

Date In	14/02/2023	Job description	Date & Time Completed	Done by
Ref NO	NA/UOI23001578/d4	SAS e-filing		
Vehicle	YP6430Y	E-mail (within Mon. AM 2hrs,		
DOA	13/02/2023	1-Motor Claim Form		
	10:30	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ TP/	Reporting Only	1-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Tel:		Fax:	
Particulars:		Veh No: JRF 5026 INC () / Non-INC ()	

Owner/Driver: () Tel: ()

General Remarks:-

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

QC Check / Post Repair Inspection	()		
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Upload Resurvey Photo [Repair Cost > \$30000]	()		
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пјугу :

Time	Actions

NAME	ADDRESS	DATE



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- Top line: "Handwritten text, possibly a date or page number." (e.g., "10/10/10")
- Second line: "Handwritten text, possibly a name or title." (e.g., "Mr. J. J. J.")
- Third line: "Handwritten text, possibly a name or title." (e.g., "Mr. J. J. J.")
- Bottom line: "Handwritten text, possibly a name or title." (e.g., "Mr. J. J. J.")

1. Einleitung	2. Zielsetzung	3. Methodik	4. Ergebnisse	5. Diskussion	6. Fazit	7. Literaturverzeichnis	8. Anhang	9. Zusammenfassung	10. Bibliographie	11. Glossar	12. Index	13. Register	14. Impressum	15. Vorwort	16. Inhaltsverzeichnis	17. Kurzfassung	18. Abstract	19. Zusammenfassung	20. Bibliographie	21. Glossar	22. Index	23. Register	24. Impressum	25. Vorwort	26. Inhaltsverzeichnis	27. Kurzfassung	28. Abstract	29. Zusammenfassung	30. Bibliographie	31. Glossar	32. Index	33. Register	34. Impressum	35. Vorwort	36. Inhaltsverzeichnis	37. Kurzfassung	38. Abstract	39. Zusammenfassung	40. Bibliographie	41. Glossar	42. Index	43. Register	44. Impressum	45. Vorwort	46. Inhaltsverzeichnis	47. Kurzfassung	48. Abstract	49. Zusammenfassung	50. Bibliographie	51. Glossar	52. Index	53. Register	54. Impressum	55. Vorwort	56. Inhaltsverzeichnis	57. Kurzfassung	58. Abstract	59. Zusammenfassung	60. Bibliographie	61. Glossar	62. Index	63. Register	64. Impressum	65. Vorwort	66. Inhaltsverzeichnis	67. Kurzfassung	68. Abstract	69. Zusammenfassung	70. Bibliographie	71. Glossar	72. Index	73. Register	74. Impressum	75. Vorwort	76. Inhaltsverzeichnis	77. Kurzfassung	78. Abstract	79. Zusammenfassung	80. Bibliographie	81. Glossar	82. Index	83. Register	84. Impressum	85. Vorwort	86. Inhaltsverzeichnis	87. Kurzfassung	88. Abstract	89. Zusammenfassung	90. Bibliographie	91. Glossar	92. Index	93. Register	94. Impressum	95. Vorwort	96. Inhaltsverzeichnis	97. Kurzfassung	98. Abstract	99. Zusammenfassung	100. Bibliographie	101. Glossar	102. Index	103. Register	104. Impressum	105. Vorwort	106. Inhaltsverzeichnis	107. Kurzfassung	108. Abstract	109. Zusammenfassung	110. Bibliographie	111. Glossar	112. Index	113. Register	114. Impressum	115. Vorwort	116. Inhaltsverzeichnis	117. Kurzfassung	118. Abstract	119. Zusammenfassung	120. Bibliographie	121. Glossar	122. Index	123. Register	124. Impressum	125. Vorwort	126. Inhaltsverzeichnis	127. Kurzfassung	128. Abstract	129. Zusammenfassung	130. Bibliographie	131. Glossar	132. Index	133. Register	134. Impressum	135. Vorwort	136. Inhaltsverzeichnis	137. Kurzfassung	138. Abstract	139. Zusammenfassung	140. Bibliographie	141. Glossar	142. Index	143. Register	144. Impressum	145. Vorwort	146. Inhaltsverzeichnis	147. Kurzfassung	148. Abstract	149. Zusammenfassung	150. Bibliographie	151. Glossar	152. Index	153. Register	154. Impressum	155. Vorwort	156. Inhaltsverzeichnis	157. Kurzfassung	158. Abstract	159. Zusammenfassung	160. Bibliographie	161. Glossar	162. Index	163. Register	164. Impressum	165. Vorwort	166. Inhaltsverzeichnis	167. Kurzfassung	168. Abstract	169. Zusammenfassung	170. Bibliographie	171. Glossar	172. Index	173. Register	174. Impressum	175. Vorwort	176. Inhaltsverzeichnis	177. Kurzfassung	178. Abstract	179. Zusammenfassung	180. Bibliographie	181. Glossar	182. Index	183. Register	184. Impressum	185. Vorwort	186. Inhaltsverzeichnis	187. Kurzfassung	188. Abstract	189. Zusammenfassung	190. Bibliographie	191. Glossar	192. 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NA2300457	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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nant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add E
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er/Owner:	2) DA : Damage Assessment (\$100);	INC (\$80)	
	3) TF : Towing Fee	\$40/\$45	

