

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA119041623

Date In: 11/1/05 - 09:37	Job description	Date & Time Completed	Done by
Ref No: NA119041623/24	SAS e-filing		
Veh No: 6E 79234	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/1/05 - 14:15	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: 6E 79234 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

NA119041623

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Adv 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);

2) DA: Damage Assessment (\$100); INC (\$80)

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

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	01/04/2019 09:37
Date Of Accident	30/03/2019 14:15
Exact Location Of Accident	CTE (AYE) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE7923G

Insured/Policyholder	
Name Of Registered Owner	MR LAI LIN SHAN
NRIC No	S0117119D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82823464
Alternative Phone No	OFFICE-82823464

Vehicle Particulars	
Manufacturer	MASERATI
Model	GRANTURISMO S 4.7 A
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	PRIVATE CAR

Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1832291800
Cover Note Number	

Driver	
Name of Driver	LAI YILONG
NRIC No	S8135998I
Date Of Birth	29/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91910991
Fax Number	
Contact Number	OFFICE-91910991
Email Address	NOEMAIL

Address	BLK 466C SEMBAWANG DRIVE #11-339
Postcode	753466
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	3
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 [OTHER]	WOODLANDS DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - L/20190331/7022.

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	SLL3222B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG WEE LING KAREN
NRIC/Passport Number	S6807388Z
Contact Number	86661518
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA7562Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW SIN TUAN
NRIC/Passport Number	S1407237C
Contact Number	97311533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LAI YILONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGE7923G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A: DE79236
B: SLL3222B
C: JH47562

CTE (A/E)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 3 / 19) (DD/MM/YYYY), TIME: (14 : 50) (HH:MM)

LOCATION: CTE (Aye) before PIE (change) exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4E79234
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DMRSH1832291800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
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: Mr Lai Lih Shan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0117197 CONTACT: 82822464
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lai Vilang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8135982 CONTACT: 91910991
c) ADDRESS: Blk 466C Limbawang drive A11-339 (733466)

*d) DATE OF BIRTH: (24 / 10 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5/6/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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: SLC 32223 MODEL: _____
b) DRIVER'S NAME: Cheng Wee Ling Karen
c) NRIC/FIN/PASSPORT: S68673882 CONTACT: 86661518

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 4HA75622 MODEL: _____
e) DRIVER'S NAME: Low Sin Guan
f) NRIC/FIN/PASSPORT: S1427237C CONTACT: 97311537

Email =

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



L/20190331/7022

1 of 2

POLICE REPORT (NP299)

Report No. L/20190331/7022

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 31/03/2019 22:31	Vide Report No.	Station Diary No.
Name Of Informant LAI YILONG	Address APT BLK 466C SEMBAWANG DRIVE #11-339 SINGAPORE 753466	
ID Type / ID No. NRIC NO / S8135998I	Contact No. Home/Office: Mobile: 91910991	
Nationality SINGAPORE CITIZEN	Email Address shawnlaipropnex@gmail.com	
Occupation Real estate agent	Sex Male	Age 37
Institution/School Name	Date of Birth 29/10/1981	Race Chinese
Date/Time Of Incident 30/03/2019 14:15 - 30/03/2019 14:30	Location Of Incident APT BLK 466C SEMBAWANG DRIVE #11-339 SINGAPORE 753466	

Brief details.

I was driving along CTE (SGE7923) towards AYE. Before the exit PIE Changi Airport, I stopped as the cab in front of me stopped. Within few seconds, I felt a huge impact that cause my head being thrown back to my seat. A mini cooper, SLL3222B, collided to my car, caused my car to move forward and bumped into the cab in front of me. I felt pain and tension over my head and neck region. Went for a checkup and insurance claim for my car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2019 22:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20190331/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190331/7022

Subjects Involved			
Victim			
Person Name	LAI YILONG		
ID Type	NRIC NO	ID No	S8135998I
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Real estate agent	Address Type	
Address	APT BLK 466C SEMBAWANG DRIVE #11-339 SINGAPORE 753466		Mobile No 91910991
Is Informant A Victim?	Yes		
Person Name	LAI YILONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

31/03/2019 22:31

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S81359981



Name

LAI YILONG

賴亦龍

Race

CHINESE

Date of birth

29-10-1981

Sex

M

Country of birth

SINGAPORE

S81359981



4790285



NRIC No. S81359981



Date of issue
04-11-2011

Address

APT BLK 466C SEMBAWANG DRIVE
#11-339
SINGAPORE 753466

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S81359981**
Name:

LAI YILONG



Birth Date: **29 Oct 1981**
Issue Date: **05 Sep 2012**



002102358C

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 05 Jun 2002



NP 428A



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208364E

MX1/B
N SN
AN0498A
Cov. Type: C

MOTOR PRIVATE CAR

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, 1956 (Malaysia)

ORIGINAL

CERTIFICATE No: DMPCSN1832291800 Engine No: K1395162316
ChaNo: ZAMKL45C000053660

1. Index Mark and Registration Number of Vehicle: SCE7923G

2. Name of Policy Holder: MR LAI LIH SHAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 22 October 2018

Named Drivers Ex Sect. I S\$3,500.00
Excess Sect. I (Outside Singapore)... S\$7,000.00
EX ON WINDSCREEN S\$1,000.00

4. Date of Expiry of Insurance: 21 October 2019

5. Persons or Classes of Persons entitled to drive*
As per Named driver(s) stated below.

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.

THE INSURED & LAI YILONG DRIVING ONLY

B. Limitations as to use*

use for social, domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE 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.

Issued By: _____
Authorised Officer

Authorised Signatory