

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 27/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/III 23067599/d4	SAS e-filing		
Yeh No: PC 2794Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/2023 19:30	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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:

SMV 896L

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% P: 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

NA2302237

Invoice Preparation Checklist

Amf (\$)

1st 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 First Submission	27/07/2023 10:51 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE LANE PARKING LOT LOADING/UNLOADING BAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2794Z

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LV TRANSPORT SERVICES
Company Reg No	5XXXX423A
Email Address	rickky_lv@yahoo.com.sg
Mobile Phone No	(Phone) +65-92376774
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0008077

### DRIVER

Name of Driver	LEI KIM HUAT
----------------	--------------

Occupation .....	Outdoor
Date Of Driving Pass .....	20/11/1984
Driving experience .....	38 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92376774
Alt. Phone Number .....	-
Email Address .....	rickky_lv@yahoo.com.sg
Address .....	APT BLK 312A ANCHORVALE LANE
Address complement .....	# 06-52
Postcode .....	541312
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Collided into Parked Vehicle
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) .....	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 .....	DAUGHTER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230726/2131

#### ATTACHMENT(S)

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



Vehicle Registration Number	SMV896L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JACKSON TAN KHENG CHIONG
NRIC No	SXXXX904A
Contact Number	(Phone) +65-90707225
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.

### LV Transport Services

Blk 312A Anchorvale Lane

#06-52

Singapore 541312

*27/7/23*

*27/7/2023*

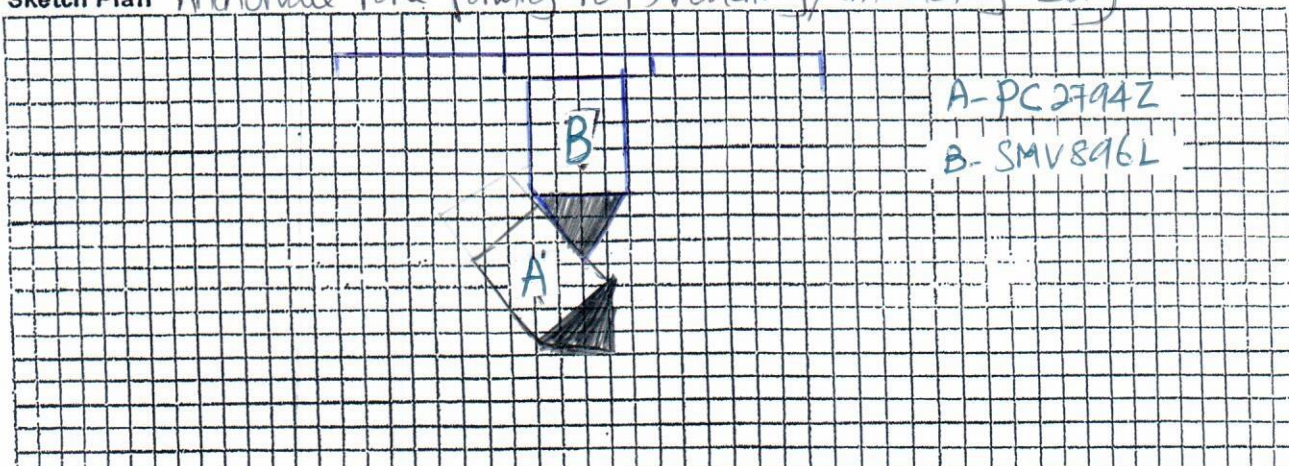
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

*Anchorvale Lane parking lot, loading/unloading Bay*





Describe Circumstance of the Accident

Please refer to the attached police  
Report - #120230726/2131 -

**Declaration**

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

**LV Transport Services**  
Blk 312A Anchorvale Lane

Policyholder's Signature / Date & Time  
Singapore 541312

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

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



# SINGAPORE POLICE FORCE



T/20230726/2131

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20230726/2131

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2023 23:11	Vide Report No.:	Station Diary No.: 138
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: LEI KIM HUAT			Address: APT BLK 312A ANCHORVALE LANE #06-52 SINGAPORE 541312		
ID Type / ID No.: NRIC NO / S1519795A			Contact No.: Home/Office: Mobile: 92376774		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 23/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed (Transport)			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2023 19:30	Type of Location: Loading/Unloading Bay
Location:  ANCHORVALE LANE				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2794Z	Bus/Coach/Minibus	TOYOTA	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB	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/20230726/2131

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20230726/2131

## CONTINUATION OF REPORT

Driver				
Name	LEI KIM HUAT		ID No.	S1519795A
Related Vehicle	PC2794Z (Bus/Coach/Minibus)		Contact No.	92376774
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 26/07/2023 at about 1930hrs, I was driving my minibus out of a lot of blk 312A loading/unloading bay. I heard a sound coming from the left side of my minibus, I reverse back into the lot and went down to take a look. I realized that I had collided to a sports car (unknown vehicle registration plate number) which I believe the color of the car was grey. I waited around the area for the driver to return so that I could exchange details with him. However, he did not show up and I drove to park my minibus in another location. Upon my return back to the accident location about 10 minutes later, I noticed that the parked car was no longer present. I have both front and rear facing cameras installed in my minibus, however I believe that both cameras are not functioning.





**SINGAPORE  
POLICE FORCE**



T/20230726/2131

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20230726/2131

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SGT 2 KANG YONG LER  
JAMESON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/07/2023 23:11

Officer In Charge Of Case:  
TP / GIA /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 26/07/2023	TIME OF ACCIDENT : 19:30
VEHICLE NO : PC2794Z	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Toyota Hiace	LOCATION : Anchorvale Lane parking lot loading/unloading Bay
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : INDIA International	POLICY NO : D22MCV0008077
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) minibus
NAME OF OWNER : Lv transport services	NRIC : 529 31423A
ADDRESS :	CONTACT NO : 9237 6774
EMAIL ADDRESS : rickky-lv@yahoo.com.sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Lei Kim Huan	NRIC : S1519795A CONTACT NO : 9237 6774
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : 2(1) MALE ( ) FEMALE (1)
DATE OF BIRTH : 23 / 10 / 1962	DRIVING PASSING DATE : 20 / 11 / 1984
OCCUPATION: INDOOR / OUTDOOR	ADDRESS : Apt B1k 312A Anchorvale lane # 06-S2, 5541312
ANY INJURIES: NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ? Sengkang
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO : SMV 896L	VEHICLE C REG NO : _____
DRIVER NAME : Jackson Tan Kheng Chiang	DRIVER NAME : _____
NRIC : S8240904A	NRIC : _____
CONTACT : 9070 7225	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:



## 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.: D22MCV0008077**

**COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle : PC2794Z  
Chassis No : KDH2230020321
2. Name of Policyholder : LV TRANSPORT SERVICES
3. Effective date of Insurance : 30 Sep 2022
4. Expiry date of Insurance : 29 Sep 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\*  
Use only for the carriage of passengers or goods in connection with the Policyholder's business.  
**The Policy does not cover**  
a) Use for racing, pace-making, reliability trial or speed-testing.  
b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*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.

Excess Section I & II Separately: SGD1,500.00

Windscreen Excess : SGD100.00

**TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY**

Hire Purchase Company: N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.

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).

Agent/Broker : A000041/P & C INSURANCE AGENCY

Date of Issue : 08/09/2022 17:28:30

M.Z. 600C - OMNIBUS (ORGANIZATION)

For India International Insurance Pte Ltd



Authorised Signatory

