

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 30/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA140123006663/d4	SAS e-filing		
Veh No: GBK 5122S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/06/2023 14:50	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: SNB 6213L	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)	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

NA2301972

## Invoice Preparation Checklist

Am't (\$)  
1st Bill Ad

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP : 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	
	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:-	
	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	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## Auditors' Comments:-

Cat. 1:

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	30/06/2023 18:31 (SGT)
Reported by	Actual Driver
Date of Accident	23/06/2023 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPPOSITE SHANTHI VILLAS @ 8 CUFF ROAD SINGAPORE 209719
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5122S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPREME SECURITY AGENCY PTE. LTD.
Company Reg No	2XXXXX404N
Email Address	inquiries@supremesecurity.com.sg
Mobile Phone No	(Phone) +65-69092380
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	Auto
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110181932200

#### DRIVER

Name of Driver	SUTHER S/O NARANSAMY NAIDU @ MOHD FAISAL BIN ABDULLAH
NRIC No	SXXXX645I

Date Of Birth	29/06/1959
Occupation	Indoor
Date Of Driving Pass	18/03/1983
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89069139
Alt. Phone Number	-
Email Address	inquiries@supremesecurity.com.sg
Address	SULTAN PLAZA, 100 JALAN SULTAN
Address complement	# 02-11
Postcode	199001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLF8303S
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
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

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	SNB6213L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WAI XIAN YAO
NRIC No	SXXXX188G
Contact Number	(Phone) +65-86135999
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 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.



*[Signature]* 30/6/23

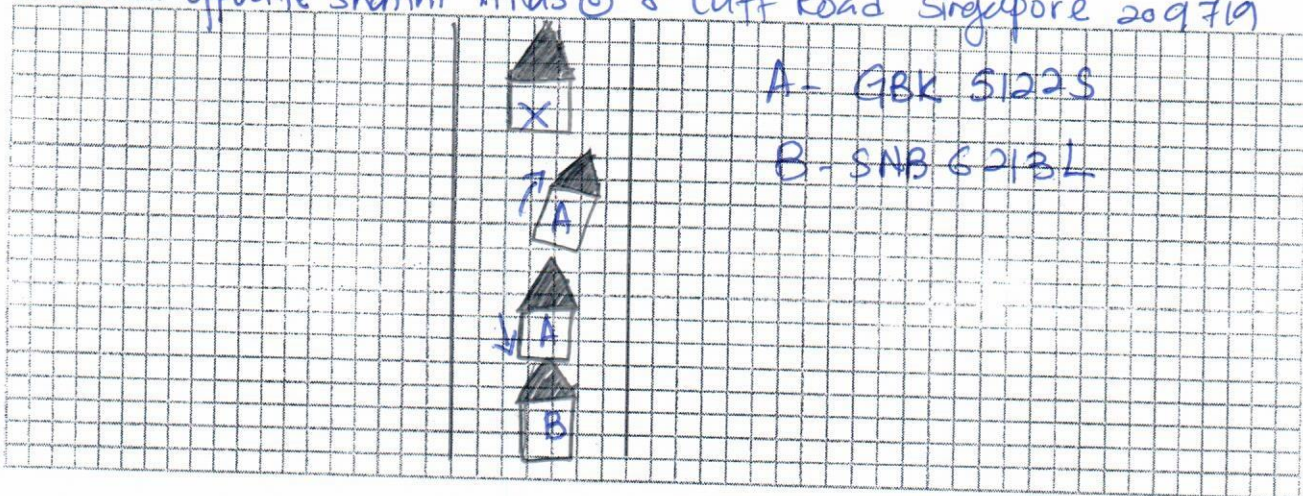
*[Signature]* 30/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan opposite shanthi villas @ 8 Cuff Road Singapore 209719





Describe Circumstance of the Accident

please refer to the attached  
statement

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]* 30/6/23

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

*[Signature]* 30/6/2023

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

On 23 June 2023, at about 14.50 hrs, I had parked my van GBK 5122s in the public parking lot opposite Shanthi Villas, at 8 Cuff Road, Singapore 209719, as the vehicle owner of SNB 6213L, had parked his car behind my van in the parking lot and was quite close and as I was reversing van to come out of the parking lot, as there was another vehicle parked in front of my van and was trying to reverse front and back few time to come out of the parking lot, at this juncture accidentally my van back rubber bumper had knocked into the front bumper of the vehicle no SNB 6213 L .

Upon inspecting both my van and Vehicle SNB6213L there was no major damage or any injuries to any public or driver who was sitting inside his car, check the bumper and license plate of SNB6213 L were in good condition and no damage.



*Shafiq Hussain*  
*30/6/23*



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 23/06/2023	TIME OF ACCIDENT : 14:50
VEHICLE NO : GBK 5122S	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Nissan Navo	LOCATION : opposite shanthi villas @ 8 Cuff Road Singapore 209719
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : UOI	POLICY NO : DHOM110181932200
TYPE OF COVERAGE :	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : .
NAME OF OWNER : supreme security Agency pte. ltd.	CONTACT NO : 6909 2380
ADDRESS :	VIDEO RECORDING : YES / NO
EMAIL ADDRESS : inquiries@supremesecurity.com.sg	NRIC: 813686451 CONTACT NO: 8906 9139
NAME OF DRIVER : AS ABOVE / IF NO : Suther s/o Naransamy Naidu Mohd Faisal Bin Abdullah	PASSENGER : 0 MALE ( ) FEMALE ( )
DRIVER OWNER RELATIONSHIP: employee	DRIVING PASSING DATE : 18 / 03 / 1983
DATE OF BIRTH : 29 / 06 / 1959	ADDRESS :
OCCUPATION: INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES: NO, IF YES :	ROAD SURFACE: DRY / WET / OTHERS
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	
VEHICLE B REG NO : 3NB 6213L	VEHICLE C REG NO :
DRIVER NAME : wai xian yao	DRIVER NAME :
NRIC : 588 261889	NRIC :
CONTACT : 8613 5999	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
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER: SLF 8303 S	HANDLING INSURER: NTUC





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. 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**

<b>CERTIFICATE NO.</b>	DHOM110181932200	<b>Excess:</b>	\$800/-SECTION 1
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	GBK5122S		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	SUPREME SECURITY AGENCY PTE LTD		
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 13 August 2022 to 12 August 2023

**Hire Purchase** UNITED OVERSEAS BANK LIMITED

**Engine#** HR16172267D

**Chassis#** JN1YAAM20Z0001197

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

FSGMY Date : 22/07/2022