

**NATIONAL Assessment Centre Services** Form 1 (Rev 03) **MNA 118085826.**

Date In: <b>3/7/18 16:55</b>	Job description	Date & Time Completed	Done by:
Ref No: <b>NAI TMZ 18012080164</b>	SAS e-filing		
Veh No: <b>SLL 7417 E</b>	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: <b>2/7/18 10:20.</b>	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: <b>G8E 2364 L.</b>	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

<b>MNA 1804183</b>		<b>Invoice Preparation Checklist</b>		Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		<b>30.00</b>	
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 2003)			
Cat 1		6) TR: Re-inspection \$75			
Cat 2/3		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
		Q1:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		IP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
		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 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 ability.
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 Report	03/07/2018 16:55
Date Of Accident	02/07/2018 10:20
Exact Location Of Accident	CTE TWDS SLE EXIT 1B (TIONG BAHRU RD) SLIP RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL7417E
Insured/Policyholder	
Name Of Registered Owner	MS LEE MEE LING
NRIC No	S7371495H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81803483
Alternative Phone No	OFFICE-81803483
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA 2.4 A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU007535-R00
Cover Note Number	-
Driver	
Name of Driver	MS LEE MEE LING
NRIC No	S7371495H
Date Of Birth	15/09/1973
Occupation	INDOOR
Date Of Driving Pass	05/07/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81803483
Fax Number	
Contact Number	OFFICE-81803483
Email Address	NOEMAIL



Address	10 TAO CHING RD #11-21
Postcode	618725
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2364L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG HANJONG
NRIC/Passport Number	G6130216L
Contact Number	94839762
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LEE MEE LING
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLL7417E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
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.:



SKETCH PLAN

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

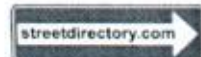
DECLARATION

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.:



