

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

SN092840008

Date In: 04/08/2021 17:50	Job description	Date & Time Completed	Done by
Ref No: 1/38/7m1210082424	SAS e-filing		
Veh No: SKQ 79767	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/08/2021 17:25	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: Yeh No: STE 112R	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

NA2102515	Invoice Preparation Checklist	Am (\$)	Am (\$)
Plaintiff's Particulars:	1) AR: Accident Reporting (\$30);		
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		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
U. 1:	6) TR: Re-inspection \$75		
U. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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 \$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 Submission	04/08/2021 17:50 (SGT)
Date of Accident	03/08/2021 17:25 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7976T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG SWEE LIN
NRIC No	SXXXX389Z
Email Address	info@carsmith.biz
Mobile Phone No	(Phone) +65-91710343
Alternative Phone No	+65-97216811

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	21-MT103142-R03
Cover Note Number	-

DRIVER

Name of Driver	LAU LAY KIAM
NRIC No	SXXXX362B

Date Of Birth	05/07/1959
Occupation	Outdoor
Date Of Driving Pass	31/08/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97216811
Alt. Phone Number	-
Email Address	info@carsmith.biz
Address	BLK 631 BEDOK RESERVOIR ROAD #03-982
Address complement	-
Postcode	470631
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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	ONG SWEE LIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20210804/7038

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	SJE112R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LAU LAY KIAM
Gender	Male
Phone No	(Phone) +65-97216811
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKQ7976T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG SWEE LIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKQ7976T
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' 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;



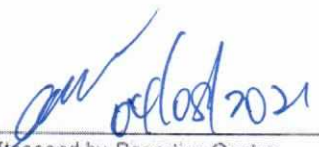
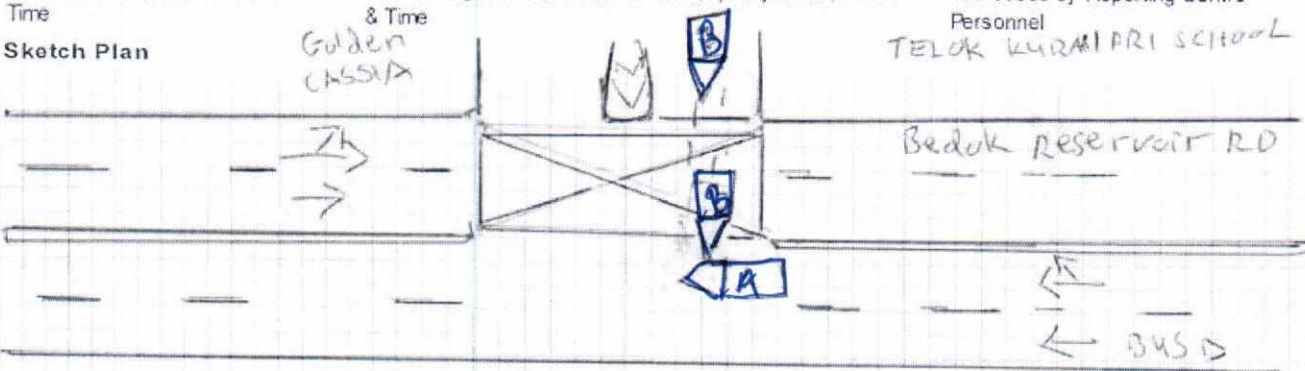
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
Sketch Plan	Golden CASSIA	TELOK KURAI PRI SCHOOL
		
Bedok Reservoir RD		
← BUS D		
A SKQ 7976T		
B SJE 112R		

Describe Circumstances of the Accident

I was driving in my lane at the extreme right lane on a 2 lane traffic at Redole Reservoir Road suddenly I felt a stronger impact from my right so I stopped my vehicle and alighted I saw vehicle 1B SJF112R coming out from Garden Cassia without stopping at the stop line and drive out from the car park and collided onto my right portion of my vehicle due to the straight impact ^{with} my tyre puncture, my RIM spoil, front bumper and my two side door dented with scrape. After the accident I and my wife neck and body feel pain so we both go to BALKIS FAMILY CLINIC and was given 3 day MC.

