

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA1U0123005504/d4	SAS e-filing		
Veh No: GBB 8276J	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 26/05/2023 12:00	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: SKA 3392M	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

NA2301602	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac 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: Idac 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	29/05/2023 18:14 (SGT)
Reported by	Actual Driver
Date of Accident	26/05/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD BLOK 62 / 63
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8276J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRATEGIC ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX993k
Email Address	zheng.dafei@yahoo.com.sg
Mobile Phone No	(Phone) +65-97805748
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110179732101

DRIVER

Name of Driver	KALIYAPERUMAL BALAMURUGAN
Passport No/FIN	GXXXX333P
Date Of Birth	25/05/1981
Occupation	Outdoor

Date Of Driving Pass	06/04/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93919623
Alt. Phone Number	-
Email Address	zheng.dafei@yahoo.com.sg
Address	60 UBI CRESCENT
Address complement	# 02-12
Postcode	408569
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 DRIVING ALONG THE BLOK 62 & 63. THIS INCIDENT HAPPENS INSIDE THE HDB BLOCK'S SLIP ROAD. I WANTED TO TURN LEFT TO EXIT THE SLIP ROAD AND BEFORE I TURN OUT, I CHECKED BOTH LEFT AND RIGHT SIDE FOR ANY ONCOMING VEHICLES. THE WAY WAS SAFE AND CLEAR FOR ME TO TURN OUT. UPON TURNING OUT, SUDDENLY VEHICLE B CAME FROM MY RIGHT SIDE AND I HIT THE REAR LEFT SIDE OF VEHICLE B.

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	SKA3392M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

AW SEE CHIN @ SOW SEE TING
SXXXX701H
(Phone) +65-96289273
-
-
-
-
-
1

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

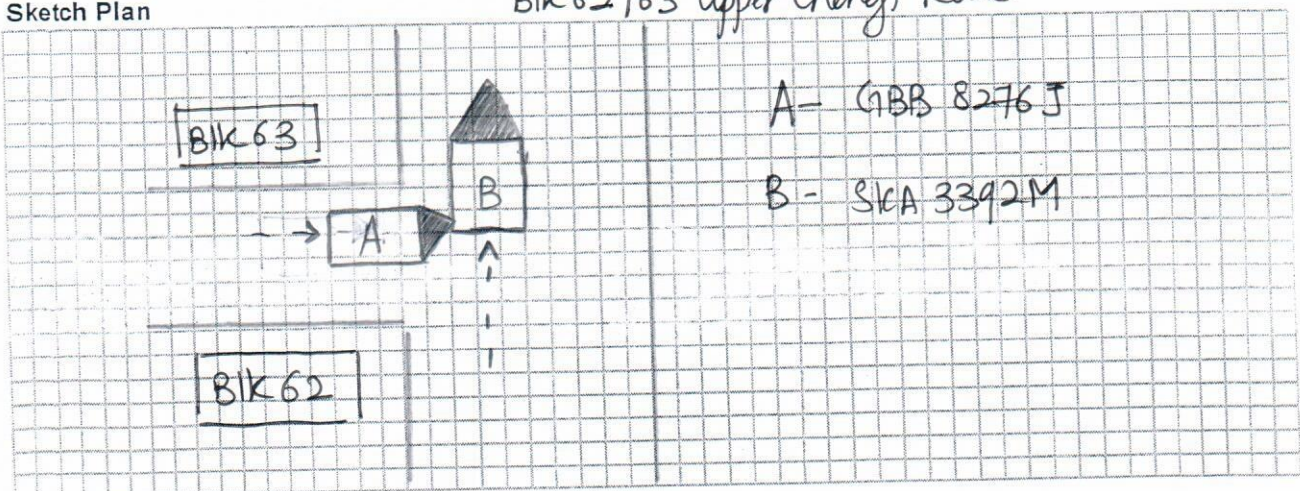
Witnessed by Reporting Centre Personnel

Sketch Plan

K. Bas 29/05/23

29/5/2023

Blk 62/63 upper Chengiz Road



Describe Circumstance of the Accident

On the above stated date and time - I was driving along the block 62 & 63. This incident happens inside the HDB block slip road. I wanted to turn left to exit the slip road and before I turn out, I checked both left and right side for any oncoming vehicles. But the way was safe and clear for me to turn out. Upon turning out, suddenly vehicle B came from my right side and I hit the rear left side of vehicle B.

Declaration

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



Policyholder's Signature / Date & Time

K. Bal 29/05/23
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 : 26/05/2023	TIME OF ACCIDENT : 12:00pm
VEHICLE NO : GBB 82765	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Nissan Unvan	LOCATION : upper Changi Road Blk 62/63
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY : UOI	POLICY NO : DHOM 110179732101
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / <u>THIRD PARTY & THEFT</u>	VEHICLE TYPE : (SALOON / <u>COUPE/MPV/VAN/LORRY/MOTORCYCLE</u>)
NAME OF OWNER : strategic Engineering & construction pte ltd	NRIC : 2014 07993K
ADDRESS :	CONTACT NO : 9780 5748
EMAIL ADDRESS : zheng.dawei@yahoo.com.sg	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Kaliyaperumal Balamunigan	NRIC : <u>G7917333P</u> CONTACT NO : <u>9391 9623</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : 1 MALE () FEMALE ()
DATE OF BIRTH : 25/05 / 1981	DRIVING PASSING DATE : 06 / 04 / 2022
OCCUPATION : <u>INDOOR / OUTDOOR</u>	ADDRESS : 60 ubi Crescent # 02-12 S. 408569
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>SKA 3392M</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Aw see chin @ saw see ting</u>	DRIVER NAME : _____
NRIC : <u>S2029701H</u>	NRIC : _____
CONTACT : <u>9628 9273 (1)</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , 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) 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.	DHOM110179732101	Excess	\$3000.00/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	THIRD PARTY, FIRE & THEFT		
Vehicle Number	GBB8276J		
Name of Insured	STRATEGIC ENGINEERING & CONSTRUCTION PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	21 December 2022 to 20 December 2023	Engine#	ZD30233054K
		Chassis#	JN1MG4E25Z0792950

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

(1) Use in connection with the Insured's business

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business

(3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

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

03/11/2022