

NATIONAL Assessment Centre Services

Date In 07/03/2023	Job description	Date & Time Completed	Done by
RefNO NA/III 23002390 /d4	SAS e-filing		
VehNo GBE 8732T	E-mail (within 8hrs. Aft 2hrs)		
DOA 06/03/2023 12:05	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: SLB 5025T	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:-	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

NA2300679	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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*		
	*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 10		
	Invoice date:	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 Actual 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	07/03/2023 11:31 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM TPE TURNING LEFT TO PASIR RIS DR 1,8 EXITING LEFT TO PASIR RIS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8732T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEE SENG CONSTRUCTION PTE LTD
Company Reg No	2XXXXX354E
Email Address	williamlcb@gmail.com
Mobile Phone No	(Phone) +65-91062769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV004127

DRIVER

Name of Driver	WU ZHENLIN
NRIC No	SXXXX759I
Date Of Birth	11/06/1960

Occupation	Outdoor
Date Of Driving Pass	27/09/1996
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91062769
Alt. Phone Number	-
Email Address	williamlcb@gmail.com
Address	APT BLK 208 BOON LAY PLACE
Address complement	# 19-189
Postcode	640208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB5025T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FOO HUA KUI (FU HUAGUI)

NRIC No	SXXXX468J
Contact Number	(Phone) +65-96663552
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	WU ZHENLIN
Gender	Male
Phone No	(Phone) +65-91062769
Address	APT BLK 208 BOON LAY PLACE
Address Complement	# 19-189
Post Code	640208
Approximate Age Years Old	-
Injuries Sustained	NECK,SHOULDER AND BACK PAIN
Injured person in which vehicle?	GBE8732T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~report~~ 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 Actual Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurers to repudiate policy liability.
 4. The ~~is~~ use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any ~~else~~ reporting may be referred to the Traffic Police Department for investigation.
 6. This ~~report~~ will be forwarded by the insurers to 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~~ 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.
3. ~~Consent~~ Under the Personal Data Protection Act (PDPA)
I understand / ~~acknowledge~~ 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 and 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

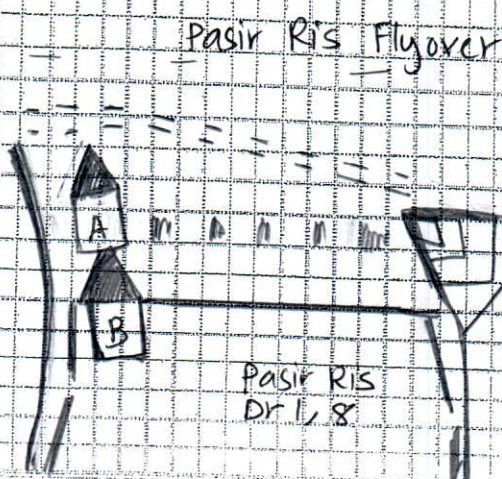


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan From TPE turning left to Pasir Ris Dr 1.8, Exiting left to Pasir Ris Flyover



A - GBE 8732T

B - SLB 5025T

Describe Circumstance of the Accident

I was driving From TPE and I took left to pasir Ris Dr 1.8 to exit to pasir Ris Flyover. As I was waiting at the stop line to exit to the left suddenly vehicle B came and hit the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

[Signature] 07-03-23

[Signature] 7/3/23

**Intemedical Tampines**

201E Tampines Street 23 #01-96 Singapore 527201

GST Reg no. / UEN: 202235459M

INTEMEDICAL**MEDICAL CERTIFICATE****MC No: OD-TP0000006325****NAME: WU ZHENLIN****NRIC: S2645759I**

This is to certify that the above patient name is Unfit for Duty for a period of 3 day
from **06-03-2023** to **08-03-2023** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Arjunan
M62002E


Signature

06/03/2023
Date

DR ARJUNAN KUMARAN
MBBS (S'pore), GDFM(S'pore), DWD (CAV.
MCR 62002E

INTEMEDICAL TAMPINES
201E Tampines Street 23
#01-96 Singapore 527201
TEL: (65) 62233803 FAX: (65) 62233827
EMAIL: contact.tampines@intem.



Intemedical Tampines
201E Tampines Street 23 #01-96 Singapore 527201
GST Reg no. / UEN: 202235459M

TAX INVOICE

Provider: Arjunan

Invoice No. TP001323
Invoice Date: 06/03/2023

WU ZHENLIN (SXXXX759I)

Ref ID : TP01026

208 BOON LAY PLACE, #19-189, BOON LAY PLACE, SINGAPORE, 640208

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
NAPROXEN TAB 275MG	20	TABS	0.50		10.00
FAMOTIDINE TAB 20MG	10	TABS	0.70		7.00
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.50		10.00
METHYLSALICYLATE 30% CREAM 25G (COGESIC MAX)	1	TUBE	8.00		8.00
CONSULTATION	1	EA	18.00		18.00

Subtotal : \$53.00

8% GST : \$4.24

Total : \$57.24

Amount Paid : \$57.24

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-TP001320	06/03/2023	57.24	NETS		

All cheques should be crossed & made payable to

"AKT Medical Pte Ltd"

For safety reasons, medication sold are non refundable and non exchangeable.

ACCIDENT STATEMENT

ACCIDENT DATE: 06/03/2023 (DD/MM/YYYY) TIME: 12:05 (HH:MM)

LOCATION: From TPE turning left to Pasir Ris Dr 1.8, exiting left to Pasir Ris Flyover

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GIB 8732T
 b) INSURANCE COMPANY: India International
 c) POLICY NUMBER: D22 MCV 004127
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Dyna 3.0 AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 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: Lee Seng Construction Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201536354F CONTACT: 9106 2769
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Wu Zhenlin
 b) NRIC/FIN/PASSPORT: S26457591 (MALE / FEMALE)
 c) ADDRESS: APT BLK 208 Boon Lay Place # 19-189,
8640208

d) DATE OF BIRTH: 11/06/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 27/09/1996

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) Neck, shoulder and back pain
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLB 5025T MODEL:
 b) DRIVER'S NAME: Foo Hua Kui (Fu Huaqui)
 c) NRIC/FIN/PASSPORT: S7327468J CONTACT: 9666 3552

9. THIRD PARTY VEHICLE

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

Email = williamlcb@gmail.com


Phone =

Address = NO

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MCV0004127	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : GBE8732T</p> <p>Chassis No : KDY2318022612</p> <p>2. Name of Policyholder : LEE SENG CONSTRUCTION PTE LTD</p> <p>3. Effective date of Insurance : 13 Apr 2022</p> <p>4. Expiry date of Insurance : 12 Apr 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><small>*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.</small></p>	
<p>Excess Sect I : SGD 600.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : United Overseas Bank Limited</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : B000340/INFINITUM FINANCIAL ADVISORY PTE LTD Date of Issue : 11/04/2022 17:59:05 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>	
<p><i>For India International Insurance Pte Ltd</i></p>  <hr style="width: 200px; margin-left: auto;"/> <p>Authorised Signatory</p>	