

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 18/10/19	Jcb description	Date & Time Completed	Done by
Ref No: NA/CIT19018401/13	SAS e-filing		
Veh No: GBD3039P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/10/19 1600	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: X02622L	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

NA1907954

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	8) NTUC Additional Services:-			
	OH:			
	*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	18/10/2019 14:27
Date Of Accident	16/10/2019 16:00
Exact Location Of Accident	ALONG JLN AHMAD IBRAHIM TWDS JURONG PORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3239P
Insured/Policyholder	
Name Of Registered Owner	M/S SAFETY INNOVATORS(INTERNATIONAL) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82189677

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	DMCVSN1433961905
Cover Note Number	

Driver

Name of Driver	LEE ENG SENG
NRIC No	S1160131F
Date Of Birth	26/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92360532
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 664A JURONG WEST ST 64 #03-264
Postcode	641664
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 - 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?	YES
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	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191017/2063

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2622L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE ENG SENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBD3239P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.



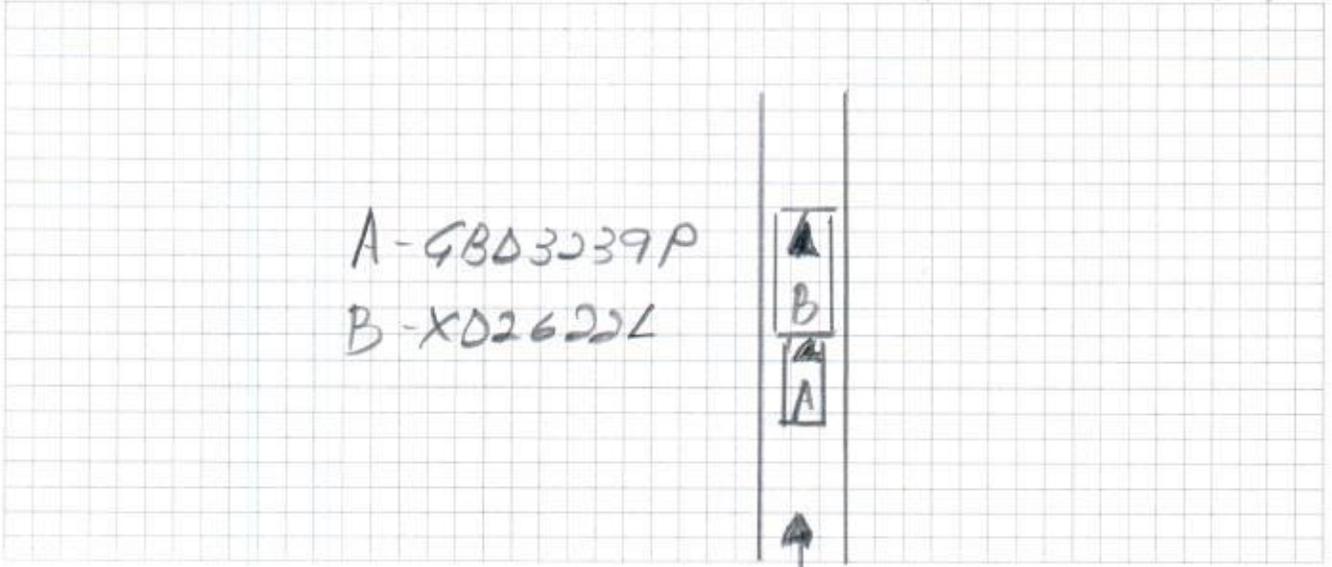
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

JALAN AHMAD IBRAHIM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20191017/2063

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature] 18/10/19

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



Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Driver			
Name	LEE ENG SENG	ID No.	S1160131F
Related Vehicle	GBD3239P	Contact No.	92360532
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discharge	16/10/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 16/10/2019 at about 1600hrs, I was driving GBD3239P along Jalan Ahmad Ibrahim towards Jurong Port Road before Shell. It was a one lane road, and I was behind XD2622L. While on the move, said tipper truck out of sudden stopped abruptly. I quickly applied my brake however; the front portion of the lorry had collided with the rear portion of the truck. I was trapped in the lorry and SCDF was at scene to rescue me.

I was conveyed to Ng Teng Fong Hospital and suffered minor bruises on my left leg. I was discharged the same day and was given 2 days MC. The lorry front portion was damaged and windscreen was badly cracked. I was advised by Traffic Police to lodge a Police report. Said lorry is equipped with in-car camera and the vehicle belongs to my company, Safety Innovator International Pte Ltd.



Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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: D / Staff Sgt MOHAMMED HARIS BIN MOHAMED PAHORASI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2019 12:39
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case: 
Authentication Stamp NP168	



MEDICAL CERTIFICATE (Ref:60882404)

ORIGINAL

NAME: LEE ENG SENG

NRIC: S1160131F

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

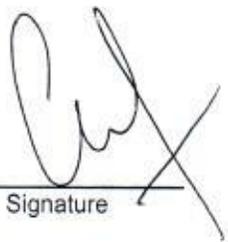
The above named is unfit for duty from **16/10/2019** to **17/10/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **16/10/2019 17:04** to **16/10/2019 18:50**.