Tiong Bahru Community Centre, 67A Eu Chin Street 169715

Location  
or Company

**Tiong Bahru  
Community Centre**  
67A Eu Chin Street  
(S)169715

Map Directions

Map

Building Directory

Photos

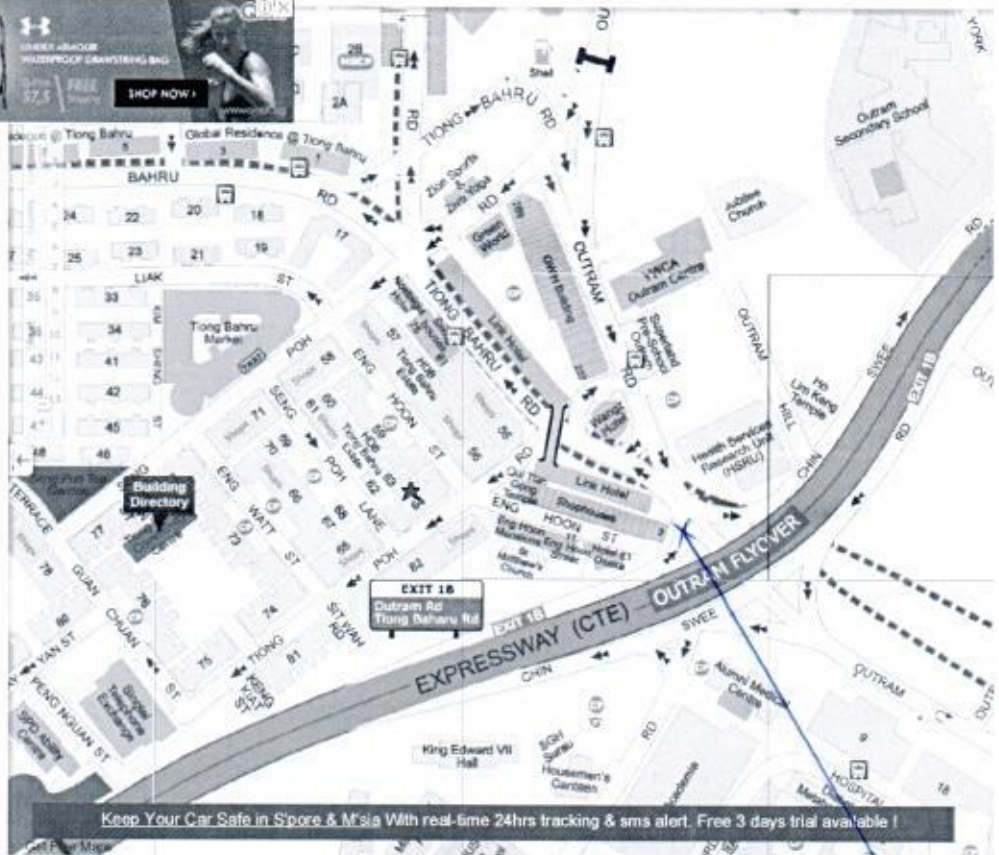
What's Nearby

Get Tips

Getting Here

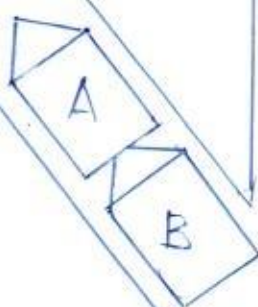


5 Things You Shouldnt Do  
If Hes Cheating On You



Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Tiong Bahru  
Road



Outram  
Flyover

Accident  
site

Exit 1B

A - SLL 7417E

B - GBE 2364L





# SINGAPORE POLICE FORCE



T/20180702/2166

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20180702/2166

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/07/2018 22:46	Vide Report No.:	Station Diary No.: 138
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**Informant's Particulars**

Name of Informant: LEE MEE LING			Address: 10 TAO CHING ROAD #11-21 SINGAPORE 618725		
ID Type / ID No.: NRIC NO / S7371495H			Contact No.: Home/Office:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  Central Expressway towards SLE, Exit 1B slip road Pedestrian Crossing before Tiong Bahru Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

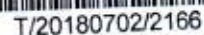
**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2364L	Lorry				Slightly Damaged	1
SLL7417E	Car	TOYOTA	ESTIMA 2.4 A	Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL7417E	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU007535	22/06/2017	13/09/2018





2 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180702/2166

## CONTINUATION OF REPORT

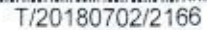
<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE MEE LING	ID No.	S7371495H
Related Vehicle	NIL	Contact No.	81803483
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

**Brief Details.**  
On 02/07/2018 at around 1020hrs, I was driving along the Exit 1B, exiting CTE when I stopped my car before the slip road, entering Tiong Bahru Road. I was waiting and checking for oncoming vehicles when a lorry ( GBE2364L) collided with the rear of my vehicle. I got out of the vehicle and made a check and noticed that the lorry caused my car's rear window to shatter and have several dents on the bumper and the rear frame of my car. The lorry was on the pedestrian crossing at the point of collision. I managed to exchange particulars of the driver of the said lorry and discussed for a solution. The driver of the lorry suggested that we could proceed for a private settlement however, I am inclined to proceed with insurance claimant. I then left the scene. I estimated the damages to cost around few thousand dollars. I wish to state that I suffered a discomfort on the back of my neck, however I have yet to consult a doctor.

Particulars of lorry driver:

Yang Hanjong  
G6130216L  
Chinese/ Male  
H/P:94839762



Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180702/2166

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
D /  
Sgt 2 MUHAMMAD NASIRUDIN BIN KAMAL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time: 02/07/2018 22:46

Classification Of Case:
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**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**S7371495H**

**LEE MEE LING**

Birth Date: 15 Sep 1973  
Issue Date: 01 Oct 2003

000881813C




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7371495H**

Name: **LEE MEE LING**

李美玲

Race: **CHINESE**

Date of Birth: 15-09-1973 Sex: F

Country of Birth: **MALAYSIA**






**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

**PASS DATE 05 Jul 1995**

NP 428A

Licence No: S7371495H



8163190

NRIC No: **S7371495H**

Nationality: **MALAYSIAN**

Blood Group: O+ Date of Issue: 05-07-1995

10 TAO CHING ROAD #11-21  
SINGAPORE 618725

NRIC No: S7371495H Date: 28/05/2017

