

NATIONAL Assessment Centre Services.

(incl 1 Janyoo)

Date In: 24/05/2018 15:07

Ref No: NA/CTI18009465/K4

Veh No: GBC3553L

D.O.A: 23/05/2018 17:25

OD: TP Reporting Only

TP Insured:

Job description

SAS e-billing

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 3hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars:

Veh No: 21920MLD

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (

Remarks: (INC Hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: (

Date/Time: (

Actions: (

NA1803283

Human's Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

Checked by (Sign-In-Charge):

Comments:

1:

2/3:

Invoice Breakdown Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) FT: Follow-Through Survey

5) RT: Follow-Through Survey (Resurvey)

6) TR: Re-inspection

7) NI: 1 day DA + SMRT Survey

8) NTUC Additional Services

9) NI:

*NI: Courtesy Car / Tpl Allowance

*NI: Repair Coordination

*NI: Post Repair Inspection

*NI: DY / Collect Unseen Coordination

TE (NI): TP (Non INC) against INC

9) NTUC: 1 day Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

STAMP

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	24/05/2018 15:07
Date Of Accident	23/05/2018 17:25
Exact Location Of Accident	DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3553L
Insured/Policyholder	
Name Of Registered Owner	M/S JOE LI ELECTRICAL INDUSTRIES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81893773
Alternative Phone No	OFFICE-62933433

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	THIRD PARTY
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	DMCVSN3008671800
Cover Note Number	

Driver

Name of Driver	TAN GEK CHUI
NRIC No	S2572484D
Date Of Birth	26/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81893773
Fax Number	
Contact Number	OFFICE-81893773
EMail Address	NOEMAIL

Address	BLK 107 TOWNER ROAD #04-352
Postcode	321107
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	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	21920MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OLANO IRVIN MELENDRES
NRIC/Passport Number	S9573928H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

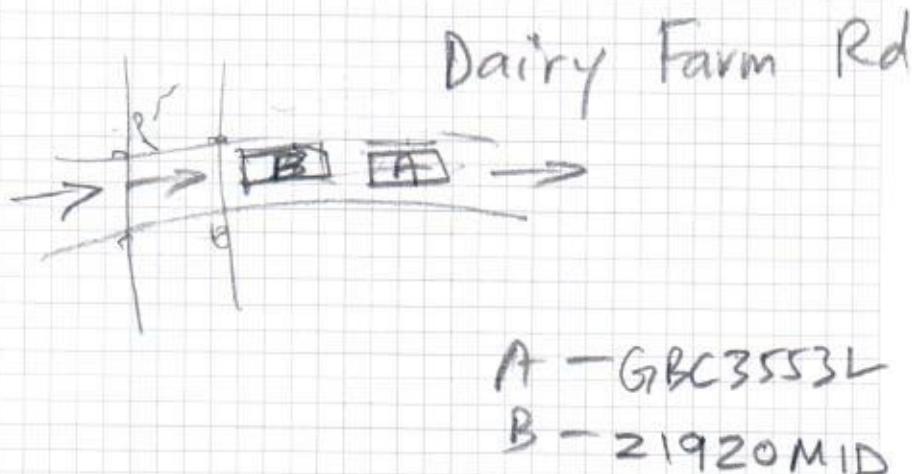


Policyholder's Signature
Date & Time:

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

24/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Dairy Farm Rd.
When Vehicle A slow down suddenly Vehicle B
hit on Vehicle A rear portion.

DECLARATION

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



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.:

Tan Gek Chai

24/5/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2572484D



Name

TAN GEK CHUI

陳 玉 水

Race

CHINESE

Date of birth

26-07-1965

Sex

M

Country of birth

MALAYSIA

9126535



NRIC No. S2572484D



Nationality

MALAYSIAN

Date of issue

23-05-2011

Address

APT BLK 107 TOWNER ROAD
#04-352
SINGAPORE 321107

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2572484D

Name

TAN GEK CHUI

Birth Date 26 Jul 1965

Issue Date 14 Apr 2014



002293424K

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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc

26 Jun 1937

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

30 Dec 1939



Licence No: S2572484D

NP 428A

PROCEDURE TO FOLLOW AFTER ACCIDENT INVOLVING
BETWEEN MINDEF AND CIVILIAN VEHICLES

Dear Potential Claimant,

We refer to your vehicle no. GBC3553L involving MID 2/920M10 on 23/5/18

In order to speed up the claim process, we would appreciate if you could follow the procedure:

1. To contact LKK Auto Consultant Pte Ltd (LLP) immediately after the accident and provide all claim document to LKK.
2. LKK claims staff will liaison with you for the claim procedure.

If you have any enquiry, please contact us at Tel no: 6256 3561 (Ext. 101 & 115) / Fax: 6841 6315.

Motor Claims Section
LKK Auto Consultant Pte Ltd
51 Ubi Avenue 1, #01-25 Paya Ubi Industrial Park S(408933)



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

KZ300/C
N SN
AN0101A
COMPREHENSIVE
AUTOSAFE

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)

ORIGINATOR: DMCVSN3005671800 Engine No: 4K42A85419
Chassis No: FB70BBA20300
Make and Registration: GEC15531
Name of Vehicle: GEC15531
Name of Policy Holder: M/S JOE LI ELECTRICAL INDUSTRIES PTE LTD
Date of the Commencement of Insurance for: 03 MARCH 2018
Rate of the Regulations, Ordinance or Enactment: \$5500.00
Date of Expiry of Insurance: 02 MARCH 2019
Rate of Expiry of Insurance: \$5100.00

**CERTIFIED
TRUE COPY**



Classes of Persons entitled to drive *

1. PERSONS WHO ARE DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

2. PERSONS WHO ARE DRIVING 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 RELATE FROM DRIVING THE MOTOR VEHICLE.

Exclusions to cover:

- 1. IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- 2. FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- 3. FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- 4. WHICH DOES NOT COVER:
- 5. FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- 6. WITHOUT DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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.

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.

Assigned By



Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6226 3562 Website: www.sg.cntaiping.com

Servicing Agent -
Winston Lim LG / LinYuan Enterprises
HP - 9488 9488 / Work - 6698 2521
Email: winstonlim@linyuan.com.sg