

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 13 Feb 2023	Job description	Date & Time Completed	Done by
Ref No: NA/00123006053/J	SAS e-filing		
Veh No: GBL 2685Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/06/2023 10:58	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: 810 2615G	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

NA2301742	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add.
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	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 \$30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	13/06/2023 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 10:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TANJONG KATONG SOUTH RD TUAS ECP TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2685Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA INDUSTRIAL DEVELOPMENT PTE LTD
Company Reg No	1XXXXX115M
Email Address	EVON@QIDL.COM.SG
Mobile Phone No	(Phone) +65-93264387
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM113000882300

DRIVER

Name of Driver	MAH TUCK SAN
NRIC No	SXXXX825B
Date Of Birth	21/11/1956
Occupation	Outdoor

Date Of Driving Pass	09/11/1999
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93264387
Alt. Phone Number	-
Email Address	MERSONWAH@YAHOO.COM.SG
Address	APT BLK 762 PASIR RIS STREET 71
Address complement	#12-226
Postcode	510762
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)	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	LIM SH
Gender	Male

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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SLQ2615G
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR NG
Contact Number	(Phone) +65-96166234
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

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 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.



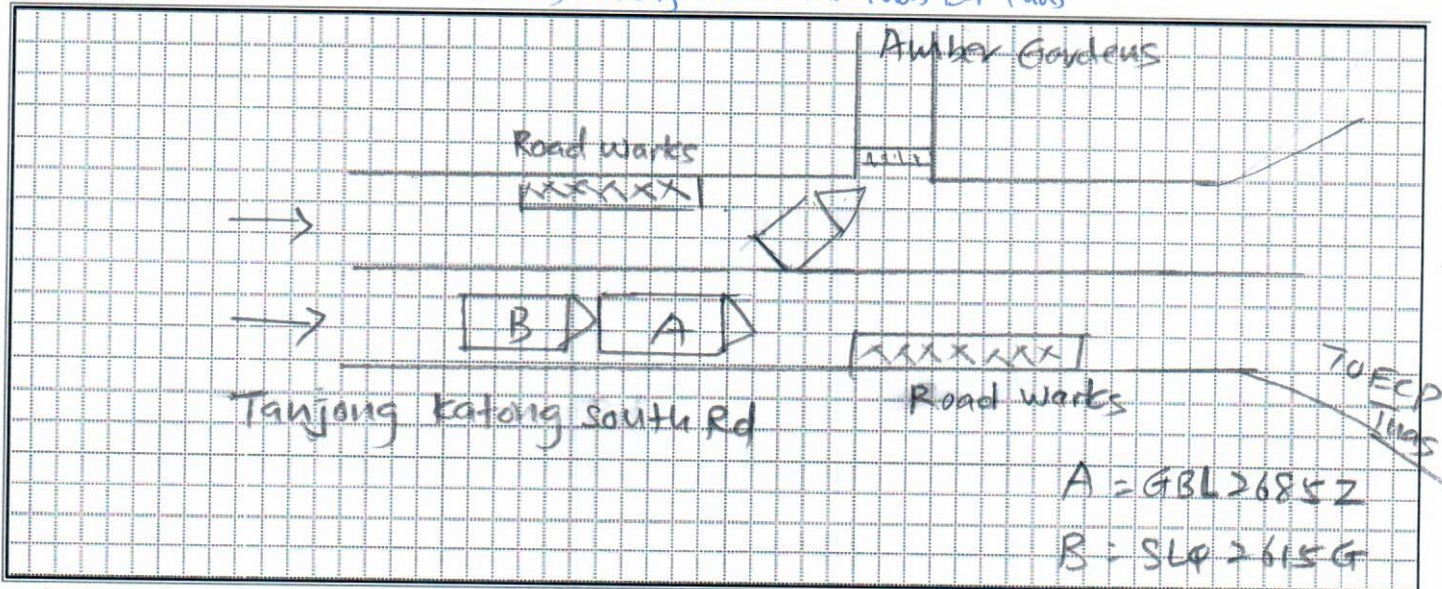
Policyholder's Signature / Date & Time

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

Tanjong Katong South Rd To ECP Tuas



A = GBL2685Z

B = SLP2615G

Date And Time Of Accident:

13/6/23 @ 10.58 am

Exact Location:

Tanjong Katong ^{South} Rd Twds ECP Tuas

Vehicle No.

GBL 2685 Z

Model:

Insurance CI No.:

Owner 's Details:

Name:

Asia Industrial Development P/L

I/C:

Indoor

Address:

Outdoor

Handphone No.:

9326 4387

Email:

evon@aidl.com.sg

Home Telephone No.

