

NATIONAL Assessment Centre Services

Date In: 23/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/UOI 22004857/m4	SAS e-filing		
Veh No: GBL 2255G	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 17/09/2021 22:30	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: Pedestrian	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

NA 2201399	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	23/05/2022 19:16 (SGT)
Date of Accident	17/09/2021 22:30 (SGT)
Exact Location of Accident	Lor 25A Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2255G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EC TECH ENGINEERING PTE LTD
Company Reg No	2XXXXX617D
Email Address	trevorlck@gmail.com
Mobile Phone No	(Phone) +65-93872377
Alternative Phone No	+65-93872377

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120058592100
Cover Note Number	-

DRIVER

Name of Driver	LAU CHUCK KENG
NRIC No	SXXXX325Z

Date Of Birth	20/12/1968
Occupation	Outdoor
Date Of Driving Pass	16/03/1987
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93872377
Alt. Phone Number	-
Email Address	trevorlck@gmail.com
Address	29 ANCHORVALE CRESCENT
Address complement	#16-37
Postcode	544658
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20210920/2044.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	LAM CHAN FATT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

CD 23/5/22

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

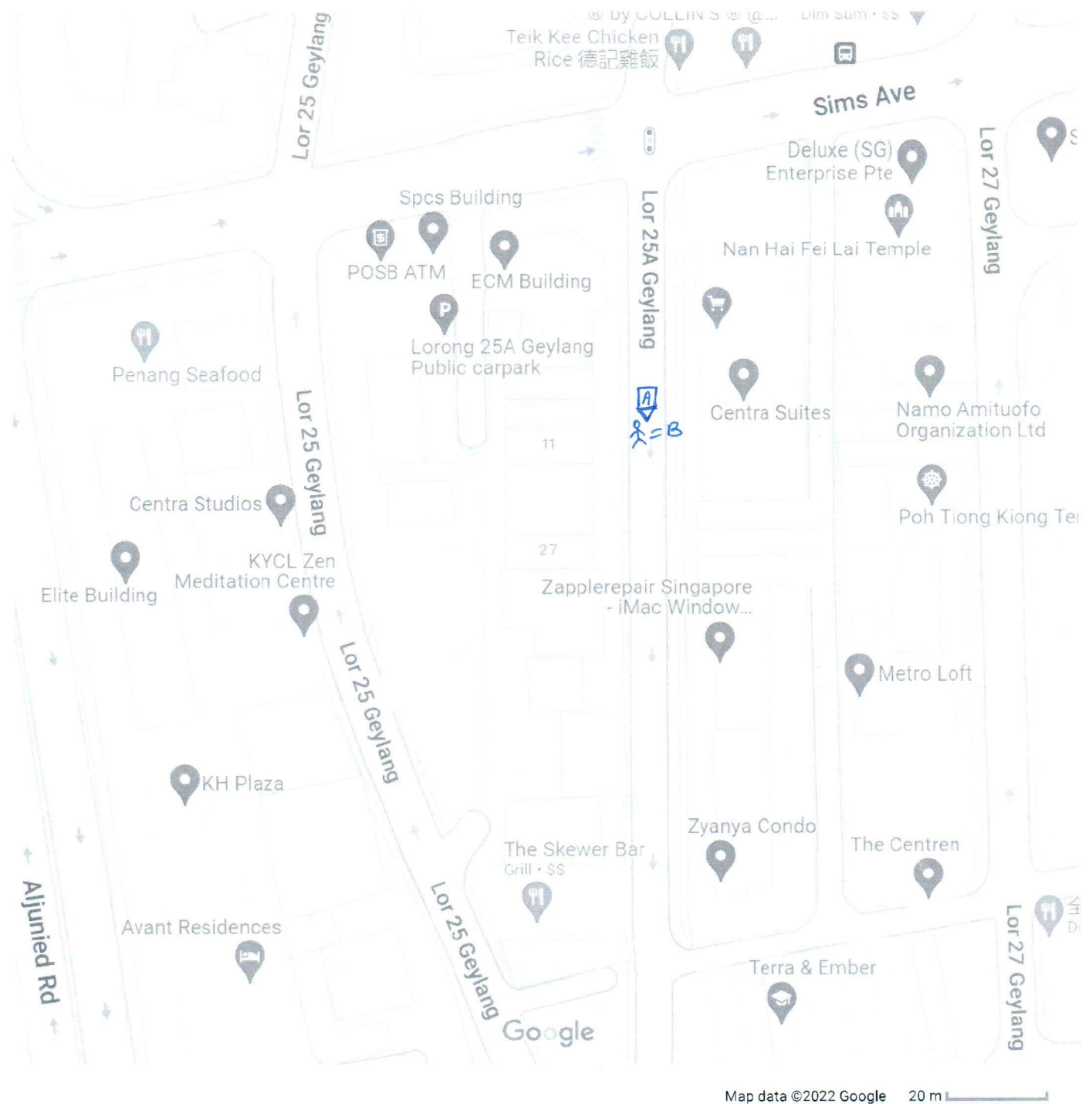
R 23/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan



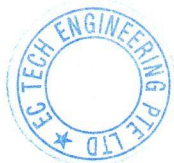
Google Maps



Map data ©2022 Google 20 m

A = GBL 2255G

B = Pedestrian



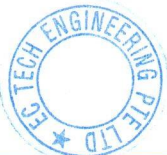
23/5/22

Describe Circumstances of the Accident


— Please refer to the police report: T/20210920/2044. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 23/5/22

