

# NATIONAL Assessment Centre Services

Date In: 25/6/21	Job description	Date & Time Completed	Done by
Ref No NA/CT12007056/T1	SAS e-filing		
Veh No 8409380P	E-mail (within 2hrs. A/C 2hrs)		
D.O.A 24/6/21	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:	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

NA2103403

## Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- QJ:-
- \*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-11) against INC \$20
- N12: Idac Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Submit today

pls email to

mg3solution@gmail.com

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/06/2021	Time: 1720hrs	(hh:mm) 24 hr format
Location Seletar West Link before Seletar Club road		
Vehicle Number SGD 9380P		
Insured Name Lai Tuck How		
NRIC / FIN S1471608D	Contact Number 8767 4283	
Make Kia	Model Rio 1.4A	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company China Taiping		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number DMPCSNW 000 2754210U		
Name of Driver Lai Tuck How	( ) Same as Insured	
NRIC / FIN S1471608D	Contact Number 8767 4283	
Date of Birth 26/02/1961		
Driving Pass Date 25/11/1980		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address fierspear99@yahoo.com.sg	( ) NO EMAIL	
Address of Driver Blk 354 Yishun Ring Road #04-1776 S(760354)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( ) Clear ( ) Raining ( / ) Others Drizzling		
Road Surface ( ) Dry ( / ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail passenger & driver back & neck pain		
Was there any video captured by Car Camera? ( ) Yes ( ) No		
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B GBJ 7731B		
Veh C		
Veh D		
Veh E		
Veh F		

2 persons including driver

1 female passenger

- Phan Thi Hong ANH



Motor Private Car

MX1F

N SN

AN0576A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00027542100

Engine No.: G4EE6H034464

Cha. No.: KNADE241366107136

1. Index Mark and Registration  
Number of Vehicle

SGD9380P

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

LAI TUCK HOW

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

01/02/2021  
(16:13:59)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

31/01/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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.\*

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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: INDEX CREDIT 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:

I MARKETING AGENCY

Authorised Officer

Authorised Signatory

## 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 Submission	25/06/2021 17:28 (SGT)
Date of Accident	24/06/2021 17:20 (SGT)
Exact Location of Accident	Seletar, Singapore
Additional Location Information	SELETAR WEST LINK BEFORE SELETAR CLUB ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9380P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI TUCK HOW
NRIC No	SXXXX608D
Email Address	FIERYSPPEAR99@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-87674283
Alternative Phone No	(Office) +65-87674283

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Rio
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1399

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00027542100
Cover Note Number	-

### DRIVER

Name of Driver	LAI TUCK HOW
NRIC No	SXXXX608D

Date Of Birth	26/02/1961
Occupation	Indoor
Date Of Driving Pass	25/11/1980
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87674283
Alt. Phone Number	(Office) +65-87674283
Email Address	FIERYSPPEAR99@YAHOO.COM.SG
Address	BLK 354 YISHUN RING ROAD
Address complement	#04-1776
Postcode	760354
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PHAN THU HONG ANH
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210625/7016

#### 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	GBJ7731B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAI TUCK HOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SGD9380P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	PHAN THU HONG AHN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SGD9380P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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 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.

