

NATION 17 Assessment Centre Services

Date In: 13/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/CSI18006806/13	SAS e-filing		
Veh No: GBE5415D	E-mail (within 8hrs, Aft 2hrs)		
DOC: 12/04/18 1300	i-Motor Claim Form		
OD: IP Reporting Out	i-Motor W/O (within 10-2hrs, 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: (TORQUE 5)	Tel:	Fax:
IP Particulars:	Veh No: PEDESTRIAN	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

NA1800311

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 (\$)
	1st Bill	Add Bill
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) iT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (011): TP (by INC) against INC \$20		
9) N12: Idac Mobile \$10		

Invoice dated

Invoice dated

Fee Charged

Fee Charged

13/04/18

13/04/18

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 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 ability.
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 Report	13/04/2018 10:57
Date Of Accident	12/04/2018 13:00
Exact Location Of Accident	ANG MO KIO AVE 10 & ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5415D
Insured/Policyholder	
Name Of Registered Owner	M/S TOP FORM FURNITURE
Co Reg No	53235671C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81688158

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3003961800
Cover Note Number	

Driver

Name of Driver	LAI AIK EAU
NRIC No	S2640532G
Date Of Birth	26/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81688158
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 134 BEDOK NORTH ST 2 #12-115
Postcode	460134
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180412/2100

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AMK AVE TO X AMK AVE S

vehicle A) GIB E 54151

refer to police
report.

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

GSA - MC Sketch Plan Form v3

Date & Time:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20180412/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 15:17		Vide Report No.: F/20180412/0103		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: LAI AIK EAU			Address: APT BLK 134 BEDOK NORTH STREET 2 #12-115 SINGAPORE 460134		
ID Type / ID No.: NRIC NO / S2640532G			Contact No.: Home/Office: Mobile: 81688158		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 26/11/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Carpenter			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 12/04/2018 13:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10 ANG MO KIO AVENUE 5 Along ang mo kio ave 10 towards ang mo kio ave 5 traffic light near block 574 ang mo kio				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5415D	Lorry				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20180412/2100

CONTINUATION OF REPORT

Brief Details.

On 12/04/2018 at about 1300hrs, I was travelling my company lorry (GBE5415D) along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 5. While traveling towards Ang Mo Kio Ave 5 along Ang Mo Kio Ave 10 near Blk 574 Ang Mo Kio, I accidentally hit one female Indonesian pedestrian at the traffic light.

As I was approaching the traffic light, I did not see if the traffic light had turned red thus I continued driving and did not stop the lorry before the traffic light. After which I saw one female Indonesian crossing the road, I did not manage to break and stop it time thus resulting my lorry to hit her. She fell and had bruises on her left arm. I went down my lorry and attend to her. The female pedestrian told me that is felt giddy. I also called for ambulance.

The female pedestrian was conveyed by the ambulance to Tan Tock Seng Hospital. I did not manage to exchange particulars with her. Traffic police was also at scene and advise me to lodge a police report under IO Mariah 65476433.



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20180412/2100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 HARYANI ROHAIDAH BINTI HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2018 15:17
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 04 / 2018 (DD/MM/YYYY), TIME: 13 : 00 (HH:MM)

LOCATION: AMK AVE 10 & AVE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 61BE 5415D
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMCVSN3003961800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TOP FORM FURNITURE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53235671C CONTACT: _____
c) ADDRESS: 61 WOODLANDS INDUSTRIAL PARK
E9 #03-20 E9 premium 5757047

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAI AK EAU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52640532G CONTACT: 8168 8158
c) ADDRESS: 134 Bedok North Street 2
#12-115 SPORE 460134

*d) DATE OF BIRTH: 26 / 11 / 1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: AMK North N.P.C

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Pedestrian MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = REPORTING@
TOPQUE5.com
fax = 6452 4584

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **S2640532G**
 Name: **LAI AIK EAU**

Birth Date: **26 Nov 1965**
 Issue Date: **28 Feb 2007**

Barcode: 001480475G

REPUBLIC OF SINGAPORE

Identity Card No. **S2640532G**

Portrait photo of a man.

Name: **LAI AIK EAU**

Race: **CHINESE**
 Date of Birth: **26-11-1965** Sex: **M**
 Country of Birth: **MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motorcycles =< 200 cc	PASS DATE
Class 2R	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	25 Jul 1997
		25 Jul 1997

NP 428A

Licence No: **S2640532G**

Barcode: A8016D48

Portrait photo of a man.

NRIC No: **S2640532G**

Nationality: **MALAYSIAN**
 Blood Group: **B+** Date of Issue: **29-12-1998**

APT BLK 134 BEDOK NORTH STREET 2 #12-115
 SINGAPORE 460134

NRIC No: **S2640532G** Date: **07/08/2017**

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)

CERTIFICATE No.	DMCVSN3003961800	Engine No : 1KD2573108 Chassis No: JTFAT35YX0K205557
1. Index Mark and Registration Number of Vehicle	GBE5415D	
2. Name of Policy Holder	M/S TOP FORM FURNITURE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 JANUARY 2018	EX SECT. 1S\$500.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	11 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

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 A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER

* Limitations 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). Please see reverse For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**


Company Reg. No. 53223825K
Office: (65) 6635 6658 Fax: (65) 6702 6797
71 Ubi Road 1 #05-45 Oxley BizHub Singapore 408732

Countersigned By:

Authorised Officer



Authorised Signatory