16/10/2019
Date

Dr. Weiren CHEN (63667C)
Issued by


Signature

Location: NTFGH EMERGENCY

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 10 / 19) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: ALONG JLN. AHMAD IBRAHIM TWAS JURONG PORT RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD3339P
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DMCVSN1433961905
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: M/S SAFETY INNOVATORS (INTERNATIONAL ATE LTD)
(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82189677
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE ENG SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92360532
c) ADDRESS: _____

*d) DATE OF BIRTH: (26 / 05 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1979

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) CONVEY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD2622L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = peoplevehicle@gmail.com
fax =
video =

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. DMCVSN1433961905 Engine No :ZD30340885K
Chassis No:JN1SC2F24Z0856174

1. Index Mark and Registration Number of Vehicle GBD3239P

2. Name of Policy Holder M/S SAFETY INNOVATORS (INTERNATIONAL) PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 1 SEPTEMBER 2019 EXCESS SECT IS\$500.00
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance 31 AUGUST 2020

5. Persons or Classes of Persons entitled to drive *

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.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER.
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
 - (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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



FOR WINDSCREEN CLAIMS ONLY

Glass-Fix Pte Ltd

52, Ubi Avenue 3, #04-42 Frontier E Park @ Ubi
Singapore 408867
Tel.: 6278 0887
Website: <http://www.glass-fix.com/>

Cheng Auto Bodyworks

5 Soon Lee Street
#01-62 Pioneer Point
Singapore 627607
Tel: 6631 0707
Fax: 6316 2431
Email: windscreen@chengauto.com

North Area (Singapore)	East Area (Singapore)
<p>Cheng Hoe Motor Pte. Ltd. 10 Ang Mo Kio Auto Point Ang Mo Kio Industrial Park 2A #01-04, Singapore 568047 Tel: 6481 2001 Fax: 6482 1296 24-Hrs Towing No.: 6755 6142 Email: chmotor@Singnet.com.sg</p> <p>Branches</p> <p>38, Woodlands Ind. Park E1 #05-04/05, Singapore 757700 Tel: 6765 6142 Fax: 6769 2687</p> <p>Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 Tel: 6755 6142 Fax: 6755 7719</p> <p>Lai Huat Meng Kee Motor Pte. Ltd. 160 Sin Ming Drive #04-01 / #04-02 and #07-03 Sin Ming Autocity Singapore 575722 Tel: 6453 8110 Fax: 6459 6267 24-Hrs Towing No.: 6453 8110 Email: info@laihuat.com.sg</p> <p>Sin Yew Hup Auto Pte. Ltd. Blk 4, 393M Woodlands Road Yew Tee Industrial Estate Singapore 677981. Tel: 6760 0819 Fax: 6769 0221 24-Hrs Towing No.: 9815 2772 Email: syhapl@singnet.com.sg</p> <p>S & H Motor Pte Ltd 160 Sin Ming Drive #07-02 Sin Ming Autocity Singapore 575722 Tel : 6453 4730 Fax: 6457 1931 24-hrs Towing No: 96778873 Email : enquiry@sh-motor.com</p>	<p>Jin Auto Services Pte. Ltd. Block 14, Defu Lane 10 #01-412, Singapore 539195 Tel: 6289 8126 Fax: 6287 0590 24-Hrs Hotline: 6289 8126 Email: jn@jinauto.com.sg</p> <p>Car City Auto Centre Pte Ltd Blk 9006 Tampines Street 93 #01-198 Singapore 528840 Tel : 6781 0300 Fax : 6782 0300 24-hrs Hotline: 9621 4666 Email : ccacpl@singnet.com.sg</p>
West Area (Singapore)	Malaysia
<p>UCB Engineering Pte. Ltd. (For buses only) 2C, Jalan Pesawat, Jurong Singapore 619359 Tel: 6268 1261 Fax: 6268 1282 Email: unitedcb@singnet.com.sg</p> <p>Sng Ah Tee Motor & Panel Service Pte Ltd 3 Pioneer Road North #01-18, Singapore 628457 Tel : 6268 6183 Fax : 6268 1429 24-hrs Towing No: 6268 6183 Email : sngahtee@singnet.com.sg</p>	<p>Chai Motor Workshop Sdn Bhd 3, Jalan Bertam 8, Taman Daya 81100 Johor Bahru, Johor, Malaysia. Tel: +607355 6862 / +607355 5808 Fax: +607354 7335 Email: chaimotorwks@yahoo.com <u>Person-In-Charge</u> Mr Chai: +6019779 0612 / +6016779 0612 Winnie: +6019779 6612 / +6016721 9111</p>