

NATIONAL Assessment Centre Services

Date In 21/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/00123002932/d4	SAS e-filing		
Veh No SFT 9991 D	E-mail (within 8hrs, AP 2hrs)		
DOA 16/03/2023 23:05	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBU 4570 K	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

NA2300832	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars	1) AR : Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : 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)			
Call 1:	6) TR : Re-inspection \$75			
Call 2/3:	7) N1 : 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	21/03/2023 16:26 (SGT)
Reported by	Driver
Date of Accident	16/03/2023 23:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 34 JUNCTION OF ESSO PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT9991D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HUI KHENG SUSAN
NRIC No	SXXXX288A
Email Address	johnteo1965@yahoo.com
Mobile Phone No	(Phone) +65-90466133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120053022002

DRIVER

Name of Driver	TEO CHEE HAI
NRIC No	SXXXX107E
Date Of Birth	07/08/1965
Occupation	Indoor

Date Of Driving Pass	10/10/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97119929
Alt. Phone Number	-
Email Address	johnteo1965@yahoo.com
Address	APT BLK 224 PASIR RIS STREET 21
Address complement	# 04-134
Postcode	510224
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

The accident happened on 16 March 2023 at 2305 hrs at the junction of Esso Petrol Station Exit and Tampines Street 34. I was driving out of the petrol station towards Tampines Street 34 intended to make a left turn, at the exit junction of Tampines Street 34 there was one motorcycle FBU4570K in front of me signaling to turn right. I stopped the car behind the motorcycle, when the motorcycle started to move, I saw the incoming traffic at the right side of Tampines Street 34 is clear and I turn my head to look at the left side of Tampines Street 34 and started to release my leg from my brake as the incoming traffic is clear. Suddenly the motorcycle FBU4570K stopped, and I immediately stepped on the brake, but the right side of my car touches the rear of the motorcycle, as a result the motorcycle fell and landed on its left.

I immediately stopped the car and came down to check on the motorcycle rider Mr. Feir, he got up by himself and I don't see any visible injury. The rider asked me to move my car to the side of the petrol station exit so he could bring up the motorcycle and park at the roadside. One passerby and I asked the rider if we should call an ambulance for him, but he declined, I offered to send him to see doctor if he is injured but he said don't need.

The rider informed that the motorcycle is rented, and he need to check with the rental company the next day what is the next action he should take - having the motorcycle repair by settlement or report for insurance claim? I agreed to wait till he consults his rental company on the next day to decide the next action. We exchanged our contact and left the scene.

On 17 March morning at 0829 hrs I message the rider if he is feeling well and advise him to see doctor if got injury. Also reminded him to update me the next action advise by the rental company. I received no reply from him, and I continued to message him at 1127 hrs, 1259hrs, 1301 hrs. He only replied at 1424hrs saying he is on the way to the rent

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 FBU4570K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver MUHAMMAD FEIRAZLEY BIN ROHIZAN
Contact Number (Phone) +65-83214780
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

SKETCH PLAN

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 issuance 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 submission 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. Consistent with the Personal Data Protection Act (PDPA)

I understand and 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 and 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.

(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

Tampines Street 34 junction of Esso Petrol station

A - SPT 9991D

B - FBV 4570K

Tampines Street 34

ESSO

Describe Circumstance of the Accident

please Refer to the
attached statement

Declaration

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 URIC/ID card)

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I immediately stopped the car and came down to check on the motorcycle rider Mr. Feir, he got up by himself and I don't see any visible injury. The rider asked me to move my car to the side of the petrol station exit so he could bring up the motorcycle and park at the roadside. One passerby and I asked the rider if we should call an ambulance for him, but he declined, I offered to send him to see doctor if he is injured but he said don't need.

The rider informed that the motorcycle is rented, and he need to check with the rental company the next day what is the next action he should take - having the motorcycle repair by settlement or report for insurance claim? I agreed to wait till he consults his rental company on the next day to decide the next action. We exchanged our contact and left the scene.

On 17 March morning at 0829 hrs I message the rider if he is feeling well and advise him to see doctor if got injury. Also reminded him to update me the next action advise by the rental company. I received no reply from him, and I continued to message him at 1127 hrs, 1259hrs, 1301 hrs. He only replied at 1424hrs saying he is on the way to the rental company and will update me later. I message him again at 1649hrs, 1727hrs, and finally received his reply at 1755hrs saying the rental company advised to make an insurance report.

I called UOI immediately and the office is closed. I went down to Pasir Ris Neighbourhood Police Centre at about 2030hrs wanted to make a police report as my understanding is that I have to report the accident within 24 hours. However, I was advised by the duty office SGT Firdaus that I should report directly to UOI. Therefore, I am writing this email to report the incident as UOI office will only open on Monday.

The right-side bumper of my car SFT9991D is slightly scratched, I forgotten to take a photo of the motorcycle FBU4570K but I noticed the left side of the motorcycle has some scratches as well. While writing this email I message the rider (Mr. Feir) again at 2124hrs asking him if he seen any doctor today and given any medical leave, but still no reply from him.

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 03 / 2023 (DD/MM/YYYY), TIME: 23 : 05 (HH:MM)

LOCATION: Tampines street 34 junction of Esso petrol station

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SFT 9991D

b) INSURANCE COMPANY: UOI

c) POLICY NUMBER: DHOM 120053022002

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Hyundai Getz

f) TYPE: SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS

g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE

h) PURPOSE OF USING AT ACCIDENT TIME: Private use

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 Hui Kheng Susan

b) NRIC/FIN/PASSPORT: S1757288A CONTACT: 90466133

c) ADDRESS: APT B1K 224 Pasir Ris street 21 # 04-134
S510224

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Teo chee Hai

b) NRIC/FIN/PASSPORT: S1705107E CONTACT: 9711 9929

c) ADDRESS: APT B1K 224 Pasir Ris street 21 # 04-134
S510224

d) DATE OF BIRTH: 07 / 08 / 1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 10 / 10 / 1984

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: FBU 4570K MODEL:

b) DRIVER'S NAME: Muhammad Feirazley Bin Rohizan

c) NRIC/FIN/PASSPORT: CONTACT: 83214780

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = john.teo1965@yahoo.com

Phone =

Address = NO



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.	DHOM120053022002	Excess:	\$0/- NAMED DRIVERS - OPTION 1 \$1500/- OTHERS \$3000/- APPL TO <25 YRS & OR <3YRS EXP \$100/- WINDSCREEN DAMAGE CLAIM \$500/- WINDSCREEN DAMAGE & SOLAR FILM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SFT9991D		
Name of Insured	TAN HUI KHENG SUSAN		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 25 July 2022 to 24 July 2023

Engine# G4FGHU629218
Chassis# KMHD841CMJU508935

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 : 29/06/2022