

NATIONAL Assessment Centre Services

Date: 25/04/2023	Job description	Date & Time Completed	Done by
Ref No: NA/0123004262/d4	SAS e-filing		
Ych No: SMU9188T	E-mail (within 8hrs. Aft 2hrs)		
DOA: 25/04/2023 07:30	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within 2hrs. TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Ych No: CBF 4149Z.	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	Action

NA2301192	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
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) RT: 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: Idao 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: Idao Mobile \$10		
	Invoice date/	Fax Charge/	
	Invoice dated	Fax Charge/	

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	25/04/2023 14:31 (SGT)
Reported by	Actual Driver
Date of Accident	25/04/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADMIRALTY ROAD WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9188T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG WEN HARDWARE TIMBER PTE LTD
Company Reg No	1XXXXX751H
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-91887228
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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	1991

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110178572101

DRIVER

Name of Driver	TNG KOK WEI (TANG GUOWEI)
NRIC No	SXXXX019I

Date Of Driving Pass	29/04/2011
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-91887228
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	17 LORONG 4 REALTY PARK
Address complement	-
Postcode	536913
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

I WAS DRIVING ALONG ADMIRALTY ROAD WEST. FRONT CAR STOPPED SO I FOLLOWED SUIT BUT VEHICLE B FAILED TO BRAKE IN TIME AND HIT ONTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4149Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Passport No/FIN	GXXXX407M
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	TNG KOK WEI (TANG GUOWEI)
Gender	Male
Phone No	(Phone) +65-91887228
Address	17 LORONG 4 REALTY PARK
Address Complement	-
Post Code	536913
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SMU9188T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Admiralty Road West

DOA: 25/4/23

A: SMU 9188T

B: GBF 4149Z

1

Describe Circumstance of the Accident

I was driving along Admiralty Rd West, 4th car
stopped so I followed suit but veh B failed
to brake in time hit onto my veh rear portion.

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)

25/4/2023

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 25/4/23		Time of Accident : 7:30 am	
Exact Location of Accident : Admiralty Rd West			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet	
Owner's Name : Hon Wen Hardware Timber PL		Pte Use / Work	
Driver's Name : Tng Kok Wei		NRIC : 199901751H	
DOB : 8/9/1989		HP : 91887228	
Driving Licence Passing Date : 29/4/2011		Occupation : Indoor / Outdoor	
Address : 17 Lor 4 Realty Park (S36913)			
Relationship Of Driver with Insured : Owner		Email : jmartauto@gmail.com	
Vehicle Number : SMU 9188T		Make & Model : Infiniti / Q50 2.0	
Insurance Company : UOI		Policy No : DHOM110178572101	
Coverage:			
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A: 1+0 B: 1+0 C: D:			
Vehicle A Passenger Name : Male / Female			
Anyone Injured : Convey By Ambulance: Yes / No			
o NO o YES Name / NRIC / Which Vehicle : Tng Kok Wei back & neck			
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 : GBF 4149Z		Make & Model :	
Driver's Name : Rajagopal Meyyanathan		NRIC : G8875407M	
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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110178572101	Excess:	\$500/-ALL DRIVERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SMU9188T		
Name of Insured	HONG WEN HARDWARE TIMBER PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 8 July 2022 to 7 July 2023

Engine# 274AE042663A
Chassis# JN1BCAV37Z0480771

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

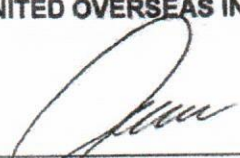
Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*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

FSCPP Date : 06/07/2022


For the Company