

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 22/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA140123006315/d4	SAS e-filing		
Veh No: GBL 609H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/2023	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: FBT 2661A	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

NA2301842	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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	21/06/2023 15:40 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER SERANGOON ROAD TOWARDS BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL609H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BYMARC SOLUTIONS
Company Reg No	5XXXX229W
Email Address	solutions@bymar.co
Mobile Phone No	(Phone) +65-86930115
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM120058772101

DRIVER

Name of Driver	LAU CHEE HONG
NRIC No	SXXXX944G
Date Of Birth	31/12/1963

Occupation	Outdoor
Date Of Driving Pass	16/04/1990
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90070854
Alt. Phone Number	-
Email Address	solutions@bymar.co
Address	APT BLK 471C FERNVALE STREET
Address complement	# 04-75
Postcode	793471
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?	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
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?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230620/2039

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT2661A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

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.



Law 21/06/2023

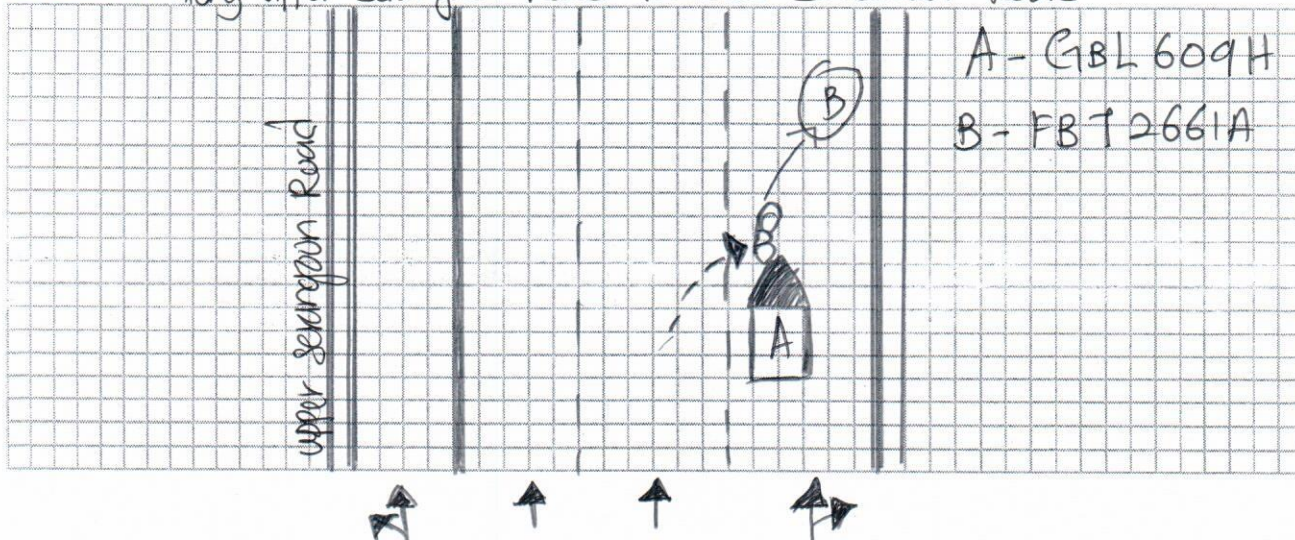
21/06/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Along upper Serangoon Road towards Bendemeer Road



Describe Circumstance of the Accident

please Refer to the attached

police Report

- T/20230620 /2039 -

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Levi 21/06/2023

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

21/06/2023

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



SINGAPORE POLICE FORCE



T/20230620/2039

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3

Report No. T/20230620/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2023 12:42		Vide Report No.: E/20230620/0060	Station Diary No.: 9
Informant's Particulars			
Name of Informant: LAU CHEE HONG		Address: APT BLK 471C FERNVALE STREET #04-75 SINGAPORE 793471	
ID Type / ID No.: NRIC NO / S1616944G		Contact No.: Home/Office: Mobile: 90070854	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 31/12/1963	Type of Informant: Driver
Race: Chinese		Language: Chinese	
Occupation: DELIVERY		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2023 10:40	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Lamp Post Number: 42				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: rear collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT2661A	Motorcycle					0
GBL609H	Van	TOYOTA		Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230620/2039

