOI23000687/14	SAS e-filing		
Veh NO SKP 2008B	E-mail (within 8hrs. AFT 2hrs,		
DOA 19/01/2023 1815	i-Motor Claim Form		
OD/ (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

Yet:

Fax:

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
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1) Apply for Transport Allowance () / Courtesy Car ()	
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2) QC Check / Post Repair Inspection	()	
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury: _____

Date/Time	Actions

7-18-60

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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NA2300213	Invoice Preparation Checklist	1st Bill	Add B
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1) AR : Accident Reporting (\$30);			
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	2) DA : Damage Assessment (\$100);	INC (\$60)	
	3) TR : Towing Fee	\$40/\$45	

4) FT : Follow-Through Survey	\$120
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<p>ntact No:</p>	<p>5) F1 : Follow-Through Survey (Resurvey)</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p>
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6) TR: Re-inspection	\$75
7) TR: Idea DA + EMRT Survey	\$160

8) NTUC Additional Services:-

Checked by (Engr-In-Charge):	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center;"><u>NS</u></div> <div>* NS: Courtesy Car / Tpl Allowance</div> <div style="text-align: right;">\$5</div> </div>
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*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25

Donors' Comments :-	*N8: DV / Collect Excess Coordination	\$5
		\$20

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	20/01/2023 12:33 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2008B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Company Reg No	1XXXXX593E
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-98470562
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Commercial vehicle
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110107761012

DRIVER

Name of Driver	WEE MARY
NRIC No	SXXXX812D

Date Of Driving Pass	19/04/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98470562
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	APT BLK 71 BEDOK SOUTH ROAD
Address complement	# 05-258
Postcode	460071
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SLC4297B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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	WEE MARY
Gender	Female
Phone No	(Phone) +65-98470562
Address	APT BLK 71 BEDOK SOUTH ROAD
Address Complement	# 05-258
Post Code	460071
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK ACHE
Injured person in which vehicle?	SKP2008B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

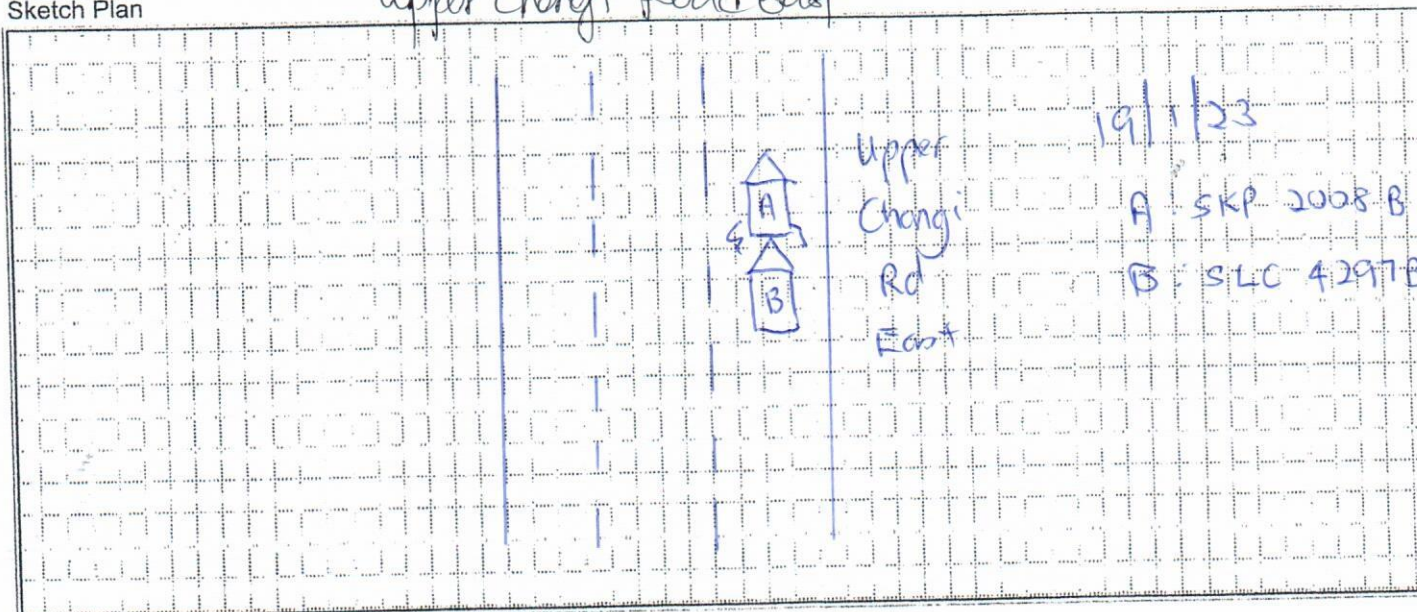


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Upper
I was driving along A Changi Rd East, suddenly my
vehicle rear portion was hit by veh B.

