

# NATIONAL Assessment Centre Services

Date In 24/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT/23003061/d4	SAS e-filing		
Veh No SLW 8480 G	E-mail (within 8hrs. Aft 2hrs)		
DOA 23/03/2023 09:00	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: SLU 2970 J.

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 6610)	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

NA2300872

Claimant's Particulars	Invoice Preparation Checklist	Unit (\$)	Am
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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 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 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	24/03/2023 10:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/03/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY BEFORE ALEXANDRA EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8480G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU SWEE YAM
NRIC No	SXXXX443B
Email Address	lausweeyam123@gmail.com
Mobile Phone No	(Phone) +65-97581018
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1193

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00014632200

#### DRIVER

Name of Driver	LAU SWEE YAM
NRIC No	SXXXX443B
Date Of Birth	12/08/1959
Occupation	Outdoor

Date Of Driving Pass	03/03/1979
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-97581018
Alt. Phone Number	-
Email Address	lausweeyam123@gmail.com
Address	APT BLK 686 HOUGANG STREET 61
Address complement	# 03-172
Postcode	530686
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	Chain 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	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	GOJECK PASSENGER
Gender	Female

#### 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	SLU2970J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-81834581
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX1514Y
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 SWEE YAM
Gender	Male
Phone No	(Phone) +65-97581018
Address	APT BLK 686 HOUGANG STREET 61
Address Complement	# 03-172
Post Code	530686
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLW8480G
Were seat belts worn?	-
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.

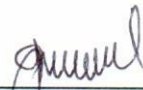
(collectively the "Purposes")

(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

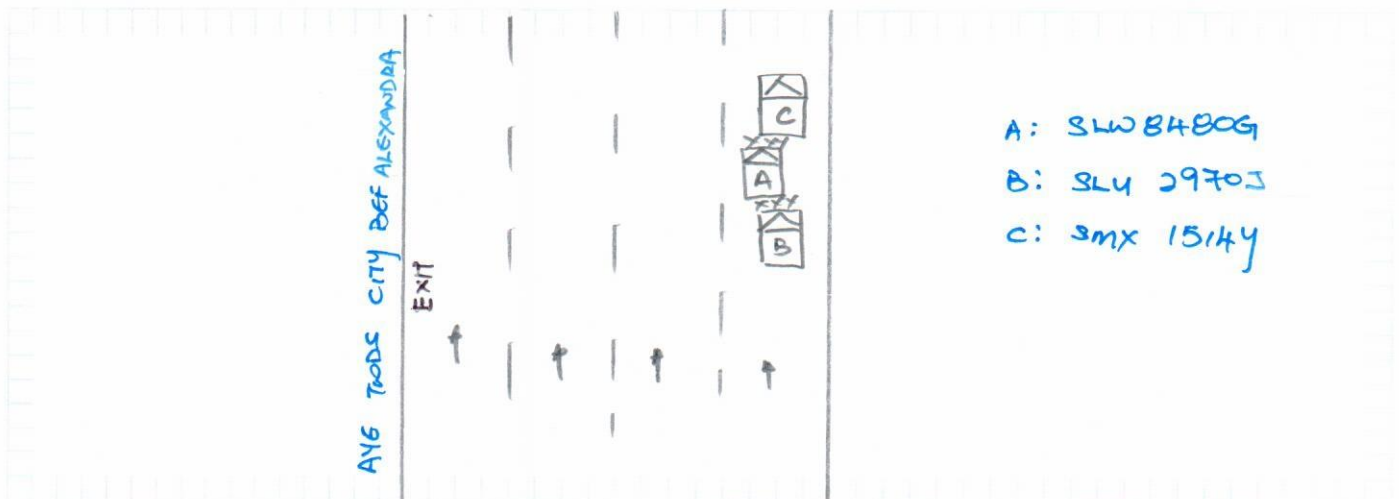
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 24/3/2023  
Witnessed by Reporting Centre Personnel

### Sketch Plan





## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG AYE TOWARDS CITY ON THE RIGHT MOST LANE OF 4 LANES, AS I WAS TRAVELLING STRAIGHT VEHICLE IN FRONT BRAKE AND STOP, I ALSO APPLIED MY BRAKE TO STOP WHEN SUDDENLY ONE M/CAR SLU 2970J CAME FROM MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE, DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED TO M/CAR SMX 1514Y IN FRONT OF ME.

## Declaration

We declare the foregoing particulars are true in every respect.

Y

Policyholder's Signature / Date & Time

Y

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

Guineal 24/3/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: 3LW 8480 G

MAKE &amp; MODEL : MITSUBISHI ATTRAAGE

AUTOMATIC / MANUAL

DATE OF ACCIDENT	23 03 / 2023	CC: 1193
TIME OF ACCIDENT	0900 AM / PM	
LOCATION OF ACCIDENT	A16 TOWARDS CITY BEFORE ALEXANDRA EXIT	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	LAU SWEET YAM	
EMAIL	LAU.SWEET.YAM.123@GMAIL.COM	Office: MOBILE: 97581018
NRIC	S1385443B	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> / ?	
INSURANCE CO	CHINA TAIPIING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO	DMHCSNW 00014632200	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.	
NRIC		
DATE OF BIRTH	12 / 08 / 1959	
ANY PASSENGER	<u>YES</u> / NO: 01	
NAME OF PASSENGER	GOJEK PASSENGER (UNKNOWN)	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	03 / 03 / 1979	
GENDER	<u>Male</u> / Female	
CONTACT NO	Mobile: 97581018	Office:
EMAIL	LAU.SWEET.YAM.123@GMAIL.COM	
ADDRESS	BLK 686 HOUGANG ST 61 #03-172 S(530686)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>OWNER</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> , Who? LAU SWEET YAM	
CONVEYED BY AMBULANCE	<u>No</u> / If yes, Who?	
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> IF YES, WHO?	
VEHICLE B NO.	3LW 2970J	Any Passenger: NOT SURE
NAME		
CONTACT NO.	81834581	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	SMX 1514Y	Any Passenger: 01
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES <u>NO</u>	
Person Reporting	Driver / <u>Owner</u> / Both	
Original Language Used	English / <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

LAU SWEET YAM 123@GMAIL.COM



Motor Hire Car

MZ406L/B

N SN

AN0144A

Cov. Type:C

**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)

CERTIFICATE No.

DMHCSNW00014632200

Engine No.: 3A92UGS6126

Cha. No.:MMBSTA13AJH001892

1. Index Mark and Registration  
Number of Vehicle

SLW8480G

AUTOSAFE

=====

2. Name of Policy Holder

LAU SWEE YAM

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment17/08/2022  
(11:30:14)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

04/09/2023

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN. S\$100.00

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

As per Named Driver(s) stated below.

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.

LAU SWEE YAM

6. Limitations as to use:\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.  
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: LIAN HONG 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: LIAN HONG PTE LTD  
Authorised Officer  
Authorised Signatory