

NATIONAL Assessment Centre Services

Form No. NA-1001

Rev. 01/01

Date In: 25/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/40120003153/13	SAS e-filing		
Veh No: GBD 8130K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/02/20 1040	I-Motor Claim Form		
OD: TP (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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBD 390.85	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

NA2001619	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao 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	25/02/2020 11:32
Date Of Accident	22/02/2020 10:40
Exact Location Of Accident	CTE TWDS CITY(ANG MO KIO SOUTH FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8130K
Insured/Policyholder	
Name Of Registered Owner	LEADS ENGINEERING(S)PTE LTD
Co Reg No	1XXXXX806R
Email Address	CLARENCE.LEADS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64541733

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	DELIVERY GOODS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110161961801
Cover Note Number	

Driver

Name of Driver	LAI TIEO NAM
NRIC No	SXXXX056F
Date Of Birth	23/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90493029
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 495 JURONG WEST ST 41 #03-110
Postcode	640495
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	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?	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: : UNKNOWN GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3908S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHUKRISHNAN CHIMADURAI
NRIC/Passport Number	GXXXX865P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX8778E
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

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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: 24/02/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24.2.2020

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

SKETCH PLAN

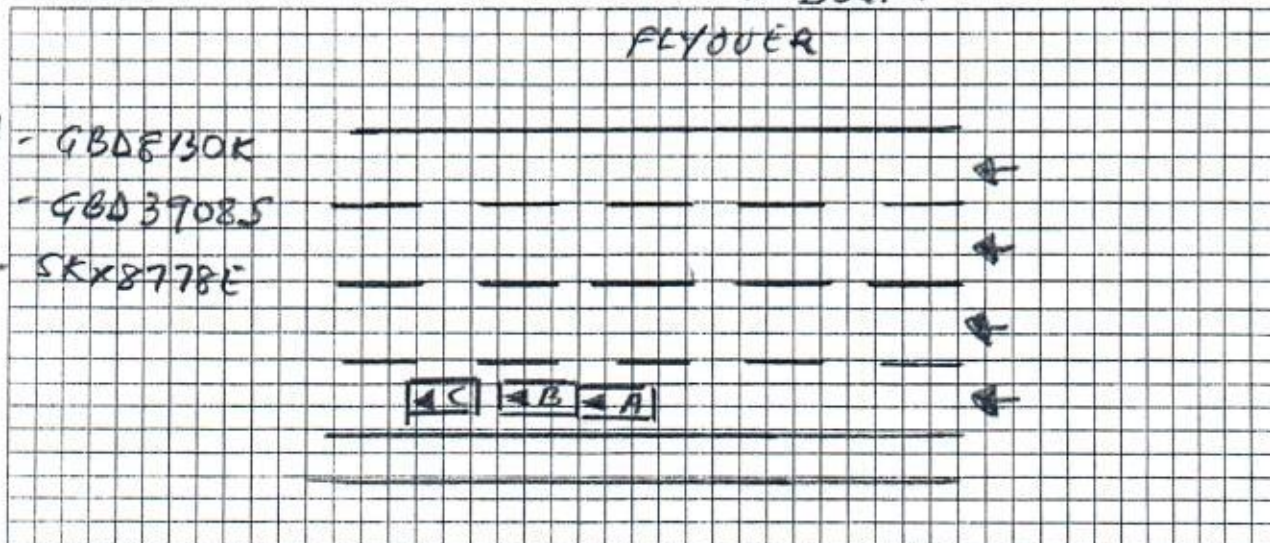
ANG MO KIO SOUTH

FLYOVER

A - GB08130K

B - GB037085

C - SKX8778E



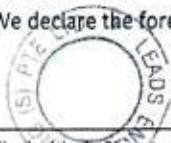
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

*



Policyholder's Signature

Date & Time: 24/02/2020

GIARMC SketchPlanForm_V3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24.2.2020

[Signature] 25/02/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I WAS TRAVELLING STRAIGHT ANG MO KIO SOUTH FLYOVER ON THE EXTREME LEFT LANE.SUDDENLY INFRT OF MY VEH JAMMED BRAKE,I HAVE NOT ENOUGH TIME TO STOP AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.WHEN I CAME OUT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

Annex E

NOTICE OF REPORTING

This is to confirm that NRIC/FIN S1140056F residing at Blk 495 Jurong West Street 41, has reported to the Police a non-injury traffic accident which occurred at on 22/02/2020 at 1041hrs involving the following vehicles: GBD8130K Nissan / Red and GBD3908S Nissan / Silver. Location is CTE towards City before PIE (Changi Airport).

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Frederick Gnoh

Date: 22/02/2020

Time: 1605hrs

S/D Ref:

Police Post/Unit: Geylang NPC

Geylang NPC
1 Cassia Link
Singapore 397618
Tel: 1800-8486999

Original - to be issued to Informant
Duplicate - to be submitted to Traffic Police

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 02 / 2020 (DD/MM/YYYY), TIME: (10 : 41) (HH:MM)

LOCATION: CTE TOWARDS CITY Before bradell Road Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D 8130 K
b) INSURANCE COMPANY: UOI
c) POLICY NUMBER: PHDM1101 619618D1
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN / M2300
f) TYPE: (SALOON / COUPE / MPV / (VAN) / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / (COMMERCIAL) / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: delivering Goods
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: LEADS Engineering (s) Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 198304806R CONTACT: 64541733
c) ADDRESS: 6 TAYLOR DRIVE #02-08 TAYLOR BUILDING
SC787623

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAI TIEO NAM ((MALE) / FEMALE)
b) NRIC/FIN/PASSPORT: S1140056F CONTACT: 90493029
c) ADDRESS: Blk 495 Irving West Street 41 #03-110
Singapore 640495

* d) DATE OF BIRTH: (23 / 08 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 41

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))

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

IF YES, PLEASE STATE WHICH POLICE STATION: Geylang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8D 3908S MODEL: Nissan
b) DRIVER'S NAME: Muthukrishnan Chinadurai
c) NRIC/FIN/PASSPORT: G 2492865P CONTACT: _____

9. THIRD PARTY VEHICLE

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

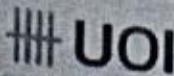
* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

24/02/20
waiting for
company
stamp

Email = clarence.leads@gmail.com
fax =
video =



UNITED OVERSEAS INSURANCE LTD

14 MAY 2019

United Overseas Insurance Ltd
140, Market Street, Singapore
04863333
Fax 06 5337 1111
E: uoi@uoiltd.com.sg
www.uoiltd.com.sg

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1967
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1962 (Malaysia)

ORIGINAL

CERTIFICATE NO. DSHR110101901801 Excess: 3500/- SECTION 1
Type of Cover COMPREHENSIVE \$2000/- APPL TO <25 YRS & OR <5YRS EXP
Vehicle Number CDD8130K \$100/- WINDSCREEN DAMAGE CLAIM
Name of Insured LEADS ENGINEERING (S) PTE LTD
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 25 May 2019 to 24 May 2020

Engine# KSKP3760054586
Chassis# YSKY8AK20Z0100904

Goods carrying - Private Type (H2 300)

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
 - (3) Use for social domestic and pleasure purposes
- THE POLICY DOES NOT COVER
- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
 - (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation rendered inoperative by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia)

UNITED OVERSEAS INSURANCE LTD

FSCPP Date : 14/05/2019

For the Company