(Email compulsory)

Driver's Details:

Name:

Mah Tuck San

I/C:

81200825 B

Indoor

Address:

Outdoor

Handphone No.:

9326 4387

Email:

mersonmah@yahoo.com.sg
Admin@modernautomotive.com.sg

Relationship With Owner:

employee

Weather Conditions:

Clear
Raining
Others

Please tick

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*Purpose of use at the time of accident (for commercial vehicle):

Road Surface:

Dry
Wet

<input checked="" type="checkbox"/>
<input type="checkbox"/>

work

Any Car Camera

Yes / ☒ No

OD / ☒ TP / Reporting Only

Nos of Passenger In The car (Including Driver)

2

Female:

Male:

2

Passenger Name: Mr Lim SH

☒ (M/F)

Passenger Name:

(M/F)

Passenger Name:

(M/F)

Passenger Name:

(M/F)

Third Party Vehicle No.:

SLQ 2615 G

Name:

Mr. Ng

Contact No.:

9616 6234

Model/Colour:

Mayda

**Any Foreign Vehicle Involved in this accident:

Yes / No

Witness:

Name:

Contact No.:

UOI

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

ORIGINAL

MOTOR THE SCHEDULE

Agency	D000136	Class of Policy	MOTOR	Policy No.	DHOM113000882300
Acct No.	D000136	Issued on	29/05/2023 in UOI	Replacing Cover	20189721
Client	00906833	Acceptance Date	04/04/2023	Note	

Period of Insurance from 06/04/2023 to 08/04/2024, both dates inclusive.

Insured Name	ASIA INDUSTRIAL DEVELOPMENT (PTE) LTD
Mailing Address	149 TELOK AYER STREET SINGAPORE 068607

Business/Occupation HOUSING DEVELOPERS

BASIC ANNUAL PREMIUM	SGD	1,090.00		
NCB	SGD	-218.00 20.00%		
Total Annual Premium...	SGD	872.00 Premium Due	SGD	879.17
		Less Discount	SGD	131.88
		GST Premium	SGD	59.78
		Total Due	SGD	807.07

Risk Group 01

Risk No. 01.00001 COMMERCIAL VEHICLE

Registration GBU2685Z
Type of Cover THIRD PARTY
Engine No. HR16178314D
Chassis No. VM20162084
Vehicle Usage COMMERCIAL

Make/Model	NISSAN NV200 1.6 A	Body Type	VAN
No. of Seats	2	Year of Mfg/Reg	2020/2021
		NCD %	20
Tonnage	1	Certificate Ref	LCVC

Item 001.

THIRD PARTY ONLY	SGD	0.00
APPL TO <25 YRS & OR <3YRS EXP	SGD	3,000.00

Subject to the following clauses/warranties/endorsements/memo attached hereto :-

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 1 - THIRD PARTY PROPERTY DAMAGE
TERRORISM EXCLUSION ENDORSEMENT
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- 2 E - YOUNG AND INEXPERIENCED DRIVERS
CONDITION PRECEDENT
- 3(P) - THIRD PARTY ONLY

ENDORSEMENT NO 3(P) - THIRD PARTY ONLY

IT IS HEREBY UNDERSTOOD AND AGREED THAT SECTION 1 (AND ITS EXCEPTIONS), III AND IV OF THIS POLICY ARE CANCELLED.

IT IS FURTHER UNDERSTOOD AND AGREED THAT THE PRINTED WORDING OF CONDITION 3 OF THIS

UOI

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

ORIGINAL

MOTOR THE SCHEDULE

Agency	D000136	Class of Policy	MOTOR	Policy No.	DHOM113000882300
Acct No.	D000136	Issued on	29/05/2023 in UOI	Replacing Cover	20189721
Client	00906833	Acceptance Date	04/04/2023	Note	

Period of Insurance from 06/04/2023 to 08/04/2024, both dates inclusive.

POLICY IS ALSO CANCELLED AND IS REPLACED BY THE FOLLOWING NEW CONDITION 3

"THE INSURED SHALL TAKE ALL REASONABLE STEPS TO MAINTAIN THE MOTOR VEHICLE IN EFFICIENT CONDITION AND THE COMPANY SHALL HAVE AT ALL TIMES FREE AND FULL ACCESS TO EXAMINE THE MOTOR VEHICLE OR ANY PART THEREOF OR ANY DRIVER OR EMPLOYEE OF THE INSURED."

SUBJECT OTHERWISE TO THE TERMS EXCEPTIONS AND CONDITIONS OF THIS POLICY.

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

PREMIUM PAYMENT WARRANTY

POLICY OWNERS' PROTECTION SCHEME

SANCTION LIMITATION AND EXCLUSION CLAUSE

Authorized Drivers for vehicle(s) with Certificate Reference: LCVC
Goods carrying - Private Type [MZ 300]

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

"And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage"

Limitations as to use for vehicle(s) with Certificate Reference: LCVC

- (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 driving 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 Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

THIS IS A COMPUTER-GENERATED DOCUMENT. NO SIGNATURE IS REQUIRED.
PLEASE EXAMINE THIS DOCUMENT IMMEDIATELY AND INFORM US OF ANY DISCREPANCY.