

NATIONAL Assessment Centre Services

Unit 1 (1000)

MINA48569750

Date In: 30/05/2018 09:56
 Ref No: NGA/009694/Y
 Veh No: YK 6955B
 DOA: 28/05/2018 09:15
 OD: TPV Reporting Only
 TP Insured:

Job description	Date & Time Completed	Done by
SAD e-filing		
E-mail (write this, not date)		
E-motor Claim Form		
E-motor Y/O (write in date, not time)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VK		

Proposed Wksp / INC Assign Wksp / OW: ()
 TP Policyholder: ()
 Owner / Driver: ()
 Policy No: ()
 Confirmed by: ()
 Insured/Driver Liability: () % (Note: BIL Status (WO): NI 0.29%, PI 21.79%, PI 80.100%)
 Year of Registration: ()
 Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
 () Work in progress / Customer's information strictly confidential & strictly NO (date of repair)
 () Total Loss Case - to e-mail insurer URGENTLY
 Drive-In () / Towed-In () / Invoiced: YES () / NO () / Towing Cost: ()

- Remarks: ()
 1) Apply for Damage Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
 Other: ()

NA1803399
 Driver/Owner:
 Policy No:
 Insured Portion:
 Checked by (Sign-In-Check):
 Comments:

Invoice Preparation Checklist	Done
1) AR Accidental Reporting (300)	
2) DA Damage Assessment (300) INC 61	
3) TP Towing Fee	
4) PT Follow Through Survey	
5) FT Follow Through Survey (Assessment)	
6) TRIA Invoicing	
7) NI (W/OA) SMART Survey	
8) NTUC Additional Policy (000)	
9) NI (W/OA) Towing Allowance	
10) NI Repair Coordination	
11) NI Post Repair Inspection	
12) NI OY / Collar / Utility Coordination	
13) NI (W/OA) TP (W/OA) / Rental INC	
14) NI (W/OA) Details	
Invoiced date	Not Checked

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	30/05/2018 09:56
Date Of Accident	28/05/2018 09:15
Exact Location Of Accident	AT 32 JALAN KILANG BARAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK6955B
Insured/Policyholder	
Name Of Registered Owner	SIM LEE HENG INVESTMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93494699
Alternative Phone No	OFFICE-62700960

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0082641701
Cover Note Number	

Driver

Name of Driver	YAU KIM THAI
NRIC No	S0954364C
Date Of Birth	27/09/1947
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1969
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93494699
Fax Number	
Contact Number	OFFICE-62700960
EMail Address	NOEMAIL

Address	BLK 102 POTONG PASIR AVENUE 1 #08-342
Postcode	1335
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

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	SJG9324B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

JIM LEE HENG INVESTMENTS PTE LTD
32, JALAN KILANG BARAT
(OFF JALAN BUKIT MERAH)
SINGAPORE 159354
TEL: 6270 0930 FAX: 6270 0986

