

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA 118 N 6597

Date In: 4/12/18-09:36	Job description	Date & Time Completed	Done by
Ref No: NA/118/21869/24	SAS e-filing		
Veh No: AM1111B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/12/18-14:30	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: 40576602	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

NA807902	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Int. 1:	9) N12: Idac Mobile 30		
Int. 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 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	04/12/2018 09:36
Date Of Accident	01/12/2018 14:30
Exact Location Of Accident	BLK 301 UBI AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AM1111B
Insured/Policyholder	
Name Of Registered Owner	LAU KIM BUCK @ LAU ZHANG DE
NRIC No	S1358427C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96951515
Alternative Phone No	OFFICE-96951515

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX 500
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

MOTORCYCLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100433122-03

Cover Note Number

Driver

Name of Driver	LAU KIM SOON
NRIC No	S1255662D
Date Of Birth	17/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83888324
Fax Number	
Contact Number	OFFICE-83888324
Email Address	NOEMAIL

Address	BLK 897A TAMPINES STREET 81 #12-704
Postcode	521897
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181202/2058.

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	GBE7660Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUI CHEE GUAN
NRIC/Passport Number	F7616684Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LAU KIM SOON

Approximate Age

Injuries Sustain RIGHT LEG

Injured person in which vehicle? AM1111B

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance? NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

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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:

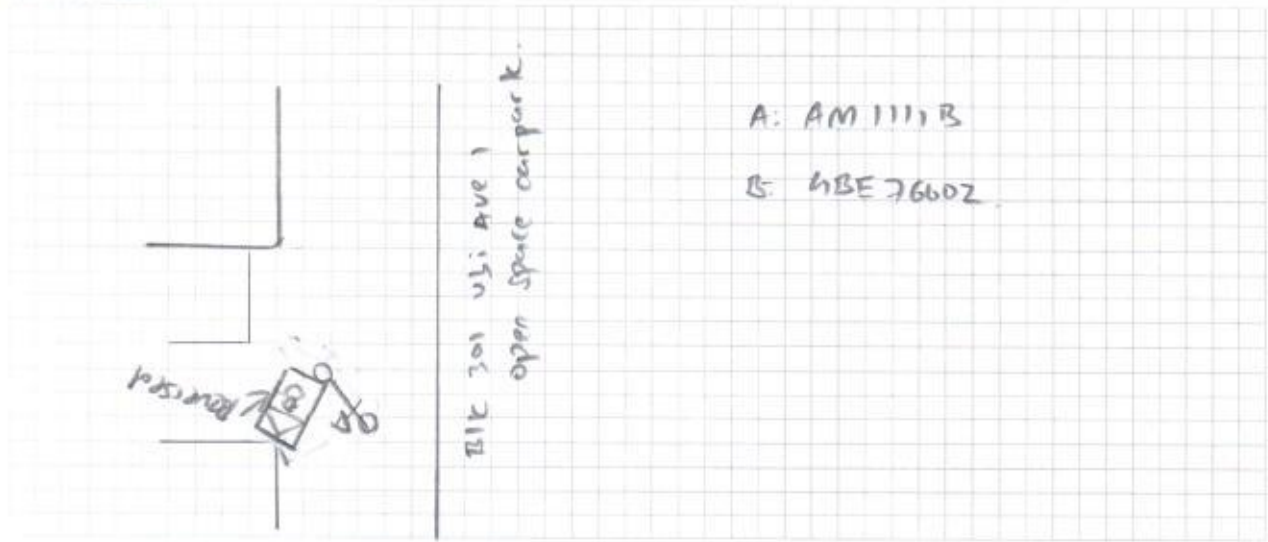
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20181102/2058.

