

NATIONAL Assessment Centre Services

Date: 26/04/2023
Ref No: NA/00123004310/d4
Veh No: SMY 1132K
DOA: 26/04/2023 09:15

OD/TP/Reporting Only

TP Insurer:

Job description: SAS e-filing
Date & Time Completed:
Done by:
E-mail (within 2hrs, Aft 2hrs):
I-Motor Claim Form:
I-Motor W/O (Within: OD 2hrs, TP 4hrs):
I-Photo Uploaded:
Assessment/Survey Report:
Ass't Report by Fax / Hand to Owner/WKSP:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SJV 17534, 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%; P: 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)
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA2301208

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);	Est. 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		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau 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: Idau 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 26/04/2023 16:31 (SGT)
Reported by Actual Driver
Date of Accident 26/04/2023 09:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information FROM NEW UPPER CHANGI ROAD TURNING TO SIGLAP ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY1132K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM YING JUN
NRIC No SXXXX342I
Email Address yingjun.lim@gmail.com
Mobile Phone No (Phone) +65-90616888
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 3008
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 1199

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110180282201

DRIVER

Name of Driver CHUE MEI WEI

Occupation	Indoor
Date Of Driving Pass	07/09/1978
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97511361
Alt. Phone Number	-
Email Address	yingjun.lim@gmail.com
Address	90 SEA BREEZE AVENUE
Address complement	-
Postcode	487588
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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

ON THE ABOVE STATED DATE AND TIME, I WAS TRAVELLING ALONG NEW UPPER CHANGI ROAD TURNING TO SIGLAP ROAD. VEHICLE B WAS IN FRONT OF ME. SUDDENLY VEHICLE B JAM BRAKE, I FOLLOW SUIT BUT I COULDN'T STOP ON TIME AND I HIT THE REAR PORTION OF VEHICLE B. ACCORDING TO THE VIDEO FOOTAGE, THERE WAS NO ONCOMING VEHICLES ON THE TURNING POINT WHERE HE COULD JUST FILTER OUT AND DROVE OFF, BUT HE SUDDENLY STOPPED WHICH MADE ME TO BRAKE ON SUDDEN AND COLLIDED WITH HIS CAR.

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	SJV1753U
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Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG ER JUN
NRIC No	SXXXX569Z
Contact Number	(Phone) +65-98363653
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 signature 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.

