

NATIONAL Assessment Centre Services

[ref: 1 Jan 05]

MMA 118085782.

Date In: 3/7/18 16:14	Jcb description	Date & Time Completed	Done by
Ref No: MA/CTI 18012074164	SAS e-filing		
Veh No: SGP 9990R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/6/18 15:45	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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:

SKU 8314B.

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

MA 1804185

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

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

30.00

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

Driver/Owner:

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

Contact No:

4) FT: Follow-Through Survey \$120

Damaged Portion:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming assist INC Only (wef 10 Jan 2005)

QC Checked by (Engr-In-Charge):

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Auditors' Comments:-

9) N12: Idao Mobile \$30

Ref: 1

*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

Ref: 2/3

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	03/07/2018 16:14
Date Of Accident	29/06/2018 15:45
Exact Location Of Accident	AYE EXIT 2B TO KEPPEL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGP9990R

Insured/Policyholder	
Name Of Registered Owner	MR LAU CHEE HERNG
NRIC No	S7509178H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96989990
Alternative Phone No	OFFICE-96989990

Vehicle Particulars	
Manufacturer	BMW
Model	740LI 3.0L A/T ABS D/AB 2WD 4DR HID SR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3038241705
Cover Note Number	-

Driver	
Name of Driver	LAU CHEE LENG
NRIC No	S7217335Z
Date Of Birth	17/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96989990
Fax Number	
Contact Number	
Email Address	CHEELENGLAU@YAHOO.COM

Address	BLK 3 QUEEN'S RD #07-149
Postcode	260003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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 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	SKU8314B
Vehicle Make/Model/Colour	HONDA STREAM
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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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.:

A = SGP 9990R
B = SKU 8314C.

AYE Exit 2B to Keppel Rd

Please Refer to statement

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

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

I WAS TRAVELLING ALONG AYE EXIT 2B TO THE KEPPEL RD AT THE MERGING LANE, VEH B WAS COMING FROM THE KEPPEL SUDDENLY CUT INTO MY LANE. AS THE RESULT, VEH B LEFT SIDE HIT ONTO MY VEH RIGHT HAND SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (29/6/18) (DD/MM/YYYY), TIME: (15:45) (HH:MM)

LOCATION: Keppel AYG Exit 2B to Keppel Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 9990R.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: Private use
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: Mr Lau chee Herug (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96989990.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lau chee Leng. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sibling.

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: SKU 8314 B. MODEL: Honda Stream.
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 = cheelenglau@yahoo.com.
fax = 67439006.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7217335Z**
Name: **LAU CHEE LENG**

Birth Date: **17 May 1972**
Issue Date: **22 Apr 2005**

0013371408



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7217335Z**

Name: **LAU CHEE LENG**
劉志龍

Race: **CHINESE**
Date of birth: **17-05-1972**
Country/Place of birth: **SINGAPORE**

Sex: **M**



RECEIVED IN THE FOLLOWING DATE

20/Mar/1989

5543907


NRIC No: **S7217335Z**


Date of issue: **09-12-2015**

**APT BLK 3 QUEEN'S ROAD #07-149
SINGAPORE 260003**

NRIC No: **S7217335Z** Date: **13/07/2017**



MOTOR PRIVATE CAR

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1E
R SN
AN0076A
Cov.Type: C

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)

ORIGINAL

CERTIFICATE No.	DMPCSN3038241705	Engine No :09257443N54B30A ChaNo:WBAK842080CY83199
1. Index Mark and Registration Number of Vehicle	SGP9990R	
2. Name of Policy Holder	MR LAU CHEE HERNG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 September 2017	Named Drivers Ex Sect. I S\$1,500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	31 August 2018	
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his 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:*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year. HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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.

Issued By: G & C. GENERAL INS. AGENCY
Authorised Officer

.....
Authorised Signatory