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.:



**SINGAPORE
POLICE FORCE**



T/20181202/2058

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181202/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2018 16:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAU KHIM SOON			Address: 3005 UBI AVENUE 3 #01-56 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408861		
ID Type / ID No.: NRIC NO / S1255662D			Contact No.: Home/Office: Mobile: 83888324		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 17/03/1957	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ALUMINIUM WORKMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2018 14:30	Type of Location: Car Park
Location: Along Road 1 UBI AVENUE 1 BLK 301 OPEN AIR CARPARK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AM1111B	Motorcycle	YAMAHA	TMAX 500	White		0
GBE7660Z	Lorry	TOYOTA	DYNA 3.0 M	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181202/2058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181202/2058

CONTINUATION OF REPORT

Rider			
Name	LAU KHIM SOON	ID No.	S1255662D
Related Vehicle	AM1111B (Motorcycle)	Contact No.	83888324
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HUI CHEE GUAN	ID No.	F7616684Q
Related Vehicle	GBE7660Z (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING THE MOTORCYCLE AM1111B, TURNING RIGHT IN THE BLK 301 CARPARK, HEADED TO THE GANTRY TO EXIT. A LORRY, GBE7660Z WAS TRYING TO REVERSE INTO A PARKING LOT ON MY LEFT AT THE SAME TIME I TURNED RIGHT. I HORNED AT THE LORRY WHICH MADE THE LORRY STOP FOR A WHILE BEFORE I STARTED TO MOVE AGAIN. JUST AS I STARTED RIDING TOWARDS THE GANTRY, THE LORRY STARTED REVERSING ONTO ME WHICH SPOILED THE RIGHT REAR EXHAUST OF MY MOTORCYCLE.

AFTER THE COLLISION, THE DRIVER ALIGHTED AND TALKED TO ME ABOUT PRIVATE SETTLEMENT. WE COULD NOT AGREE ON A PRICE SO THE OTHER DRIVER DECIDED THAT WE LODGE REPORTS AND CLAIM INSURANCE, TO WHICH I AGREED.

MY RIGHT LEG WAS HURTING AFTER THE ACCIDENT SO I WENT TO MOUNT ALVERNIA HOSPITAL AND WAS GRANTED OUTPATIENT SICK LEAVE FOR 4 DAYS UNTIL 05/12/2018.



**SINGAPORE
POLICE FORCE**



T/20181202/2058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181202/2058

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/12/2018 16:02

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1255662D



Name
LAU KHIM SOON



Race
CHINESE

Date of Birth
17-03-1957

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1255662D**

Name
LAU KHIM SOON



Birth Date: **17 Mar 1957**

Issue Date: **04 May 2015**

002411564D




1658529



NRIC NO. **S1255662D**



Blood Group
B+

Date of issue
04-02-1994


Address
**APT BLK 897A TAMPINES STREET 81
#12-704
SINGAPORE 1852**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	12 Mar 1976
Class 2A Motorcycles between 201 cc and 400 cc	12 Mar 1976
Class 2 Motorcycles > 400 cc	12 Mar 1976
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	16 Jan 1976

NP 428A

Licence No: S1255662D



CERTIFICATE OF INSURANCE

MOTORCYCLE THIRD PARTY FIRE AND THEFT MOTORCYCLE

Name of Policyholder : LAU KIM BUCK @ LAU ZHANG DE
 Period of Insurance : 28 Oct 2018 To 27 Oct 2019
 Engine No. : J406E082324
 Chassis No. : JYASJ061000054738

Vehicle No. : AM1111B
 Policy No. : 2100433122-03
 Endorsement No. :
 Issued Date : 24 Oct 2018

ABOUT THE COVER

Make/Model : YAMAHA TMAX 500
 Engine Capacity/Tonnage : 499.00 CC
 Driver Restriction : Named Driver Basis
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2011
 Insuring with COE/PAFF : Yes

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1:

Fire - \$500 Theft - \$500

Section 2:

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable):

LAU KIM BUCK @ LAU ZHANG DE - \$500 (Fire) \$500 (Theft), LAU KHIM SOON - \$500 (Fire) \$500 (Theft), Lau Wei Ming Alvin - \$500 (Fire) \$500 (Theft)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500458201

COWELL INSURANCE - MOTORCYCLE

6 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

89CA38