

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 5/6/23	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23005647/T	SAS e-filing		
Veh No: GBL 7316M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/06/23	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: SLL 1226D	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

NA2301647

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditors' Comments :-		
Cat. 1:		
Cat. 2 / 3:		

1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$80)	
3) TF : Towing Fee \$40/\$45	
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) 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 \$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	05/06/2023 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	01/06/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ST 81 TOWARDS TAMPINES AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7316H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAU BROTHERS ALUMINIUM WORKS
Company Reg No	3XXXX300J
Email Address	LAU.BROS.ALU.WORKS@GMAIL.COM
Mobile Phone No	(Phone) +65-96951515
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00124562201

DRIVER

Name of Driver	LAU KIM BUCK @ LAU ZHANG DE
NRIC No	SXXXX427C
Date Of Birth	08/01/1959
Occupation	Outdoor



Date Of Driving Pass	04/05/1979
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96951515
Alt. Phone Number	-
Email Address	LAU.BROS.ALU.WORKS@GMAIL.COM
Address	239 TAMPINES ST 21
Address complement	#01-447
Postcode	520239
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Raining
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)	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 CIRCUMSTANCES OF ACCIDENT.

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	SLL1226D
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 KIM BUCK @ LAU ZHANG DE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	GBG7316H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

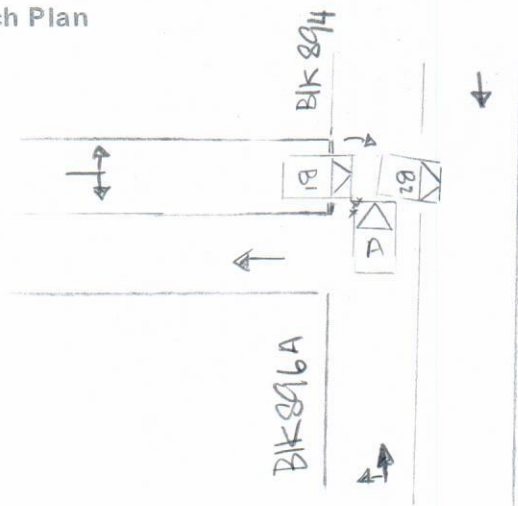
劉兄弟鋁業工程
LAU BRO'S ALUMINIUM WORKS
Blk 3005 Ubi Ave 3 #01-56
Singapore 408861
Licence No: HB-01-2413A
RCB No.: 33348300-J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Blk 824

A: GBG 7316H
B: SLL 1226D
Tampines Street 81
Towards
Tampines Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

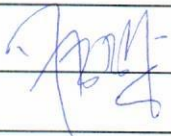
I was driving straight along Tampines Street 81 towards Tampines Ave 3 .

Suddenly, I felt an impact.

Vehicle B dashed out from the minor road of Blk 894 Tampines Street 81 with very high speed and ignored the stop line without checking main road traffic collided into the front portion of my vehicle and caused damages.

Due to heavy rain, we shift our vehicle to Blk 894 carpark, exchange particular and left the

Scene.



DECLARATION

I/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:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

劉兄弟鋁業工程
LAU BRO'S ALUMINIUM WORKS
Blk 3005 Ubi Ave 3 #01-56
Singapore 408861
Licence No: HB-01-2413A
RCB No.: 33348300-J

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RCB No.: 33348300-J

VEHICLE NO:	GBG7316H		MAKE & MODEL:	Nissan Cabstar		AUTO / MANUAL
DATE OF ACCIDENT	01/06/2023		CC	3.0		
TIME OF ACCIDENT	0800		PAV			
LOCATION OF ACCIDENT	Tampines Street 81 Towards Tampines Ave 3					
NAME OF OWNER	Lau Brothers Aluminium Works					
PHONE	LAU.BROS.ALU.WORKS@GMAIL.COM			MOBILE 96951515		
REG	33348300J					
CLAIM TYPE	CD / <u>THIRD PARTY</u>		REPORTING ONLY			
THIRDPARTY	YES / <u>NO</u>					
INSURANCE CO.	CHINA TAIPING					
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO.	DMC VSNW 00124562201					
NAME OF DRIVER	AS ABOVE / IF NO. <u>LAU Kim Buck @ Lau Zhang De</u>					
NRIC	<u>S1358427C</u>					
DATE OF BIRTH	<u>08/01/1959</u>					
ANY PASSENGER	YES / <u>NO</u>					
NAME OF PASSENGER						
GENDER OF PASSENGER	MALE / FEMALE					
OCCUPATION	<u>Outdoor</u> / Indoor					
DATE OF DRIVING PASS	<u>04/05/1979</u>					
GENDER	<u>Male</u> / Female					
CONTACT NO.	Mobile: <u>96951515</u>			Office:		
EMAIL	<u>LAU.BROS.ALU.WORKS@GMAIL.COM</u>					
ADDRESS	<u>239 Tampines Street 21 # 01-447 (S) 520239</u>					
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.		INSURER			
RELATIONSHIP	Employee / If No. <u>Director</u>					
WEATHER CONDITION	Clear / <u>Raining</u> / Other: <u>Heavy Rain</u>					
ROAD SURFACE	Dry / <u>Wet</u> / Other:					
ANY INJURIES	If yes, Who? <u>1 - Lau Kim Buck @ Lau Zhang De</u>					
CONVEYED BY AMPULANCE	<u>NO</u> / If yes, Who?					
POLICE REPORT	<u>NO</u> / If yes, Where?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B NO.	<u>SLL1226D</u>		Any Passenger: <u>NIL</u>			
NAME						
CONTACT NO.						
VEHICLE C NO.	Any Passenger:					
VEHICLE D NO.	Any Passenger:					
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 RECORDING?	YES / <u>NO</u>					
SO ON ACCIDENT THROUS TAKING	YES / <u>NO</u>					
Person Reporting	Driver / Owner / Both					
Original Language Used	English / Mandarin / Others:					
Have you been approach by unknown person soliciting (s)?	YES / NO					
Offering accident claims assistance?	YES / NO					



Motor Commercial

MZ300/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)

R SN

AN0679A

Cov. Type:C

CERTIFICATE No.	DMCVSNW00124562201	Engine No.: ZD30026097N	Cha. No.: JN1SC2F24Z0860211
1. Index Mark and Registration Number of Vehicle	GBG7316H	AUTOSAFE	=====
2. Name of Policy Holder	LAU BROTHERS ALUMINIUM WORKS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/10/2022 (00:00:00)	Excess Sect I .	S\$500.00
		EX ON WINDSCREEN .	S\$100.00
4. Date of Expiry of Insurance	10/10/2023		
5. Persons or Classes of Persons entitled to drive*	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.			
6. Limitations as to use:*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.		
The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			

HIRE PURCHASE CO.: HL BANK

* 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: _____
ABWIN PTE LTD
Authorised Officer

Authorised Signatory