

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/UOI 23007766/4	SAS e-filing		
Veh No: SLK 9677M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/07/2023 17:30pm	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMV 2901S

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

NA2302288

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Ant (\$)

Ant

Est. Bill

Ad

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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: Idao 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 (N-on INC) against INC \$20

9) N12: Idao Mobile \$30

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 First Submission 01/08/2023 14:58 (SGT)
Reported by Actual Driver
Date of Accident 31/07/2023 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOYANG AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9677M
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner KAE AI LING (QU AILING)
NRIC No SXXXX442A
Email Address jacquefst@gmail.com
Mobile Phone No (Phone) +65-97979156
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 5008
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 1560

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM130000222300

DRIVER

Name of Driver FONG SAI TAT (FENG SHIDA)
NRIC No SXXXX641H
Date Of Birth 04/11/1978
Occupation Indoor

Date Of Driving Pass	22/04/2004
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97342700
Alt. Phone Number	-
Email Address	jacquefst@gmail.com
Address	APT BLK 129 PENDING ROAD
Address complement	# 10-338
Postcode	670129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 TRAVELLING ALONG LOYANG AVENUE, THE TRAFFIC SIGNAL WAS IN RED AND VEHICLE B WAS IN FRONT OF ME. WHEN THE TRAFFIC SIGNAL TURNS TO GREEN, I ACCELERATED MY PEDAL AND I BUMP INTO THE REAR PORTION OF VEHICLE B.

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	SMV2901S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MOHAMED JUFFERY BIN MOHD YUNOS
NRIC No	SXXXX179J
Contact Number	-
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.
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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

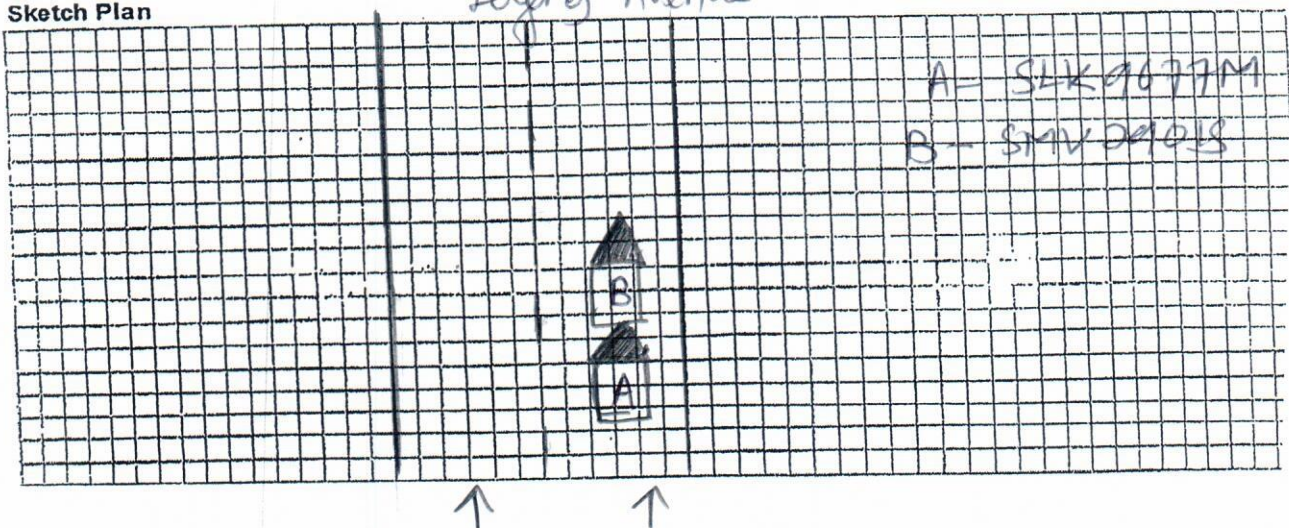
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On the above stated date and time, I was travelling along Juyeng Avenue. The traffic signal was in Red and. Vehicle B was in front of me. When the traffic signal turns to green, I accelerated my pedal and I bump into the rear portion of vehicle B.

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 : 31/07/2023	TIME OF ACCIDENT : 17:30pm
VEHICLE NO : SLK 9677M	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Peugeot	LOCATION : Joyng Avenue
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : uoi	POLICY NO : DHOM130000222300
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON) / COUPE/MPV/VAN/LORRY/MOTORCYCLE
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : S7716442A
NAME OF OWNER : Kae Ai Ling (Qu Ailing)	CONTACT NO : 97979156
ADDRESS :	VIDEO RECORDING : YES / NO with driver
EMAIL ADDRESS : jacquetst@gmail.com	NRIC : S7834641H CONTACT NO : 97342700
NAME OF DRIVER : AS ABOVE / IF NO : Fong Sai Tat (Feng shida)	PASSENGER : 0 MALE () FEMALE ()
DRIVER OWNER RELATIONSHIP : spouse	DRIVING PASSING DATE : 22/04/2004
DATE OF BIRTH : 4/11/1978	ADDRESS : Apt B1K 129 Pending Road # 10-338, S 670129
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 : SMV2901S	VEHICLE C REG NO :
DRIVER NAME : Mohamed Juffery Bin Mohd Yunus	DRIVER NAME :
NRIC : S74161795	NRIC :
CONTACT :	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:	HANDLING INSURER:



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
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)

CERTIFICATE NO.	DHOM130000222300	Type of Cover / Plan	COMPREHENSIVE / ESSENTIAL
Vehicle Number	SLK9677M	Engine	10JBHX3013920
Name of Insured	KAE AI LING (QU AILING)	Chassis	VF30EBHGTGS206319
Restricted Driver(s)	NOT APPLICABLE	Hire Purchase	NO FINANCE
Period of Insurance	08/02/2023 TO 07/02/2024		
Excess	INSURED AND NAMED DRIVERS		
	OTHERS	- \$500/-	
	YOUNG AND/OR INEXPERIENCE DRIVER UNDER	- \$1,500/-	
	THE AGE OF 25 AND/OR HELD A VALID LICENCE	- \$3,000/-	
	FOR LESS THAN 3 YEARS		
	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 / EUNICE KWAN

Date/Time : 25/01/2023 15 : 28 : 15 PM