Declaration

I/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

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

**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO: 200001180K / GST REGISTRATION NO: 200001180K
BLK 108 HOUGANG AVE 1 #01-1299, SINGAPORE 530108
TEL 62849692 / FAX 62846535

**OFFICIAL
RECEIPT**

NAME: WEE MARY
ATTENDING DR: DR. TAN YI RYH

IDENTIFICATION: *****812D
VISIT DATE: 20-01-2023

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			\$100.98
HIMALAYA RUMALAYA GEL 30G	1	\$15.73	
LIGNOPAD 5% MEDICATED PLASTER	2	\$41.80	
LYRICA 75MG CAPSULE	10	\$35.75	
MYONAL 50MG TABLET	10	\$7.70	
CONSULTATION			\$45.00
CONSULTATION	1	\$45.00	
		SUBTOTAL CHARGE	\$145.98
		GST@8%	\$11.68
		TOTAL AMOUNT	\$157.66
PAYMENT			
PAY BY VISA	20-01-2023 11:02		\$157.66

All drugs sold are non-exchangeable and non-refundable
This is a computer generated document that does not require a signature

Case No: 2023203962394



HEALTHWAY MEDICAL
COMPANY REGISTRATION NO:200001180K
GST REGISTRATION NO:200001180K
BLK 108 HOUGANG AVE 1 #01-1299,
SINGAPORE 530108
TEL 62849692 / FAX 62846535

MEDICAL CERTIFICATE

NAME: WEE MARY
VISIT DATE: 20-01-2023

IDENTIFICATION:S6916812D

This is to certify that **WEE MARY (S6916812D)** is UNFIT FOR DUTY for **3** day(s) from **20-01-2023** to **22-01-2023** inclusive.

DR. TAN YI RYH (M06552H)
DOCTOR

Not Valid for Absence from Court Attendance
This certificate is electronically generated, no signature is required.

Ref No.:2023202564175
Printed By:hgvca1(20-01-2023)

OCBC Bank VISA

OCBC Bank
SINGAPORE FAMILY
CLINIC & SURGERY
BLK 108 HOUGANG AVE 1
#01-1299
SINGAPORE 530108

STRICTLY FOR CREDIT / DEBIT CARD TRANSACTIONS ONLY

TID# 84511325
MID# 000000090118804
BATCH# 001009
INVOICE# 010423
STAN# 022017

=====

SALE

***** 9387 CTLS
VISA-OFFUS EXP: 12/25
20/01/23 11:01:33
APPR CODE 954643
REF NUM 302016313826
APP Visa Credit

AID : A0000000031010
TC : D9430449E4E0817F
TVR : 0000000000
TSI :
AMT:SGD 157.66

NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

App Ver:01.22

**** CUSTOMER COPY ****

OCBC Bank VISA

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 19/1/23		Time of Accident : 6.15 pm	
Exact Location of Accident : Upper Changi Rd East			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Seow Khim Polythene Co PL		Pte Use / Work	
Driver's Name : Wee Mary		NRIC :	HP :
DOB : 16/5/1969	Driving Licence Passing Date : 19/4/1997	Occupation : Indoor / Outdoor	
Address : 71 Bedok South Rd #05-258 (460071)		Email : jmartauto@gmail.com	
Relationship Of Driver with Insured : Employee		Occupation : Indoor / Outdoor	
Vehicle Number : SKP 2008 B	Make & Model : Hyundai		
Insurance Company : UOI	Policy No : DHOM110107761012	Coverage :	
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A : 1 + 0	B : 1 + 3	C :	D :
Vehicle A Passenger Name :			Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
<input type="radio"/> NO	<input checked="" type="radio"/> YES	Name / NRIC / Which Vehicle : Wee Mary neck & back	
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 checked="" type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B's Number : SLC 4297B		Make & Model :	
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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20 Jan 2023 9:34

No. 5736 P. 1/1



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
148 Robinson Road
#02-01 UOI Building
Singapore 068909
Tel: (65) 6222 7733
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, 1989 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110107761012	Excess	
Type of Cover	THIRD PARTY		
Vehicle Number	SKP2008B		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	11 December 2022 to 10 December 2023	Engine#	G4FCAU849514
		Chassis#	KMH DU41BMAU020936

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

For the Company



Scan this QR Code
for Reporting Centre.

FSCMY

23/11/2022