

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA11902253

Date In: 23/4/19-09:44	Job description	Date & Time Completed	Done by
Ref No: NA13221902253	SAS e-filing		
Veh No: Jcm92202	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/4/19-19:20	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: SK10996D

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

NA1902253

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:-

Lat 1:

Lat 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:-

OD*

*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 (N-in 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	23/04/2019 09:44
Date Of Accident	21/04/2019 19:20
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9220Z
Insured/Policyholder	
Name Of Registered Owner	COASTAL MARINE PTE LTD
Co Reg No	200608933M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 7 SEATER CVT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496582
Cover Note Number	

Driver

Name of Driver	LAU JOO TING
NRIC No	S7657038H
Date Of Birth	16/10/1976
Occupation	INDOOR
Date Of Driving Pass	04/09/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91114220
Fax Number	
Contact Number	OFFICE-91114220
EMail Address	NOEMAIL

Address	8 RIDGEWOOD CLOSE #13-13
Postcode	276698
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	
	NAME: : NG SAN YIN
	GENDER: : FEMALE

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/20190421/7015.

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	SKK9996D
Vehicle Make/Model/Colour	VOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KHENG SOON
NRIC/Passport Number	S1180951J
Contact Number	96150393

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ2909X
Vehicle Make/Model/Colour HONDA SHUTTLE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver THILAGA
NRIC/Passport Number S8423774D
Contact Number 96506855
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

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.

X
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.:

Diagram illustrating a stack structure with three elements (A, B, C) and three arrows pointing upwards, indicating the sequence of operations (push, push, push).

A: SKM 9220Z
B: SLK 9996D
C: SLJ 2909X

c: 5678901234

Refer to attached police report.

Refer to attached police report'

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 Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 04 / 2014 (DD/MM/YYYY), TIME: 19 : 20 (HH:MM)

LOCATION: Commonwealth Avenue West

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SEM 9220 Z
b) INSURANCE COMPANY: Inter Insurance
c) POLICY NUMBER: 019MPC 001456
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Previa
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: Coastal Marine Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200600933M CONTACT: 9114220
c) ADDRESS: 1 Harbourfront Place #04-09A Harbourfront Tower One
S(098633)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lam Joo Ting (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7657030H CONTACT: 9114220
c) ADDRESS: 6 Edgewood Close, #15-13 S(276695)

- * d) DATE OF BIRTH: 16 / 10 / 1976 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 10

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: CKK 9996 D MODEL: VW Golf
b) DRIVER'S NAME: Ng Kheng Soon
c) NRIC/FIN/PASSPORT: S1180951J CONTACT: 9654 96150393

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLJ 2909 Z MODEL: Honda Shuttle
e) DRIVER'S NAME: Thilages
f) NRIC/FIN/PASSPORT: S3423774D CONTACT: 96506555

email =

fax =



SINGAPORE POLICE FORCE



T/20190421/7015

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

1 of 4

Report No. T/20190421/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2019 21:32		Vide Report No.: D/20190421/0101		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU JOO TING			Address: 8 RIDGEWOOD CLOSE #13-13 SINGAPORE 276698		
ID Type / ID No.: NRIC NO / S7657038H			Contact No.: Home/Office: Mobile: 91114220		
Nationality: MALAYSIAN			Email: jtl382002@gmail.com		
Sex: Male	Age: 42	Date of Birth: 16/10/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2019 19:20	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK9996D	Car	VOLKSWAGO N	Golf	Black		1
SKM9220Z	Car	TOYOTA	Previa	White		2
SLJ2909X	Car	HONDA	Shuttle	Red		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190421/7015

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

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Report No. T/20190421/7015

CONTINUATION OF REPORT

Driver			
Name	NG KHENG SOON		ID No. S1180951J
Related Vehicle	SKK9996D (Car)		Contact No. 96150393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	LAU JOO TING		ID No. S7657038H
Related Vehicle	SKM9220Z (Car)		Contact No. 91114220
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Passenger			
Name	NG SAN YIN		ID No. S8087219D
Related Vehicle	SKM9220Z (Car)		Contact No. 91116841
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
Driver			
Name	THILAGA		ID No. S8423774D
Related Vehicle	SLJ2909X (Car)		Contact No. 96506855
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/04/2019		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight



**SINGAPORE
POLICE FORCE**



T/20190421/7015

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

3 of 4

Report No. T/20190421/7015

CONTINUATION OF REPORT

Brief Details.

I was stationary along Commonwealth Avenue West, when I felt a violent impact from behind, which I realized that a car has collided into our rear and caused my vehicle to surge forward and hit another vehicle in front of me. The driver of the first car was conveyed to the hospital and we were advised to lodge a police report for this said matter.



**SINGAPORE
POLICE FORCE**



T/20190421/7015

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

4 of 4

Report No. T/20190421/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:
21/04/2019 21:32

Classification Of Case:

a) NAME: _____

b) NRIC/FIN/PASSPORT: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7657038H**



Name

LAU JOO TING



Race

CHINESE

Date of birth

16-10-1976

Sex

M

Country/Place of birth

MALAYSIA

S7657038H

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number:

Name:

S7657038H

LAU JOO TING

Birth Date: **16 Oct 1976**

Issue Date: **24 Nov 2015**



002496149C

**SG
50**

c) ADDRESS: _____

9384688



NRIC No. **S7657038H**



Nationality

MALAYSIAN

Date of issue

13-10-2015

8 RIDGEWOOD CLOSE #13-13

SINGAPORE 276898

NRIC No: **S7657038H**

Date: **05/03/2016**

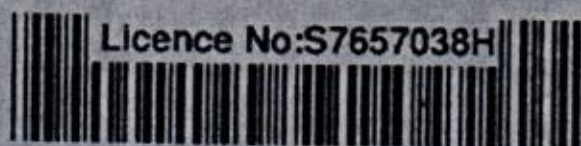
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

04 Sep 2014

NP 428A



Licence No: **S7657038H**

Law =

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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

<p>Agency Code: 01294SE Comprehensive</p>	<p>Excess: \$1000/- Sect I (For Employees) \$1500/- Sect. I (For Non-Employees) & additional \$2500/- Sect I for age < 21 years or > 65 years &/or S'pore D.L. < 2 years Windscreen Excess: \$100/-</p>
<p>CERTIFICATE NO. M496582</p>	
<p>1. Index Mark and Registration Number of Vehicle</p>	<p>SKM 9220 Z</p>
<p>2. Name of Policy Holder</p>	<p>Coastal Marine Pte Ltd</p>
<p>3. Effective date of the Commencement of Insurance for the purposes of the Act</p>	<p>24th April 2018</p>
<p>4. Date of Expiry of Insurance</p>	<p>23rd April 2019</p>
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p>	
<p>6. Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, 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.</p>	
<p><small>*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.</small></p>	

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).

Date of Issue: **hh/23.03.2018**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.X. 4 (OFFICE)
PRIVATE CAR


Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name : Asia One

Hire Purchase Company : NA