

NATIONAL Assessment Centre Services

Date: 19/05/2023	Job description	Date & Time Completed	Done by
Ref NO NA/00123005134/d4	SAS e-filing		
Veh No SFT 9991 D	E-mail (within 2hrs, AP 2hrs)		
DOA 18/05/2023 23:02	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: GBE 1062P.	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 6610)	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

NA2301489

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Amc
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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	19/05/2023 15:31 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 23:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT TERMINAL 1 DEPARTURE CRESCENT
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	benny.lwr@gmail.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 - Claiming third party
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	LIM WEI RONG
NRIC No	SXXXX772F
Date Of Birth	09/06/1993
Occupation	Indoor

Date Of Driving Pass	12/03/2021
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91810081
Alt. Phone Number	-
Email Address	benny.lwr@gmail.com
Address	APT BLK 635A TAMPINES NORTH DRIVE 2
Address complement	# 08-303
Postcode	521635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON-IN LAW
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	WIFE
Gender	Female

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 18TH OF MAY 2023, I WAS DRIVING ALONG T1 DEPARTURE CRESCENT TOWARDS THE DEPARTURE HALL. THERE WERE 2 LANES. I WAS DRIVING ON THE LEFT LANE. I THEN NOTICED A SSANYONG PICK-UP TRUCK TRAVELLING ABREAST MY VEHICLE ON MY RIGHT. HE PROCEEDED TO SLOW DOWN WHILE SIGNALLING TO THE LEFT. A MOMENT LATER, THERE WAS IMPACT WHERE THE FRONT LEFT BUMPER OF THE PICK-UP TRUCK COLLIDED WITH MY RIGHT REAR FENDER. DAMAGE WAS DONE TO THE RIGHT REAR FENDER, RIGHT REAR DOOR AND RIGHT REAR BUMPER.

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	GBE1062P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THANGAVEL PANDURANGAN
Work Permit No	0XXXX9879
Contact Number	(Phone) +65-86220251
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

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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 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

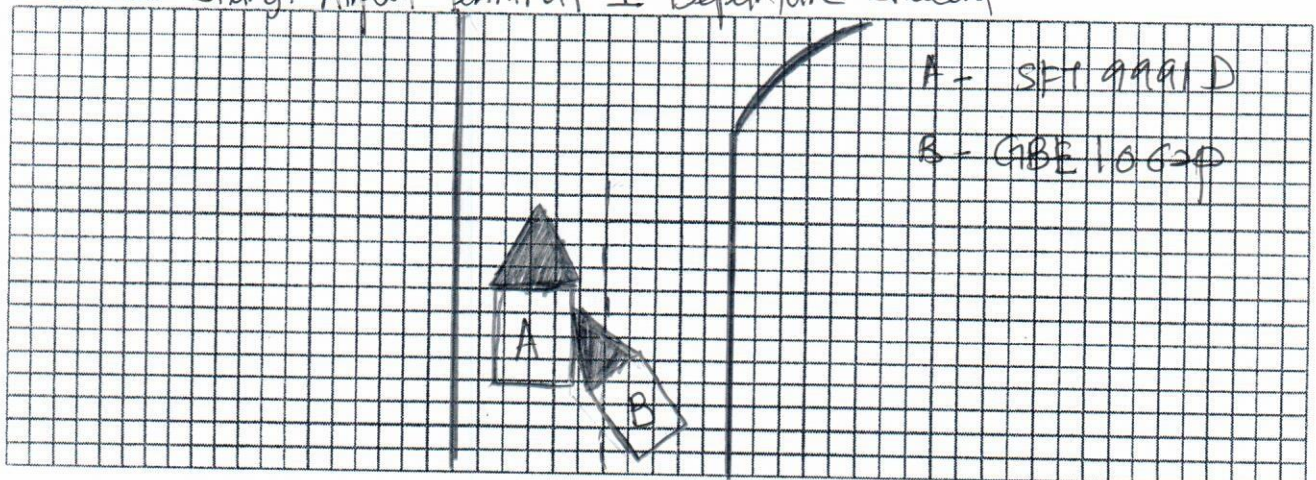
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Changi Airport Terminal 1 Departure Crescent



Describe Circumstance of the Accident

On the 18th of May 2023, I was driving along T1 Departure Cus towards the departure hall - There were 2 lanes, I was driving on the left lane.

- I then noticed a Sanyong pick-up ^{truck} travelling abreast my vehicle on my right.
- He proceeded to slow down whilst signalling to the left
- A moment later, there was impact where the front left bumper of the pick-up truck collided with my right rear fender.
- Damage was done to the right rear fender, right rear door and right rear bumper.

My vehicle: SFT9991D

Sanyong pick-up truck: GBE1062P

Declaration

I/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 NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 18/05/2023	TIME OF ACCIDENT : 23:02pm
VEHICLE NO : SFT 9991D	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Hyundai Elantra	LOCATION : Changi Airport Terminal I Departure Crescent
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : UOI	POLICY NO : DHOM120053022002
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (<u>SALOON</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Tan Hui Kheng Susan	NRIC : S17 57 288A
ADDRESS : Apt Blk 224 Pasir Ris Street 21 # 04-134	CONTACT NO : 90466133
EMAIL ADDRESS : benny.lwr@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : LIM WEI RONG	NRIC : <u>S9320772F</u> CONTACT NO : <u>9181 0081</u>
DRIVER OWNER RELATIONSHIP : <u>son-in law</u>	PASSENGER : <u>1</u> MALE () FEMALE (F) (WIFE)
DATE OF BIRTH : <u>09/06 / 1993</u>	DRIVING PASSING DATE : <u>12/03 / 2021</u>
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : Apt Blk 635A Tampines North Drive 2 # 08-303, S 521635
ANY INJURIES : <u>NO</u> , IF YES : _____	POLICE REPORT : <u>NO</u> / IF YES WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>GBE 1062P</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>thangavel Pandurangan</u>	DRIVER NAME : _____
NRIC : <u>033119879</u>	NRIC : _____
CONTACT : <u>86220251</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN ? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

146 Robinson Road
#02-01 UOI Building
Singapore 068909

Tel (65) 6722 7133
Fax (65) 6327 3569 / 6327 3870
Fav (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