

NATIONAL Assessment Centre Services. [Part 1 Jan 05] MMA 119055016

Date In: 29/14/19 13:29	Job description	Date & Time Completed	Done by
Ref No: MA1 CTZ19007475/h4	SAS e-Ming		
Veh No: GBJ 1373R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 29/14/19 07:35	I-Motor Claim Form		
OD:  Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: GBA 5845 S. 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: 0700 6016)	Success/Complete/By	Attn/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

MA1903189

Client's Particulars:	1) AIC: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (see 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	29/04/2019 13:29
Date Of Accident	29/04/2019 07:35
Exact Location Of Accident	CORPORATION RD TWDS AYE AFTER BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1373R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J & L COURIER & TRANSPORTATION SERVICES
Co Reg No	53344701A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87848491

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK
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	DMCVSN3003681900
Cover Note Number	-

### Driver

Name of Driver	LEE ZI HUI (LI ZIHUI)
NRIC No	S8406798I
Date Of Birth	07/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87848491
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 216A BOON LAY AVE #05-219  
 Postcode 641216  
 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 COLLISION - HEAD TO REAR  
 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? 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) 2  
 Passenger 1  
 NAME: : LYNETTE QUAH HWEE LING  
 GENDER: : FEMALE

**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**

PLEASE REFER TO ATTACHED STATEMENT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBA5845S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 96906587  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LEE ZI HUI (LI ZIHUI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ1373R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	LYNETTE QUAH HWEE LING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ1373R
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.

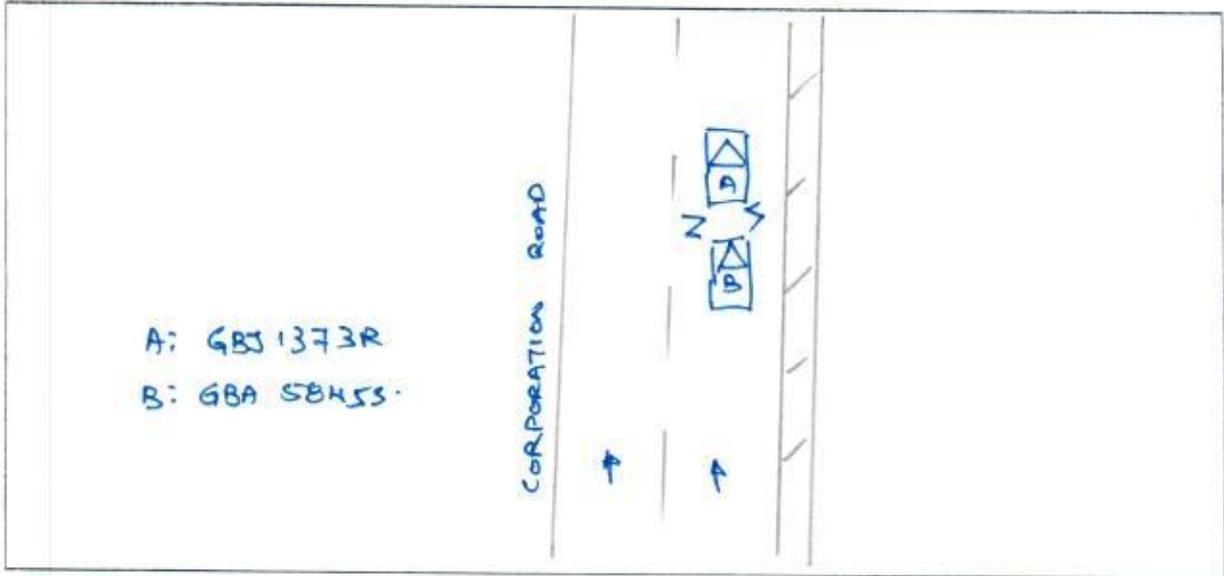


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CORPORATION ROAD ON THE RIGHT LANE OF 2 LANES, AS I WAS TRAVELLING STRAIGHTLY VEHICLE IN FRONT OF ME BRAKE AND STOP, I ALSO MANAGE TO STOP, WHEN SUDDENLY ONE M/LORRY CAME FROM MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE.