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

 23/5/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210920/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20210920/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2021 13:40		Vide Report No.: E/20210917/0248		Station Diary No.: 73	
Informant's Particulars					
Name of Informant: LAU CHUCK KENG			Address: 29 ANCHORVALE CRESCENT #16-37 SINGAPORE 544658		
ID Type / ID No.: NRIC NO / S6847325Z			Contact No.: Home/Office: Mobile: 93872377		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 20/12/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/09/2021 22:30	Type of Location: Straight Road
Location: LORONG 25A GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL2255G	Van					0



**SINGAPORE
POLICE FORCE**



T/20210920/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20210920/2044

CONTINUATION OF REPORT

Brief Details.

On 17/09/2021 at around 2230hrs I was driving my van GBL2255G along Geylang Lorong 25a. At that time, a man fell in front of my van as such I stopped and proceeded to check on him. He informed that he needs to go hospital as I had hit onto him. Since he said that, I proceeded to drop him off at Tan Tock Seng hospital and left after which. I wish to state that he smelled of alcohol.

On 20/09/2021 I received a call from a Traffic Police IO Syed asking me to lodge a report on the matter with reference to (E/20210917/0248). As such I am lodging this report. I wish to state that I did not hit onto the said person.



**SINGAPORE
POLICE FORCE**



T/20210920/2044

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20210920/2044

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
F /
Staff Sgt SRITHARCHANA D/O R
JAYAPRAKAS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/09/2021 13:40

Classification Of Case:

SN 035

Signature:

Singapore Police Force

Vehicle Registration Details

Vehicle No. GBL6742R	Make/ Model CITROEN/BERLINGO VAN 1.5 BLUEHDI EAT8 L2	Vehicle Scheme -
Current Propellant Diesel	Chassis No. VR7EFYHZRLJ959139	Vehicle Type Goods (Closed) Van /Van Panel (Delivery)

Owner's Details

Owner Name:
EC TECH ENGINEERING PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
200916617D

Registered Address
**3007 UBI ROAD 1 #02-430 KAMPONG UBI
INDUSTRIAL ESTATE SINGAPORE 408701**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
GBL2255G

Effective Date of Ownership:
24 Feb 2021

Original Registration Date:
24 Feb 2021

Registration Date:
24 Feb 2021

No. of Transfers:
0

IU Label No.:
1043313369

Vehicle Specifications

Engine No.:
10Q4DR0027739

Chassis No.:
VR7EFYHZRLJ959139

Year of Manufacture:
2020

Primary Colour:
Grey

Secondary Colour:

-

Passenger Capacity:

2

Engine Capacity / Power Rating :

1499 cc / -

Maximum Power Output:

-

Max Unladen Weight:

1480 kg

Maximum Laden Weight:

2370 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$24,446.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$1,223.00

Vehicle Lifespan Expiry Date:

23 Feb 2041

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$0.00

COE No.:

2021022405000965R

COE Expiry Date:

23 Feb 2031

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

- / \$34,471.00

PQP Paid

\$29,184.00

QP (Regn Cat):

--

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

121.43 (g/km)

CEV/VES Rebate Utilised Amount:

-

CO Emission:

0.035660 (g/km)

HC Emission:

0.003590 (g/km)

NOx Emission:

0.043420 (g/km)

PM Emission:

0.320000 (mg/km)

Message:

The vehicle is registered under Early Turnover Scheme.

Printed on 22 Apr 2022 10:55:48

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ACCIDENT STATEMENT

ACCIDENT DATE: (17/09/2021) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: BAYLANG LOR 25A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ABL 22556
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: DHOM120058592100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) (1499cc)
 e) MAKE & MODEL: CITROEN BERLINGO AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: employment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: EC TECH ENGINEERING PTB LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 20916617D CONTACT: 9387 2377
 c) ADDRESS: 3007 UBI RD 1, #02-430
KAMPONG UBI INDUSTRIAL ESTATE S408701

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAU CHUCK KENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SG8F1325Z CONTACT: 9387 2377
 c) ADDRESS: 29 ANCHORVALE CRESCENT, #16-37
S544658

*d) DATE OF BIRTH: (20/12/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/03/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Self-employed

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self-employed

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL:
 b) DRIVER'S NAME: Lam Chan Fatt
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Driver: LAU CHUCK KENG

Email = trevorlck@gmail.com

fax =

VIDEO = NO

* No of passengers
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

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)

ORIGINAL

CERTIFICATE NO.	DH0M120058592100	Excess:	\$500/-SECTION 1 \$100/-WINDSCREEN DAMAGE CLAIM \$3000/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBL2255G		
Name of Insured	EC TECH ENGINEERING PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance	24 February 2021 to 23 February 2023	Engine#	10Q4DR0027739
Hire Purchase	UNITED OVERSEAS BANK LIMITED	Chassis#	VR7EFYHZRLJ959139

MZ 801

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use for the carriage of passengers for hire or reward
- (3) Use whilst drawing a greater number of trailer in all than is permitted by law

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 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).

UNITED OVERSEAS INSURANCE LTD

FSGMY Date : 23/05/2022


For the Company