### 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

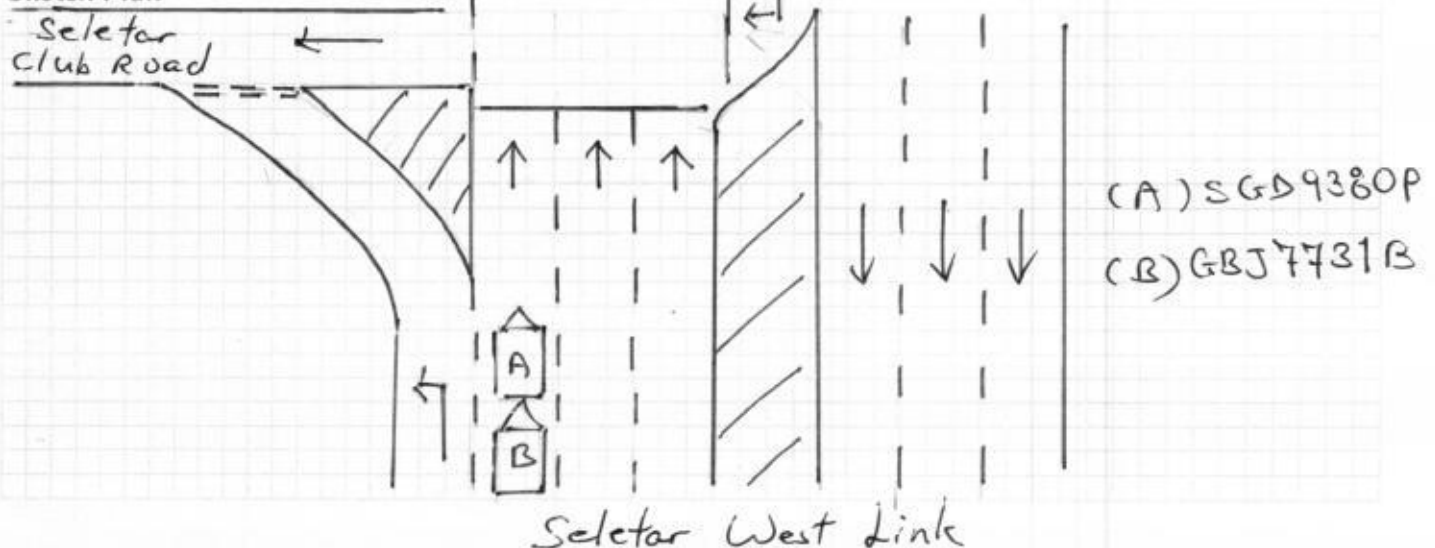
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents, (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

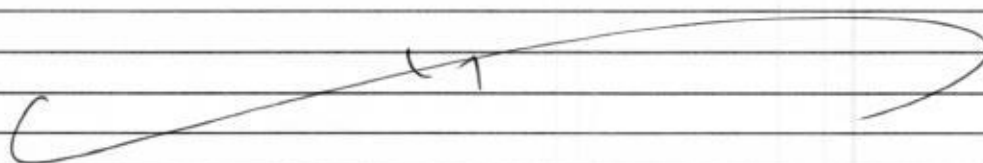


Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T/20210625/7016



(A) SGD 9380 P

(B) GBJ 7731 B

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210625/7016

1 of 4

Report No. T/20210625/7016

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2021 12:12	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LAI TUCK HOW			Address: 354 YISHUN RING ROAD #04-1776 SINGAPORE 760354		
ID Type / ID No.: NRIC NO / S1471608D			Contact No.: Home/Office: Mobile: 87674283		
Nationality: SINGAPORE CITIZEN			Email: FIERYSPPEAR99@YAHOO.COM.SG		
Sex: Male	Age: 60	Date of Birth: 26/02/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2021 17:20	Type of Location: T-Junction
Location:  SELETAR WEST LINK				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ7731B	Lorry					0
SGD9380P	Car	KIA	RIO 1.4A H/B	Silver		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210625/7016

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

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Report No. T/20210625/7016

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD9380P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000275 42100	01/02/2021	31/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	PHAN THU HONG ANH	ID No.	S9382027D
Related Vehicle	SGD9380P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LAI TUCK HOW	ID No.	S1471608D
Related Vehicle	SGD9380P (Car)	Contact No.	87674283
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/06/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 24/06/2021 AT ABOUT 1720HRS AT ALONG SELETAR WEST LINK TOWARDS SELETAR NORTH LINK BEFORE SELETAR CLUB ROAD. I WAS TRAVELLING ON LANE 3 AND MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I FELT A GREAT IMPACT FROM BEHIND AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO COLLIDED ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. BOTH MY PASSENGER AND I WAS AWARED 5 DAYS MC FOR MY INJURY.

VEHICLE A: SGD9380P  
VEHICLE B: GBJ7731B



**SINGAPORE  
POLICE FORCE**



T/20210625/7016

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

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Report No. T/20210625/7016

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210625/7016

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Report No. T/20210625/7016

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

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
25/06/2021 12:12

Classification Of Case: