

# NATIONAL Assessment Centre Services. [ver 1 Jan'03]

Date In: 30/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/C7E1802/1613/13	SAS e-filing		
Veh No: GBE189J	E-incident (within 3hrs, AIC 2hrs)		
BOA 29/11/18 1310	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Incident:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBE18904P

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 repaler.

( ) 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

( ) Apply for Transport Allowance ( ) / Courtesy Car ( )

( ) QC Check / Post Repair Inspection ( )

( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time	Actions

NA1807976	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
	1) AR: Accident Reporting (\$30);		
	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	30/11/2018 16:13
Date Of Accident	29/11/2018 13:10
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE AFT WOODLANDS LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF189J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S NK CERAMIC PTE LTD
Co Reg No	200306213C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67533773

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3036561800
Cover Note Number	

### Driver

Name of Driver	LOK LAI SNAN
NRIC No	S8580958Z
Date Of Birth	14/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83159760
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 719 WOODLANDS AVE 6 #04-634
Postcode	730719
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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

PLS REFER TO THE 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	GBE8904P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ6964J
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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

### 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 Authorized Driver.
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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 (c) 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.

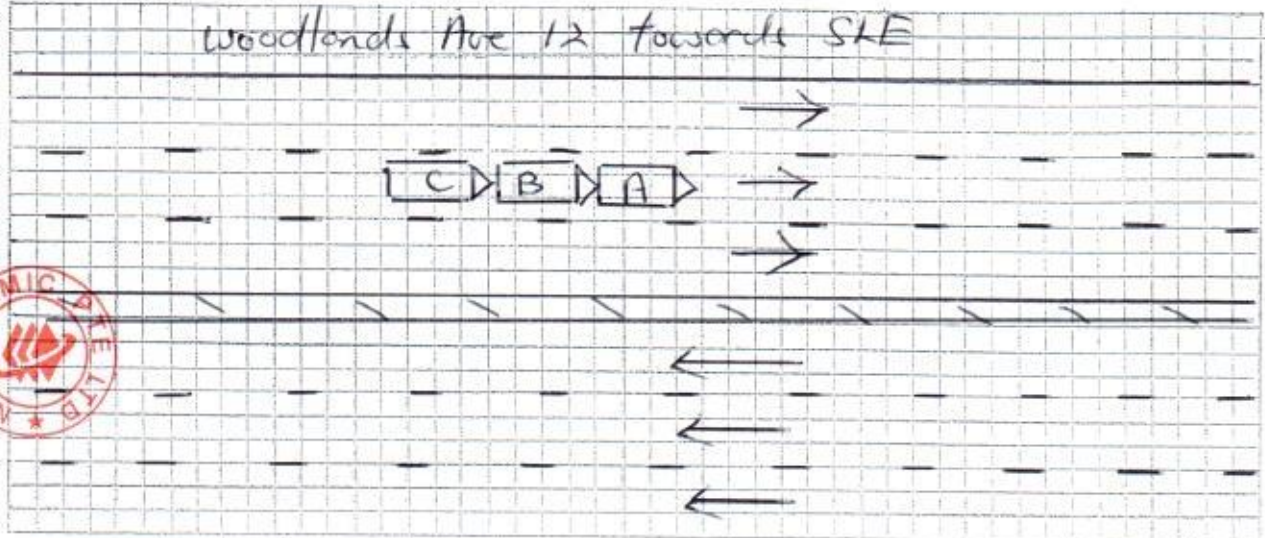


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/2018 at about 1310 hrs at Woodlands Ave 12 towards SLE after Woodlands Lane. I was travelling on the centre lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

(A) GBF 189 J  
(B) GBE 8904 P  
(C) SLJ 6964 J

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

I/We declare that the 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:



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 29/11/2018		Time: 1310hrs		(hh:mm) 24 hr format	
Location At Woodlands Avenue 12 towards SLE after woodlands lane					
Vehicle Number GBF 189J					
Insured Name M/S NK Ceramic Pte Ltd					
NRIC / FIN 200306213C		Contact Number 6753 3773			
Make Nissan		Model NV200			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company China Taiping					
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number PMC VJN 3036561800					
Name of Driver LOK Lai Shan				( ) Same as Insured	
NRIC / FIN SP5P095PZ		Contact Number 8315 9760			
Date of Birth 14 Oct 1985					
Driving Pass Date 03 May 2016					
Occupation ( ) Indoor ( / ) Outdoor					
Gender ( ) Male ( / ) Female					
Email Address				( / ) NO EMAIL	
Address of Driver Blk 719 Woodlands Avenue 6 #04-634 S(730719)					
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( ) Clear ( / ) Raining ( ) Others					
Road Surface ( ) Dry ( / ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( ) Yes ( / ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( ) Yes ( / ) No					
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B		GBE 8904P			
Veh C		SLJ 6964J			
Veh D					
Veh E					
Veh F					

1 person including driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8580958Z



Name  
LOK LAI SNAN

駱 莉 珊

Race  
CHINESE

Date of birth  
14-10-1985

Sex  
F

Country of birth  
MALAYSIA

S8580958Z

Driver GBT 189J

9130183



NRIC No. S8580958Z



Nationality  
MALAYSIAN

Date of issue  
24-06-2011

APT BLK 719 WOODLANDS AVENUE 6 #04-634  
SINGAPORE 730719

NRIC No: S8580958Z Date: 05/02/2017



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

 Licence Number: **S8580958Z**  
Name: **LOK LAI SNAN**  
Birth Date: **14 Oct 1985**  
Issue Date: **03 May 2016**

 002563448D


Driver GBT 189J

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

	<b>EFFECTIVE DATE</b>
<b>Class 3</b> Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	<b>03 May 2016</b>

NP 428A

Licence No: S8580958Z



**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)

CERTIFICATE No.	DMCVSN3036561800	Engine No :K9KC400D055583	Chassis No:VSKYBAM20Z0126170
1. Index Mark and Registration Number of Vehicle	GBF189J		
2. Name of Policy Holder	M/S NK CERAMIC PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 JUNE 2018	EX SECT. I .....	S\$450.00
		EX ON WINDSCREEN .....	S\$100.00
4. Date of Expiry of Insurance	01 JUNE 2019		

**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: \***

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

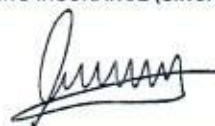
THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

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.



Countersigned By:

Authorised Officer

Authorised Signatory