

# NTUC Assessment Centre Services

Date In: 23/05/2023	Jc description	Date & Time Completed	Done by
Ref No: NA/V0123005194/W	SAS e-filing		
Veh No: SGW 9989 J	E-mail (within 2hrs. A/C 2hrs)		
DOA: 22/05/2023	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/VKSM		

referred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

P Particulars: Veh No: SND 9379 L 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: (IN/Online/67884610)

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Acc/Time: ( )

Actions: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )



## 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 .....	23/05/2023 11:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/05/2023 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	81 Ubi Avenue 4 Carpark level 4
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGW9989J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Sun Tian
NRIC No .....	SXXXX580A
Email Address .....	suntian1982@me.com
Mobile Phone No .....	(Phone) +65-92279989
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E53
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 .....	2999

#### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Policy Number / Cover Note Number .....	DHOM130001382300

#### DRIVER

Name of Driver .....	Sun Tian
NRIC No .....	SXXXX580A
Date Of Birth .....	20/02/1982
Occupation .....	Indoor

Date Of Driving Pass .....	27/08/2007
Driving experience .....	15 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92279989
Alt. Phone Number .....	-
Email Address .....	suntian1982@me.com
Address .....	21A Matlock Rise
Address complement .....	-
Postcode .....	358570
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 .....	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) .....	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

Refer to the attached statement.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	With Driver.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SND9379L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	Cao Hailiang



Passport No/FIN .....	GXXXX296T
Contact Number .....	(Phone) +65-96545633
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 27/05/2023	TIME OF ACCIDENT : 1815hrs
VEHICLE NO : SGW 9989 J	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mercedes E53	LOCATION : 81 Ubi Avenue 4 Carpark level 4
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : UOI	POLICY NO : DHOM130001382300
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Sun Tian	NRIC : S8262580 A
ADDRESS : 21A Matlock Rise 358570	CONTACT NO : 9227 9989
EMAIL ADDRESS : Santian1982@me.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : 01 MALE ( ) FEMALE ( )
DATE OF BIRTH : 20/02/1982	DRIVING PASSING DATE : 27/08/2007
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : _____
ANY INJURIES : NO, IF YES : _____	POLICE REPORT : NO / IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SND 9379 L	VEHICLE C REG NO : _____
DRIVER NAME : Cao Haitang	DRIVER NAME : _____
NRIC : G329 2296T	NRIC : _____
CONTACT : 9654 5633	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES : _____
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



## 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 :

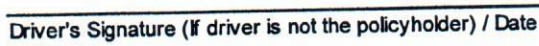
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

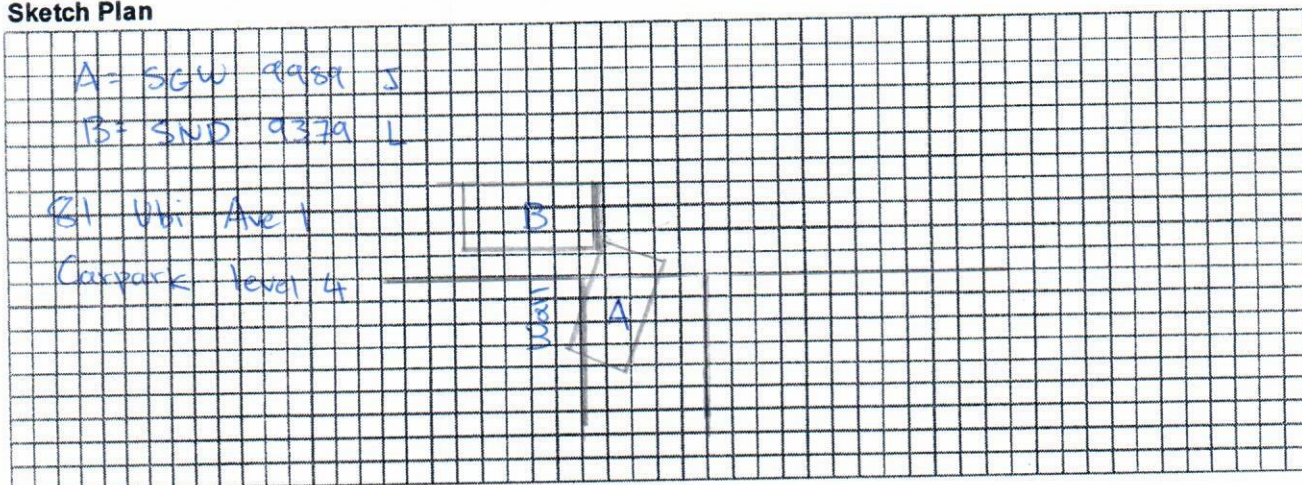
  
Driver's Signature (If driver is not the policyholder) / Date & Time

 23105123  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

A = SGW 9989 J  
B = SMD 9379 L

(B) Ubi Ave 1  
Carpark level 4





Describe Circumstance of the Accident

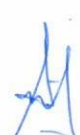
I ~~was~~ leaving the parking lot. Shortly after my car left the lot, Front left of my vehicle came into contact with the front right of the another vehicle. Nobody is injured and we exchanged the contact. The front right of the another car is damaged and scratched. ~~The damper is damaged, and bottom of the~~ The right hand portion is broken and dumped. The cooler is leaking from the tank. Later on, the another ~~car~~ driver called tow car to tow the car away. My vehicle is ~~hardly~~ scratch at all.

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

 23105123  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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](mailto:contactus@uoi.com.sg)  
[uoi.com.sg](http://uoi.com.sg)

Co.Reg.No. 1971000152R

## CERTIFICATE OF INSURANCE

**ORIGINAL**

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)

<b>CERTIFICATE NO.</b>	DHOM130001382300	<b>Type of Cover / Plan</b>	COMPREHENSIVE / PREFERRED
<b>Vehicle Number</b>	SGW9989J	<b>Engine</b>	25693030008378
<b>Name of Insured</b>	SUN TIAN	<b>Chassis</b>	WDD2130612A592784
<b>Restricted Driver(s)</b>	NOT APPLICABLE	<b>Hire Purchase</b>	NO FINANCE
<b>Period of Insurance</b>	21/03/2023 TO 20/03/2024		
<b>Excess</b>	INSURED AND NAMED DRIVERS	- \$750/-	
	OTHERS	- \$1,500/-	
	YOUNG AND/OR INEXPERIENCE DRIVER UNDER THE AGE OF 25 AND/OR HELD A VALID LICENCE FOR LESS THAN 3 YEARS	- \$3,000/-	
	WINDSCREEN DAMAGE CLAIM	- \$100/-	
	WINDSCREEN DAMAGE WITH SOLAR FILM	- \$500/-	

### PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX1/PVI]

#### 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.

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.

#### 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.

\*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**

A000437 / JANE LOW HWEE LENG  
Date/Time : 07/03/2023 13 : 46 : 13 PM