

NATIONAL Assessment Centre Services

Ref: 1 Jan 05 MNA 118135253

Date In: 18/10/18-12:41	Job description	Date & Time Completed	Done by
Ref No: NA 13218018935/24	SAS e-filing		
Veh No: GDE132C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/10/18-10/10	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: JFCM0H 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% 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)

Remarks	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

NA1806682

Claimant's Particulars:-	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	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: Idac 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 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. 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	18/10/2018 12:41
Date Of Accident	17/10/2018 11:10
Exact Location Of Accident	SLIP RD BUANGKOK E DR TWDS TAMPINES RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE132C
Insured/Policyholder	
Name Of Registered Owner	LAI CONTRACTOR RENOVATION
Co Reg No	53308359A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98593929
Alternative Phone No	OFFICE-98593929
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000981
Cover Note Number	
Driver	
Name of Driver	KOH LAI SENG
NRIC No	S2646273H
Date Of Birth	22/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98593929
Fax Number	
Contact Number	OFFICE-98593929
Email Address	NOEMAIL

Address	BLK 615 BEDOK RESERVOIR ROAD #10-1222
Postcode	470615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	2
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED SLIP RD BUANGKOK E DRIVE TWDS TAMPINES RD AS THERE WAS INCOMING TRAFFIC ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SLF9110H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NELSON
NRIC/Passport Number	
Contact Number	84810715
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

LAI CONTRACTOR RENOVATION
REG. NO.: 53308358A
615 BEDOK RESC. WOOD ROAD #10-1222
SINGAPORE 470615

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

Tempines Rd

A: GBE132C

B: SLF910A

The sketch plan shows a road intersection. A road labeled 'Tempines Rd' runs horizontally. A road branches off to the right, indicated by a dashed line. A vehicle labeled 'A' is positioned at the intersection, and a vehicle labeled 'B' is positioned further along the branching road. The vehicles are represented by rectangles with diagonal lines.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

A large rectangular area with horizontal lines for describing the circumstances of the accident. A diagonal line is drawn across the middle of this area.

DECLARATION

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

LAI CONTRACTOR RENOVATION
REG. NO.: 53300259A

615 B... ROAD #10-12...
SINGAPORE 470015
HP: 9859 3923

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2646273H**



Name
KOH LAI SENG
邱來勝

Race
CHINESE

Date of birth
22-06-1965

Country/Place of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2646273H**

Name
KOH LAI SENG

Birth Date: **22 Jun 1965**

Issue Date: **04 Mar 2003**



9355676



NRIC No. **S2646273H**



Nationality
MALAYSIAN

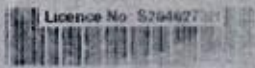
Date of issue
10-01-2015

Address
**APT BLK 615 BEDOK RESERVOIR ROAD
#10-1222
SINGAPORE 470615**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	27 Dec 1994
Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Dec 19

Licence No. **S2646273H**



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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0000981

COVER: Comprehensive

- | | |
|---|-----------------------------|
| 1. Index Mark and Registration Number of Vehicle | : GBE132C |
| Chassis No | : KDY2318020564 |
| 2. Name of Policyholder | : LAI CONTRACTOR RENOVATION |
| 3. Effective date of Insurance | : 14 Aug 2018 |
| 4. Expiry date of Insurance | : 13 Aug 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*

- 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

- a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
- b) Use whilst 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.

Excess Sect I: SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : Tai Thong Lee Trading Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000050/Sunmex Enterprise

Date of Issue : 26/07/2018 11:12:10

MZ300C (GOODS CARRYING)

COMPANY

For India International Insurance Pte Ltd



R. Ravindra Kumar
MD & CEO

SUNMEX ENTERPRISE

8 ENGGOR STREET

#24-02

SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698