

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MMA 118139349

Date In: 26/10/18 16:47	Job description	Date & Time Completed	Done by
Ref No: NA1GA218019558164	SAS e-filing		
Veh No: XE 41585	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/10/18 11:20	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:

SIP 3718R

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)

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


NA1806939

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

1) AR: Accident Reporting (\$30);	20.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: 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 \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N11 INC) against INC \$20		
9) N12: Idac Mobile 30		

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 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	26/10/2018 16:47
Date Of Accident	25/10/2018 11:20
Exact Location Of Accident	JUNC OF AMK AVE 5 TWDS BUANGKOK GREEN & YIO CHU KG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE4158S
Insured/Policyholder	
Name Of Registered Owner	HAN PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97352401
Vehicle Particulars	
Manufacturer	SCANIA
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007905-00-000
Cover Note Number	-
Driver	
Name of Driver	LEE CHING FONG(LI QINGFENG)
NRIC No	S8020166D
Date Of Birth	26/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97352401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 389 YISHUN AVE 6 #02-1048
Postcode	760389
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 - CROSS JUNCTION
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?	YES
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)	3
Passenger 1	NAME: : SABAPATHY SATHEESH KUMAR GENDER: : MALE
Passenger 2	NAME: : NGUYEN VAN LINH GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SJP3718R
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)

#### DETAILS OF INJURED PERSON 1

Name LEE CHING FONG(LI QINGFENG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? XE4158S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SABAPATHY SATHEESH KUMAR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? XE4158S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name NGUYEN VAN LINH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? XE4158S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



## 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.:

Refer To Police Report

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

Date & Time:

Date &amp; Time:

Name:

NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 10 / 2018 (DD/MM/YYYY), TIME: 11 : 20 (HH:MM)

LOCATION: Junction of Ang Moh Kio Ave 5 towards Buangkok green & Yio Chu Kang Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE 4158S  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Scania  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / 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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: Lee Ching Fong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8020166D CONTACT: \_\_\_\_\_  
c) ADDRESS: BK 389 Yishun Ave 6 #02-1048 (S) 760 389

\* d) DATE OF BIRTH: 26 / 6 / 1980 (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: \_\_\_\_\_

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: SJP 371BR MODEL: Honda  
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: \_\_\_\_\_

\* No of passenger  
(including driver)  
(02)

male  
① Saba pathy sathesh  
kumar

male  
② Nguyen Van linh

\* No of passenger  
(including driver)  
(02)

\* No of passenger  
(including driver)  
( )

Email = ric060autoservices@gmail.com

fax = 6286 7060





**SINGAPORE  
POLICE FORCE**



T/20181025/2064

Police Station Of Origin:  
Hougang N.P.C.  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No: T/20181025/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2018 13:13	Vide Report No.: F/20181025/0107	Station Diary No.: 45
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**Informant's Particulars**

Name of Informant: LEE CHING FONG			Address: APT BLK 389 YISHUN AVENUE 6 #02-1048 SINGAPORE 760389	
ID Type / ID No.: NRIC NO / S8020166D			Contact No.: Home/Office: Mobile: 97352401	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 26/06/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TRUCK DRIVER			Driving Licence Information: Class: 3.4	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2018 11:20	Type of Location:
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 YIO CHU KANG ROAD junction of ang mo kio avenue 5 towards buangkok green and yio chu kang road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP3718R	Car	HONDA			Seriously Damaged	1
XE4158S	Lorry	SCANIA			Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	





**SINGAPORE  
POLICE FORCE**



T/20181025/2064

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No: T/20181025/2064

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE CHING FONG		ID No	S8020166D
Related Vehicle	XE4158S (Lorry)		Contact No	97352401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 25/10/2018 at about 1120hrs, I am driving my lorry (XE4158S) along ang mo kio ave 5 towards buangkok green on the extreme left lane. At the junction of yio chu kang road suddenly a car bearing (SJP3718R) make a right turn on to yio chu kang road toward jalan kayu. I wish to inform that the traffic light was green at the point of time. When I saw the vehicle I was unable to break in time hence the front of lorry collided onto the left side of the vehicle. I then alighted from my lorry to make a check on the other party. I then called for police assistance.

The damages is on the front vehicle. The other party vehicle left side door was seriously dented.

Traffic police attended to us. F/20181025/107. The driver and passenger was conveyed by the ambulance. I do not have the particulars of the driver and the passenger.

I wish to add on that there are two passenger 1. G3383786R Sabapathy and 2. Nguyen van Linh in the lorry with me at the point of time. I am unsure whether they are injured.





**SINGAPORE  
POLICE FORCE**



T/20181025/2064

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20181025/2064

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE JIA YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/10/2018 13:13

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8020166D



Name

LEE CHING FONG  
(LI QINGFENG)



李 秦 峰

Race

CHINESE

Date of birth

26-06-1980

Sex

M

Country of birth

SINGAPORE





4621676



NRIC No. S8020166D



Date of Issue

26-08-2010

Address

APT BLK 389 YISHUN AVENUE 6  
#02-1048  
SINGAPORE 760389



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8020166D

Name:

LEE CHING FONG  
(LI QINGFENG)

Birth Date: 26 Jun 1980

Issue Date: 18 Sep 2007



001529829B



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

Class 3

Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

Class 4

Heavy motor cars and motor tractors  $>$  2500 kg

PAGE DATE

18 Sep 2007

19 Dec 2007

S8020166D

S / No. 9000075572

Licence No: S8020166D



N-426A



## 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)

### Policy Details

Certificate Number	: MOMVC000007905-00-000	Cover	: Commercial Vehicle (Comprehensive)
Policyholder Name	: Han Pte Ltd	Chassis Number	: YS2P4X20005488193
NCD Entitlement	: Nil	Engine Number	: DC09133L017046527
Hire Purchase	: N/A	Registration Number	: XE4158S
Period of Insurance	: From 25/06/2018 (00:00) To 24/06/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

### Limitations as to Use

a) Use in connection with Policyholder's business

b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business

This Policy does not cover:

a) Use for Hire and Reward

b) Use for racing, pace making, reliability trial or speed testing

\* 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 (Section 1) : SGD 3,000.00

Excess (Section 2) : N/A

Windscreen Excess : SGD 500.00

ADDITIONAL EXCESS : Please refer overleaf

### Driver Details

Named Driver 01 : Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary : Quakes Agency Pte Ltd

Date of Issue : 28/06/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

niow