4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30

5) F.I. Follow-up through Survey (Resurvey)	\$50
<u>For claiming against INC Only (wef 10 Jan 2005)</u>	
6) TR: Re-inspection	\$75

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	14/02/2023 11:26 (SGT)
Reported by	Driver
Date of Accident	13/02/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE AYER RAJAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6430Y
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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	alice@skp.com.sg
Mobile Phone No	(Phone) +65-97750946
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7545

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110156721705

DRIVER

Name of Driver	LING JIH DA
Passport No/FIN	GXXXX720P
Date Of Birth	18/03/1986
Occupation	Outdoor

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

AYE Ayer Rajah Expressway

Sketch Plan area with grid lines and handwritten notes:

- Top right: JCA 13/2/23
- Below JCA: A. YR CA30 Y
- Below A: B. JRF 5026
- Below B: AYE

Describe Circumstance of the Accident

Refer to Police Report

- 7/20230213/2043 -

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

 14/2/2023

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



SINGAPORE POLICE FORCE



T/20230213/2043

1 of 3

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

Report No. T/20230213/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 12:53		Vide Report No.: J/20230213/0038		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: LING JIH DA			Address:		
ID Type / ID No.: FIN NO / G8096720P			Contact No.: Home/Office: Mobile: 97750946		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 18/03/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry: 28/07/2024		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2023 09:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP6430Y	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230213/2043

2 of 3

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

Report No. T/20230213/2043

CONTINUATION OF REPORT

Driver				
Name	LING JIH DA		ID No.	G8096720P
Related Vehicle	YP6430Y (Lorry)		Contact No.	97750946
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 28/07/2024
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 13/2/2023, around 0950hrs, I was travelling along AYE in V1) YP6430Y. The traffic was heavy. Subsequently, while changing lanes, heavy traffic caused me to apply emergency brakes and a Malaysian motorcycle collided into the rear of V1. I stopped V1 to render assistance. Police and ambulance attended to all involved parties. I am lodging this report as instructed by Traffic Police. I have a cctv footage of the incident and I am able to provide it.



**SINGAPORE
POLICE FORCE**



T/20230213/2043

3 of 3

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

Report No. T/20230213/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

STAFF SGT MUHAMMAD
ZHARIF BIN ZAINUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

13/02/2023 12:53

Classification Of Case:

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 13/2/23		Time of Accident : 10:30am	
Exact Location of Accident : AYE Ayer Rajah Expressway			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Sow Khim Polytechnic Co PL		NRIC : 199308593E	
Driver's Name : Ling Jih Da		NRIC : 58096720P	
DOB : 18/3/1980		Driving Licence Passing Date : 12/9/2013	
Address : 1828 Loxong Drive		Occupation : Indoor / Outdoor	
Relationship Of Driver with Insured :		Email : alice@skp.com.sg	
Vehicle Number : YP 6430Y		Make & Model : Mitsubishi Fuso	
Insurance Company : UOI		Policy No : DHOM110158721705	
Coverage:			
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A: 1+0 B: 1+1 C: D:			
Vehicle A Passenger Name : Male / Female			
Anyone Injured : Convey By Ambulance: Yes / No			
o NO o YES Name / NRIC / Which Vehicle :			
Was The Accident Reported To The Police ?			
o NO o YES Which Police Station :			
Does The Driver Own Any Other Vehicle ?			
o NO o YES Vehicle Number : Insurer :			
Was Any Foreign Vehicle Involved ?			
o NO o YES Vehicle Number & Category :			
Was There Any Video Captured By Car Camera ? o NO o YES			

Third Party's Particular

Vehicle B 's Number : JRF 5026		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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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, 1969 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110158721705	Excess:	\$750/-SECTION 1
Type of Cover	COMPREHENSIVE		\$2000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	YP6430Y		
Name of Insured	SEOW KHIM POLYTHELENE CO PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 4 May 2022 to 3 May 2023

Engine# 6M60222997
Chassis# FK62FMA30288

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

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

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
 - (3) Use for social domestic and pleasure purposes
- THE POLICY DOES NOT COVER
- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
 - (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle


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

FSCPP Date : 08/04/2022


For the Company