

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA/1804225

Date In: 29/06/2008 14:52	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI/1801/903/Y	SAS e-filing		
Veh No: YP 1410m	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/2008 19:00	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: SKA 67142

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

NA/1804225

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

Amt (\$) 1st Bill

Amt (\$) 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) 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 (Non INC) against INC \$20

9) N12: Idao Mobile \$0

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 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	29/06/2018 14:52
Date Of Accident	28/06/2018 19:00
Exact Location Of Accident	NO. 2 INDUS ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1410M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THREETREE LOGISTICS & SOLUTIONS PTE LTD
Co Reg No	-
Email Address	TUNGSHIEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96831195
Alternative Phone No	OFFICE-96831195

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	DMCVSN1805961800
Cover Note Number	

### Driver

Name of Driver	LEE TUNG SHIEN @ ANDREW LEE
NRIC No	S8184166G
Date Of Birth	17/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96831195
Fax Number	
Contact Number	OTHERS-96831195
Email Address	TUNGSHIEN@HOTMAIL.COM



Address	BLK 130 BUKIT MERAH VIEW #15-338
Postcode	150130
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 PARKED VEHICLE
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	SKA6714Z
Vehicle Make/Model/Colour	MERCEDES BENZ E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADARSH RAJA
NRIC/Passport Number	S9572641J
Contact Number	90055914
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:

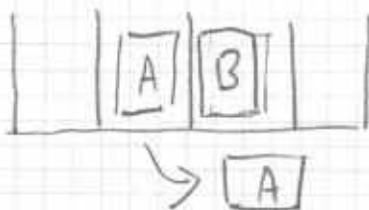
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

NO 2 Taurus Road Carpark



A) YP1410M

B) SKA 6714Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The on 28/06/2018 at 1900hrs I was at NO. 2 Taurus Road Carpark & wanted to do delivery I turn to fast & my lorry hit the car that park in front to my lorry.

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:



# ACCIDENT STATEMENT

ACCIDENT DATE: (28/06/2018) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: 2, Indus Rd, S16 9586

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YR1410M  
 b) INSURANCE COMPANY: China Taipei  
 c) POLICY NUMBER: DMCVSN1805961800  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mitsubishi Canter  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Deliver  
 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: THREKTRAK LOGISTICS & SOLUTIONS Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Lee Tung Shien (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9181166 CONTACT: 96831195  
 c) ADDRESS: 2, Indus Rd, Emerald park, Geylang Town 2  
 #01-03

\*d) DATE OF BIRTH: (17/09/1951) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/6/8

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: SKA6714Z MODEL: Mercedes E200  
 b) DRIVER'S NAME: Anders Raj  
 c) NRIC/FIN/PASSPORT: S95 72641J CONTACT: 90055914

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\*No of passenger  
 (including driver)

(1)

\*No of passenger  
 (including driver)

(0)

\*No of passenger  
 (including driver)

( )

Email = tungshien@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8184166G



Name

LEE TUNG SHIEN  
@ANDREW LEE

李 东 贤

Race  
CHINESE

Date of birth  
17-09-1981

Sex  
M

Country of birth  
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8184166G

Name

LEE TUNG SHIEN  
@ANDREW LEE

Birth Date 17 Sep 1981

Issue Date 09 Jun 2008



001612190F



8088330



NRIC No. S8184166G

Date of issue  
30-05-2012

Address

APT BLK 130 BUKIT MERAH VIEW  
#15-338  
SINGAPORE 150130

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 cc	10 May 2008
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 May 2008



Licence No: S8184166G

NP 428A

## ORIGINAL

## THE SCHEDULE

Agency	AN0633A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number	DMCVSN1905961800
Account	AN0633A	Issued on	23/02/2018 in SINGAPORE		
Client	3216969	Acceptance Date	21/02/2018		

Period of Insurance from 13/03/2018 to 28/02/2019, both dates inclusive

Insured's Name	M/S THREETREE LOGISTICS & SOLUTIONS PTE LTD
Address	1093 LOWER DELTA ROAD
	#05-15/16
	SINGAPORE 169204

Business/Occupn... GENERAL WHOLESALE

Financial interest MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Premium	Base Annual Premium	\$2,321.43		
	Less 30% AutoSafe Scheme	\$696.43		
	Windscreen @ \$2,000.-	\$100.00		
	Total Annual Premium	\$1,725.00	Premium Due	\$1,668.29
			Premium GST	\$116.78
			Total Due	\$1,785.07

Risk No. 001	MOTOR COMMERCIAL VEHICLE		
	ORIGINAL REGN DATE: 29.02.2016		
1. Registration	YP1410M	Make/Model	mitsubishi CANTER FEB21ER4SDEB (CB
Type of Cover	Comprehensive	No. of seats	2 Body Type VAN
Engine No.	4P10B98373	Capacity cc's	0 Yr of Manuf/Regn 2015/2016
Chassis No.	FEB21EA20145		
	Tonnage	2.78	Certificate Ref. MZ301/C
Sum Insured	Market value at the time of loss		
Excess Sect I	\$450.00		
EX ON WINDSCREEN	\$100.00		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 &amp; W(\$2,000/-).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of \$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 65 years old and above (Age as at Date of Accident).

Once this \$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-