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.:

HW.

VEHICLE NO:	GBJ 1373R	MAKE & MODEL:	TOYOTA HIACE
DATE OF ACCIDENT	29 / 04 / 2019		
TIME OF ACCIDENT	7.35 AM/PM		
LOCATION OF ACCIDENT	CORPORATION ROAD TMS AYE AFTER BOON LAY WMS.		
EXACT PURPOSE USE DURING ACCIDENT	SENDING WIFE TO WORK.		
<b>NAME OF OWNER</b>	J & L COURIER & TRANSPORTATION SERVICES		
TEL NO	8784 8491		
NRIC	S3344701A		
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY		
INSURANCE CO	CHINA TAIPING		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO.	DMCV SN 3003 681 900		
<b>NAME OF DRIVER</b>	As Above / If No: LEE ZI HUI		
NRIC	S84067981 Any Passengers: 1		
DATE OF BIRTH	07 / 03 / 1984 LYNETTE QUAH HWEE LING. (F)		
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor		
DATE OF DRIVING PASS	20 / 05 / 2016		
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female		
CONTACT NO.	8784 8491 Office: Home:		
ADDRESS	BLK 216A BOON LAY AVE #05-219 S(641216)		
DRIVER HAVE ANY OWN VEHICLE	NO / <input checked="" type="checkbox"/> YES Reg No: 7BJ 1609L.		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:		
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:		
ANY INJURIEES	No / If <input checked="" type="checkbox"/> YES Who? 1) LEE ZI HUI (M)		
CONTACT NO.	2) LYNETTE QUAH HWEE LING. (F)		
POLICE REPORT	<input checked="" type="checkbox"/> NO / If yes: Where?		
VEHICLE B NO.	GBA 58455. Any Passenger: 1		
NAME			
CONTACT NO.	96906587, 81470825		
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
<b>IN-CAR CAMERA</b>	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO		
PARTICULAR WORKSHOP	SM AUTOMOTIVE		
	1 Kaki Bukit Ave 6, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyi		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8406798I



Name

LEE ZI HUI  
(LI ZIHUI)

李 子 輝

Race

CHINESE



Date of birth

07-03-1984

Sex

M

S8406798I

Country/Place of birth

SINGAPORE

5286164



NRIC No. S8406798I



Date of issue

26-03-2014

APT BLK 216A BOON LAY AVENUE #05-219  
SINGAPORE 641216

NRIC No: S8406798I

Date: 30/09/2017 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 4 0 6 7 9 8 1**

Name:

**LEE ZI HUI**  
**(LI ZIHUI)**

Birth Date: **07 Mar 1984**

Issue Date: **20 May 2016**



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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	19 May 2004
Class 2A	Motorcycles between 201 cc and 400 cc	08 Nov 2005
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 May 2016



NP 428A

**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)

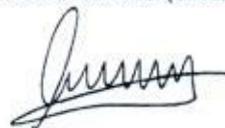
CERTIFICATE No.	DMCVSN3003681900	Engine No :IGD8340740 Chassis No:GDH2012003178
1. Index Mark and Registration Number of Vehicle	GBJ1373R	
2. Name of Policy Holder	J & L COURIER & TRANSPORTATION SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 JANUARY 2019 (12:23 HOURS)	EXCESS SECT I .....S\$350.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	8 JANUARY 2020	
5. Persons or Classes of Persons entitled to drive *	<p>(1) WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS 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 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. 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>	
<p>HIRE PURCHASE CO. : ABS FINANCIAL PTE LTD 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.</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).

Please see reverse **SG MOTOR TRADER PTE LTD**

Reg. No.: 201537467C  
172 Sin Ming Drive  
Singapore 575720  
Tel 6933 9400 Fax 6456 0678

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**



Countersigned By:

\_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory