

NATIONAL Assessment Centre Services

Date In 24/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/00123003073/d4	SAS e-filing		
Veh No SLF 3842Z	E-mail (within 8hrs, AP 2hrs)		
DOA 23/03/2023 17:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLU 464SE	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

NA2300867

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	
Call 1:	Invoice dated	Fee Charged	
Call 2/3:			

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	24/03/2023 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/03/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3842Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE WERN SHING KYMMIE (JI WENXING)
NRIC No	SXXXX088E
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-96577774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110181882200

DRIVER

Name of Driver	KEE WERN SHING KYMMIE (JI WENXING)
NRIC No	SXXXX088E
Date Of Birth	11/11/1976
Occupation	Indoor

Date Of Driving Pass	27/07/2000
Driving experience	22 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96577774
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	BLK 63 UPPER SERANGOON VIEW
Address complement	# 01-24
Postcode	534014
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230323/2098

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	SLU4645E
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 Authorised 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. The 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.
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

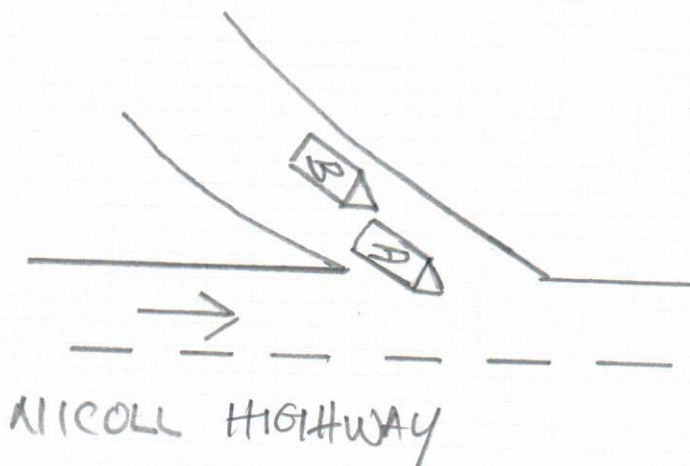
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A. 9LE3842Z
B. SLV4645E

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

— 7/20230323/2098 —

Declaration

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

24/3/2023



SINGAPORE POLICE FORCE



T/20230323/2098

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20230323/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 19:41		Vide Report No.:		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: KEE WERN SHING KYMMIE			Address: BLK 63 UPPER SERANGOON VIEW #01-24 SINGAPORE 534014		
ID Type / ID No.: NRIC NO / S7637088E			Contact No.: Home/Office: Mobile: 96577774		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 11/11/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Management executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2023 17:00	Type of Location: Bend
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLE3842Z	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Black	Slightly Damaged	0
SLV4645E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230323/2098

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20230323/2098

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE3842Z	UNITED OVERSEAS INSURANCE LIMITED	DHOM110181882200	08/10/2022	19/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEE WERN SHING KYMMIE	ID No.	S7637088E
Related Vehicle	NIL	Contact No.	96577774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/3/2023 at about 1700hrs, I was driving out a small road towards Nicoll Highway towards ECP at a bend, and it was at the stop line when I suddenly heard a bang from behind my vehicle. I realized that another vehicle had hit against my vehicle on my left rear, causing scratches and cracks on the passenger side rear bumper of my vehicle. I did not manage to exchange particulars with the other driver as she just drove off. I did not sustain any injuries. I am lodging this report for Traffic Police to find out the Driver's Particulars for me to lodge an insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230323/2098

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20230323/2098

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 Tee Hui Hung

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

Date/Time:
23/03/2023 19:41

Classification Of Case:

NP168



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 8LE3842Z

MAKE/MODEL: HONDA VEZEL

DATE OF ACCIDENT

23 / 3 / 2023
DAY/MONTH/YEAR

TIME

17 HR

00 MIN

AM/PM PM

LOCATION OF ACCIDENT

NIKKOL HIGHWAY

EXACT PURPOSE USE DURING ACCIDENT

GOING HOME

CAR OWNER

NAME OF CAR OWNER

KEE WERN SHING KYMMIE

CONTACT NO

9657 7774

8ELPHK38@GMAIL.COM

NRIC

S7637088E

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

UOI

TYPE OF COVERAGE

☒ COMPREHENSIVE

☐ THIRD PARTY

☐ THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

As Above.

NRIC

S7637088E

DATE OF BIRTH

11-11-1976

NO OF PASSENGER/S

0

OCCUPATION

☐ OUTDOOR

☒ INDOOR

DATE OF DRIVING PASS

27.07.2020

GENDER

☐ MALE

☒ FEMALE

CONTACT NO

As Above.

ADDRESS

BLK 63 UPPER STRANIGION VIEW #01-24 S534014

DRIVER OWN ANY VEHICLE

NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE

IF NOT:

OWNER

WEATHER CONDITION

☒ CLEAR

RAINING

OTHER:

ROAD SURFACE

☒ DRY

WET

OTHER:

ANY INJURIES

☒ NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

☒ NO/ IF YES- LOCATION:

VIDEO FOOTAGE

☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO

SLV4645E

NO OF PASSENGER/S

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT 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.	DHOM110181882200	Excess:	\$500/-ALL DRIVERS \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SLE3842Z		
Name of Insured	KEE WERN SHING KYMMIE (JI WENXING)		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 8 October 2022 to 19 July 2023

Engine# L15B4035417
Chassis# RU11115415

Hire Purchase

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

FCABM Date : 15/07/2022

For the Company