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

2 of 3

Report No. T/20230620/2039

CONTINUATION OF REPORT

Driver			
Name	LAU CHEE HONG		ID No. S1616944G
Related Vehicle	GBL609H (Van)		Contact No. 90070854
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 20/06/2023 at around 1040hrs, I was driving my van bearing GBL609H along Upper Serangoon road towards the direction of Bendemeer road. 4 lanes in total and I was driving at the extreme right lane. Infront of my vehicle was a motorcycle bearing FBT2661A riding at lane dotted line between lane 1 and 2. Infront of the motorcycle was a van bearing GBF8549B driving at the extreme right lane.

Near to lamp post 42, the said motorcycle suddenly rode right into my path. I could not stop in time and collided to the rear of the said motorcycle.

My in car camera SD is given to the Taffic Police officer at scene.

I am not injured.



**SINGAPORE
POLICE FORCE**



T/20230620/2039

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

3 of 3

Report No. T/20230620/2039

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 2 LEE SIONG HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT JOFILIANO BIN MOHAMED
ALI
Contact No.: 65476960

Signature Of Informant:

Date/Time:
20/06/2023 12:42

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/2023 06 20/0060

I, ASP JUSTIN KHAW.

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TRAFFIC POLICE.

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1 X SD card (Sandisk ultra 64 GB). - GBL 609H.

2

3

4

5

6

7

8

9

10

from LAU CHEE HONG S1616944G.

HP: 9007 0854.

(Name, NRIC or Passport No. / Rank and No.)

of BLK 471C Fernvale St #04-75 (S) 793471

(Address / Police Station / NPC / NPP)

on 20/6/21

(Date)

at 11:20 AM

(Time)

Witnessed by / * Handed over by:

(* Delete if applicable)

Lau.

(Signature)

LAU CHEE HONG

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Justin

(Signature)

ASP JUSTIN

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: A/M is ok w/ SD card to be mailed back.

10 JOFI 6547 6960.

Returned to driver on 21/6/2023 @ 10:10am

Lau.

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 20/06/2023	TIME OF ACCIDENT : 10:40 a.m
VEHICLE NO : GBL 609H	TRANSMISION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : along upper Serangoon Road towards Bendemeer Road
EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : UOI	POLICY NO : DHOM120058772101
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / <u>COUPE/MPV/VAN</u> / LORRY / MOTORCYCLE)
NAME OF OWNER : BYMARC solutions	NRIC : 53366229W
ADDRESS :	CONTACT NO : 8643 0115
EMAIL ADDRESS : solutions@bymar.co	VIDEO RECORDING : <u>YES</u> / NO With TP
NAME OF DRIVER : AS ABOVE / IF NO : Lau Chee Hong	NRIC : <u>S1616944G</u> CONTACT NO : <u>9007 0854</u>
DRIVER OWNER RELATIONSHIP : <u>employee</u>	PASSENGER : <u>0</u> MALE () FEMALE ()
DATE OF BIRTH : 31 / 12 / 1963	DRIVING PASSING DATE : 16 / 04 /
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS : Apt B1K 471C Fernvale street # 04-75, S 793471
ANY INJURIES : <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ? <u>putung pasir</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>FBT 2661A</u>	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : <u>YES</u> / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
146 Robinson Road
#02-01 UOI Building
Singapore 068909
Tel: (65) 6222 7733
Email: contactus@uoi.com.sg
uoi.com.sg
Co.Reg.No.197100152R

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.	DHOM120058772101	Excess	\$500.00/-SECTION 1 \$100.00/-WINDSCREEN DAMAGE CLAIM \$3000.00/-APPL TO <25 YRS & OR <3YRS EXP
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBL609H		
Name of Insured	BYMARC SOLUTIONS		
Restricted Driver(s)	NOT APPLICABLE		
Period of Insurance	26 February 2023 to 25 February 2024	Engine#	1KDB068697
		Chassis#	JTFHT02P300251297
Hire Purchase	UNITED OVERSEAS BANK LIMITED		

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

For the Company



Scan this QR Code
for Reporting Centre.

FSGMY

10/02/2023