

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In <u>23/01/19</u>           | Job description  | Date & Time Completed | Done by |
| Ref No <u>NA/CTI/9001507/13</u>   | SAS e-filing   |                       |         |
| Veh No <u>XE1451P</u>             | E-mail (within 8hrs, AIC 2hrs)                         |                       |         |
| D.O.A <u>22/01/19</u> <u>1810</u> | i-Motor Claim Form                                     |                       |         |
| OD <u>TP</u> Reporting Only       | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |         |
|                                   | i-Photo Uploaded                                       |                       |         |
| TP Insurer                        | Assessment/Survey Report                               |                       |         |
|                                   | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( VISION AUTOWORK Tel: Fax: )

TP Particulars: Veh No: 5JJ4770M 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA/900760

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) iT: 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:-
- OP\*
- \*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 (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   | 23/01/2019 14:02                              |
| Date Of Accident   | 22/01/2019 18:10                              |
| Exact Location Of Accident   | WOODLANDS AVE 2 TWDS RIVERSIDE ROAD           |
| Country/State of Loss  | SINGAPORE                                     |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | XE1451P                                       |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | M/S LAI SOON KIM CONSTRUCTION PTE.LTD.        |
| Co Reg No  | 200907808H                                    |
| Email Address  | NOEMAIL                                       |
| Mobile Phone No  |   |
| Alternative Phone No   | OFFICE-62827201                               |
| Vehicle Particulars  |   |
| Manufacturer   | MITSUBISHI                                    |
| Model  | FUSO  |
| 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  | DMCVSN1711311801                              |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | LOH GUA BING                                  |
| NRIC No  | S1319829B                                     |
| Date Of Birth  | 03/07/1958                                    |
| Occupation   | OUTDOOR                                       |
| Date Of Driving Pass   | 01/11/1979                                    |
| Driving Experience   | 39 YEARS AND 2 MONTHS                         |
| Gender   | MALE  |
| Mobile Number  | (LOCAL) +65-98191513                          |
| Fax Number   |   |
| Contact Number   |   |
| Email Address  | NOEMAIL                                       |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 337 SEMBAWANG CRESCENT<br>#15-170 |
| Postcode  | 750337                                |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| 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         | SJJ4770M    |
| 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 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.



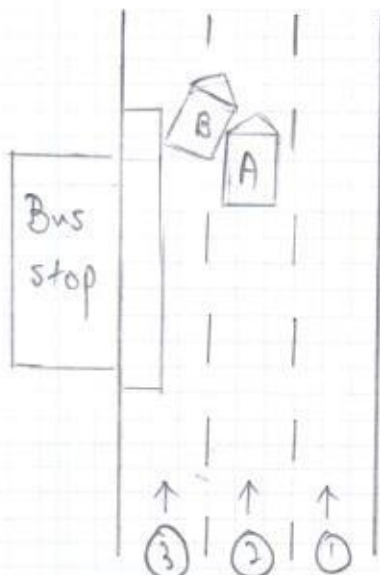
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



A = XE 1451 P

B = 5JJ 4770 M

Woodlands Avenue 2  
towards Riverside Road  
(In front BIK 370 Woodlands  
Avenue 2 Bus Stop)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## 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.:

On 22.01.19 at about 18:10 hours along Woodlands Avenue 2 towards Riverside Road (In front BLK 370 Woodlands Avenue 2 Bus Stop). I was travelling straight on the lane 2, suddenly I heard a loud bang and felt an impact.

When I alighted I realised it was vehicle (B) from left cut into my lane and collided onto front left hand side portion of my vehicle (A).

Vehicle (A): XE 1451P

Vehicle (B): SJJ 4770M



## SINGAPORE ACCIDENT STATEMENT

|   |  |  |  |                      |
|---|--|--|--|----------------------|
| Accident Date: 22/01/2019   |  | Time: 18:10                                      |  | (hh:mm) 24 hr format |
| Location Woodlands Avenue 2 towards Riverside Road.   |  |  |  |                      |
| Vehicle Number XE1451P.   |  |  |  |                      |
| Insured Name Lai Soon Kim Construction Pte Ltd  |  |  |  |                      |
| NRIC/FIN 2009078084   |  | Contact Number 6282 7201                         |  |                      |
| Make Mitsubishi   |  | Model FUSO FV51SD 2DEA.                          |  |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?  |  |  |  |                      |
| ( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting                            |  |  |  |                      |
| Insurance Company China Taiping   |  |  |  |                      |
| Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |  |  |                      |
| Policy Number DMCVSN1711311801  |  |  |  |                      |
| Name of Driver Loh Guo Bing   |  | ( ) Same as Insured                              |  |                      |
| NRIC/FIN S1319829B.   |  | Contact Number 98191513.                         |  |                      |
| Date of Birth 03/07/1958  |  |  |  |                      |
| Driving Pass Date 01/11/1979.   |  |  |  |                      |
| Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor   |  |  |  |                      |
| Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female  |  |  |  |                      |
| Email Address   |  | ( <input checked="" type="checkbox"/> ) NO EMAIL |  |                      |
| Address of Driver BLK 337 Sembawang Crescent  |  |  |  |                      |
| #15-170 Singapore 750337.   |  |  |  |                      |
| Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) 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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others                                 |  |  |  |                      |
| Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others   |  |  |  |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                   |  |  |  |                      |
| Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                                 |  |  |  |                      |
| If yes, injured detail  |  |  |  |                      |
| Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No                          |  |  |  |                      |
| Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report |  |  |  |                      |
| DETAILS OF 3 <sup>rd</sup> party  |  | Name / Nric                                      |  | Contact              |
| Veh B SJJ 4770M   |  |  |  |                      |
| Veh C   |  |  |  |                      |
| Veh D   |  |  |  |                      |
| Veh E   |  |  |  |                      |
| Veh F   |  |  |  |                      |

Driver Only.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1319829B



LOH GUA BING

羅 華 明

CHINESE

03-07-1958 M

SINGAPORE

XE1451P

Driver.

2072187



NRIC No. S1319829B

Band Group: Date of issue:  
AB+ 30-05-1994


APT BLK 337 SEMBAWANG CRESCENT #15-170  
SINGAPORE 750337

NRIC No: S1319829B

Date: 16/06/2011

No: 6826213

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S1319829B**  
 Name: **LOH GUA BING**  
 Birth Date: **03 Jul 1958**  
 Issue Date: **14 Feb 2003**

1000194681K

XE145IP  
Driver

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

|         |  | PASS DATE   |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms                                     | 16 Mar 1978 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms                                       | 01 Nov 1979 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7750 kilograms | 20 Nov 1979 |

NP 428A

Licence No: S1319829B

**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.  | DKCVSN1711311801   | Engine No : OM457LA457972C031144<br>Chassis No: FV51SJA10245      |
| 1. Index Mark and Registration Number of Vehicle   | XE1451F  |   |
| 2. Name of Policy Holder   | M/S LAI SOON KIM CONSTRUCTION PTE. LTD.  |   |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment   | 2 MARCH 2018   | EXCESS SECT I .....\$91,500.00<br>EX ON WINDSCREEN .....\$9100.00 |
| 4. Date of Expiry of Insurance   | 1 MARCH 2019   |   |
| 5. Persons or Classes of Persons entitled to drive *   | <p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS<br/>ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.</p> <p>(2) WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES<br/>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p> |   |
| 6. Limitations as to use: *  | <p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.<br/>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>  |   |
| HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD   |  |   |
| * 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