POLICE REPORT G/20210804/7036

Declaration

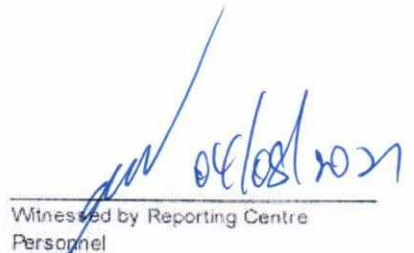
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



06/08/2021

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



G/20210804/7038

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20210804/7038

Date/Time Report Made 04/08/2021 13:23	Vide Report No.	Station Diary No.
Name Of Informant LAU LAY KIAM	Address 631 BEDOK RESERVOIR ROAD #03-982 SINGAPORE 470631	
ID Type / ID No. NRIC NO / S1374362B	Contact No. Home/Office:	Mobile: 97216811
Nationality SINGAPORE CITIZEN	Email Address info@carsmith.biz	
Occupation Painter	Sex Male	Age 62
Institution/School Name	Date of Birth 05/07/1959	Race Chinese
Date/Time Of Incident 03/08/2021 17:35 - 03/08/2021 17:35	Language English	
	Location Of Incident 631 BEDOK RESERVOIR ROAD #03-982 SINGAPORE 470631	

Brief details.

I was driving in my lane at the first lane at the two lane traffic at Bedok Reservoir road .Vehicle B SJE 112 R coming out from car park never stop at the stop ling give way to me and collided onto my right side of my vehicle due to the strongh impact my car tyre punture,two side door dented in the accident my wife was inside the car after the accident my wife and me felt paint on the neck and bodily so we both go FAMILY CLINIC and we both was given 3 day MC .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2021 13:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03/08/2021 (dd/mm/yy)

Time of Accident: 17:25 (24-HR-FORMAT)

Vehicle No.: SKG 79767 Vehicle Make & Model / Engine (cc): NISSAN LATI0 Private Hire: (Y/N) (N)

Exact location of Accident: Bedok Reservoir Road

Policyholder's Name / IC No.: Ang Swee Lin (S302489Z) ROC/UEN (Company): _____

Driver's Name / IC No.: Lay Lay Kiam S1374362B (As Above) ☐

Driver's Contact No.: 97216811 Company Contact No / Owner Contact No: 9171 0343

Driver's Address: Blk 631 Bedok Reservoir Rd H02-952 CH90631

Owner Email address: info@carsmith.biz Insurance Company: Tokio Marine

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 02

*Passenger Name: _____ Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: Photo

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Driver, passenger Ang Swee Lin

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bedok Division HQ

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SJE 112R

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

16:07

Done

SKQ7976T-ci.pdf

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TOKIO MARINE
INSURANCE COMPANY, LIMITED



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

ROAD TRANSPORT ACT, 1987 (S141A SYSA)

MOTOR VEHICLES (THIRD-PARTY RISKS) ACT, 1959 (S141A SYSA)

Policy No: 21-AET101142-001 (Physical Motor Car)

1. Index Mark and Registration Number SKQ7976T

2. Name of Policyholder OMG (SMB) LTD

3. Effective date of the commencement of Insurance for the purposes of the Act 02/06/2021

4. Date of Expiry of Insurance 01/06/2022

5. Persons or Class of Persons entitled to drive?

(a) Any other person who is driving on the Policyholder's vehicle at the time of the accident

(b) Provided that the Person driving is permitted to do so by the license or other means of regulation in force in the State of the Motor Vehicle or the State of the Person's residence at the time of the accident

(c) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(d) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(e) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

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(i) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

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(q) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(r) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(s) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(t) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(u) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

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(w) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(x) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(y) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle

(z) The policy does not cover any person who is driving on the Motor Vehicle at the time of the accident unless the Motor Vehicle is being used for the purpose of the business of the Motor Vehicle