3. 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

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

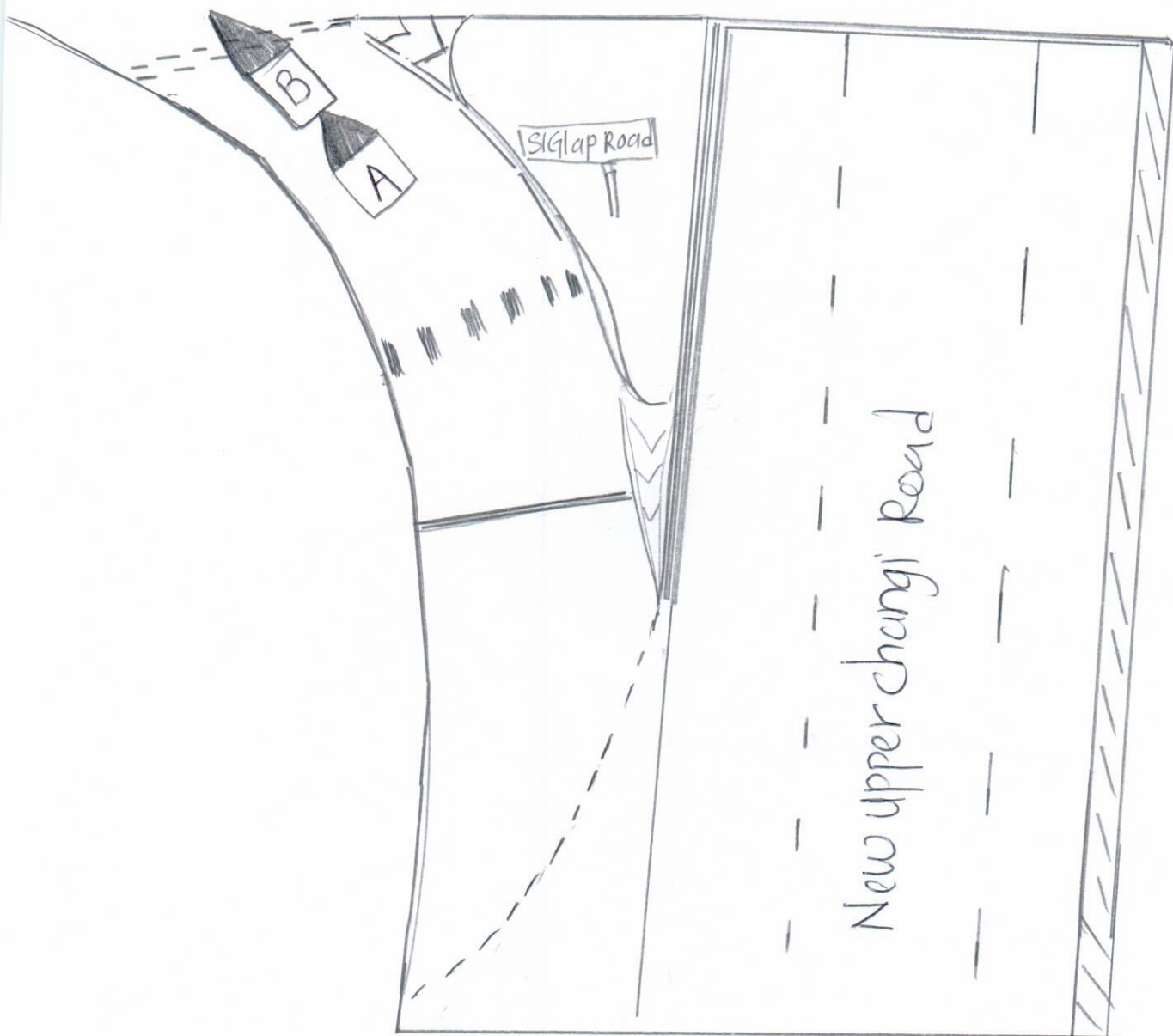
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

New upper changi Road turning to Siglap Road

A - SMY1B2K
B - GV17536

Please Refer to the
attached



A- SMY 1132k

B- SJV 1753U


Describe Circumstance of the Accident

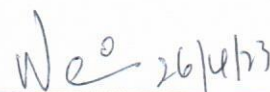
On the above stated date and time, I was travelling along New upper changi Road turning to Siglap Road. Vehicle B was in front of me. Suddenly vehicle B jam Brake, I follow suit but I couldn't stop on time and I hit the rear portion of vehicle B.

According to the video footage, there was no oncoming vehicles on the turning point where he could just filter out and drove off, but he suddenly stopped which made me to brake on sudden and collided with his car.

Declaration

I/We declare the foregoing particulars are true in every respect.

 26/4/23
Policyholder's Signature / Date & Time

 26/4/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 26/4/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 26/04/2023 (DD/MM/YYYY) TIME: 09:15 (HH:MM)

LOCATION: From New upper Changi Road turning to Siglap Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMY 1132K
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM 11018028220
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: AUTO / MANUAL
 f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Lim ying jun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85223421 CONTACT: 90616888
 c) ADDRESS: 7 Tampines St. 86 # 11-28, S528586

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Chue Mei Wei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S11804201 CONTACT: 97511361
 c) ADDRESS: 90 Sea Breeze Avenue, S487588

d) DATE OF BIRTH: 28/02/1956 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/09/1978

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. c) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJV 17534 MODEL: Pandora

b) DRIVER'S NAME: Pandora

c) NRIC/FIN/PASSPORT: S84225692 CONTACT: 98363653

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: MODEL:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = yingjun.lim@gmail.com

Phone =

Address = yes



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
146 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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110180282201	Excess	\$500.00/-NAMED DRIVERS \$1500.00/-OTHERS \$3000.00/-APPL TO <25 YRS & OR <3YRS EXP \$100.00/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	SMY1132K		
Name of Insured	LIM YINGJUN		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	18 February 2023 to 17 February 2024	Engine#	10XVAC0083132
Hire Purchase	OCBC LIMITED	Chassis#	VF3MRHNSULS307702

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



Scan this QR Code
for Reporting Centre.

FSCPP

02/02/2023