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

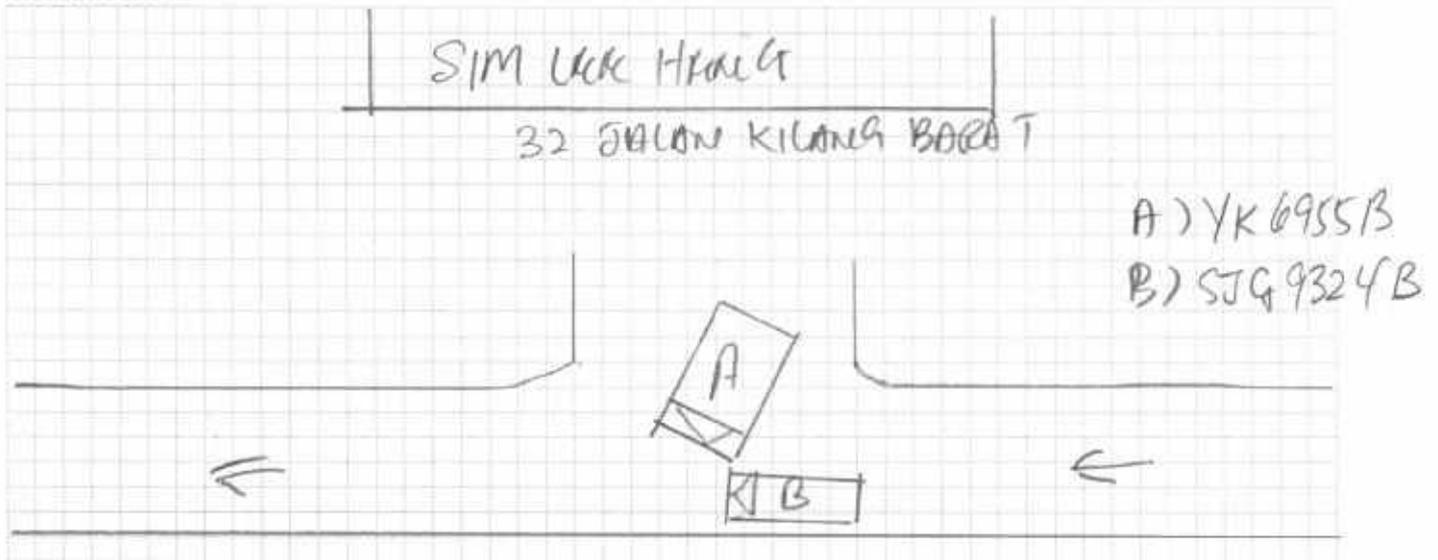
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/05/2018 AT ABOUT 09:15HRS I WAS AT MY COMPANY NO: 32 JALAN KILANG BARAT & WANTED TO GO OUT FOR DELIVERY AT THE GATE OF MY COMPANY I LOOK FOR THE ON COMING VEHICLE, WHEN THE ROAD CLEAR, I MOVE OUT. SUDDENLY A CAR SJG 9324B CAME FROM NO WHERE & CROSS AGAINST THE FRONT OF MY LORRY THAT ALL-

DECLARATION

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

JIM LEE HENG INVESTMENTS PTE LTD
 32, JALAN KILANG BARAT
 (OFF JALAN BUKIT MERAH)
 SINGAPORE 159384
 TEL: 6270 0930 FAX: 6270 0986

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

[Signature] 28/05/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: *[Signature]*

ACCIDENT STATEMENT

ACCIDENT DATE: 28/05/2018 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: Jalan Klang Barat

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YK 6955 B
- b) INSURANCE COMPANY: AWA
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LOBBY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY): _____

2. INSURED / POLICY HOLDER

- a) NAME: SIM LEE HONG INVESTMENT (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 62700966
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

3. DRIVER

- a) NAME: YAU KIM THAI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 90954364C CONTACT: 93494699
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJG 9324B 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: _____

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL :
2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0954364C



Name

YAU KIM THAI

姚金泰

Race

CHINESE

Date of Birth Sex

27-09-1947 M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0954364C

YAU KIM THAI

Exp. Date 27 Sep 1947

Issue Date 04 Jun 2003



1714040



NRIC No S0954364C



Blood Group Date of issue
O+ 22-02-1994

Address
APT BLK 102 POTONG PASIR AVENUE 1
#05-342
SINGAPORE 1335

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

Class 2 Motor cars \leq 2000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

18 Aug 1968

S0954364C

S / No. 9000169663

NP 42



CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS.

CERTIFICATE No. AVCP5B0082641701 ChaNo: FEB21EA10233

1. Index Mark and Registration Number of Vehicle YK 6955 B

2. Name of Policyholder SIM LEE HENG INVESTMENTS PTE LTD

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 21 August 2017

4. Date of Expiry of Insurance 20 August 2018

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
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.

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.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. 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 ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)

