

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA1810742**

Date In: <b>20/8/18 - 17:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/0721805770/24</b>	SAS e-filing		
Veh No: <b>5JK273E</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>17/8/18 - 17:15</b>	i-Motor Claim Form		
OD: <b>TP</b> 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>JV 4149 U</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% 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

<b>NA80532</b>	<b>Invoice Preparation Checklist</b>		<b>Amt (\$)</b> In Bill	<b>Amt (\$)</b> Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
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			
	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:			
	OP*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:	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 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	20/08/2018 12:28
Date Of Accident	17/08/2018 17:15
Exact Location Of Accident	CTE (CITY) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK2233E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THE LOCAL LEASING COMPANY PTE LTD
Co Reg No	201632096M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81288649
Alternative Phone No	OFFICE-81288649
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSN1815461800
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE JEROME
NRIC No	S9901345A
Date Of Birth	02/01/1999
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91072102
Fax Number	
Contact Number	OFFICE-91072102
Email Address	NOEMAIL

Address	BLK 667B JURONG WEST STREET 65 #03-161
Postcode	642667
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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)	3
Passenger 1	NAME: : LOKE MEI WAN, PETRINA GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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

REFER TO POLICE REPORT - T/20180820/2045.

#### 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	SJV4149U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDMUND DU ZIJIAN

NRIC/Passport Number	S8415809G
Contact Number	82006940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME:     :
	GENDER:   :

#### DETAILS OF INJURED PERSON 1

Name	LEE JEROME
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SJK2233E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	LOKE MEI WAN, PETRINA
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SJK2233E
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.

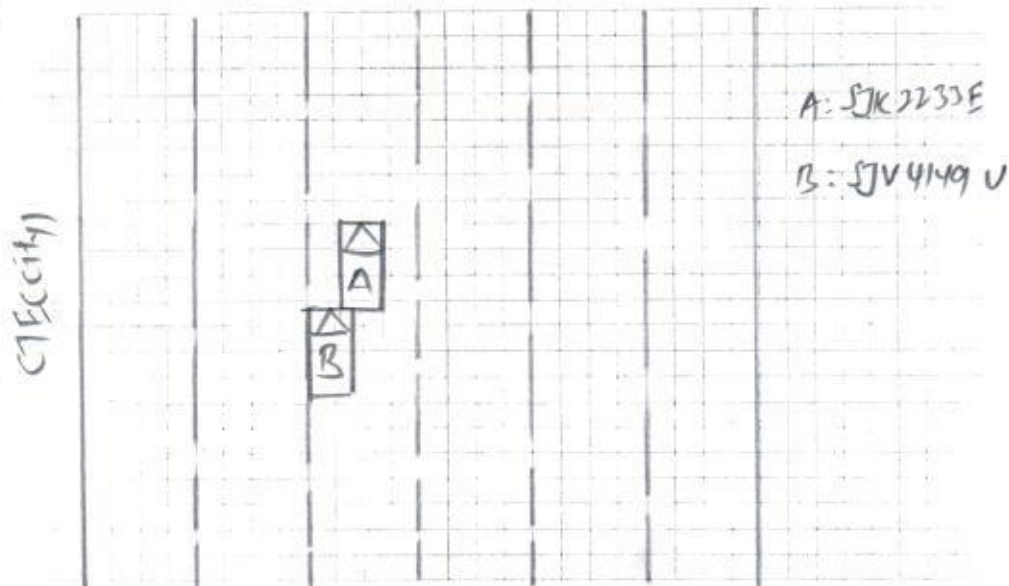


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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:

*[Handwritten signature]*

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

*[Handwritten signature]*





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/20180820/2045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/08/2018 11:53	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LOKE MEI WAN, PETRINA			Address: APT BLK 44 TELOK BLANGAH DRIVE #03-57 SINGAPORE 100044		
ID Type / ID No.: NRIC NO / S9801588D			Contact No.: Home/Office: Mobile: 88669409		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 20	Date of Birth: 16/01/1998	Type of Informant: Passenger		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2018 17:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  CENTRAL EXPRESSWAY BEFORE UPPER SERANGOON ROAD EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJK2233E	Car	MITSUBISHI	LANCER 2.0L MIVEC GLS 6-CVT	Black	Slightly Damaged	2
SJV4149U	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	1





Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**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 JEROME	ID No.	S9901345A
Related Vehicle	SJK2233E (Car)	Contact No.	91917299
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
<b>Passenger</b>			
Name	LOKE MEI WAN, PETRINA	ID No.	S9801588D
Related Vehicle	SJK2233E (Car)	Contact No.	88669409
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/08/2018	Date Discharge	17/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	EDMUND DU ZIJIAN	ID No.	S8415809G
Related Vehicle	SJV4149U (Car)	Contact No.	82006940
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 17/8/2018 at about 1715 hrs, I was in the vehicle bearing registration number SJK2233E and my boyfriend namely LEE JEROME was driving the said rental vehicle. I was carrying my 18-month old baby in my arms at that time. Our vehicle was travelling along the Central Expressway (CTE) and the traffic was very heavy at that time. We were travelling along lane 4 at that time. At one point in time a vehicle which I am unsure of its vehicle number tried to enter my lane from lane 5. The said vehicle cut into my lane in an abrupt manner and hence my boyfriend performed an emergency brake. As a result, another vehicle bearing registration number SJV4149U (Hyundai) which was behind us from lane 3 hit into the rear of our vehicle when it tried to enter our lane 4 when the brake was done.





**SINGAPORE  
POLICE FORCE**



T/20180820/2045

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Report No. T/20180820/2045

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

**CONTINUATION OF REPORT**

We felt the impact and proceeded to stop our vehicle along the said lane along with the Hyundai car. We exchanged particulars and I have informed the car rental company about it. Subsequently I went to a clinic at Mount Alvernia Hospital for a medical check up and I was given 3 day medical leave for neck and lower back injury.



**SINGAPORE  
POLICE FORCE**



T/20180820/2045

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

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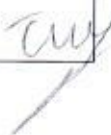
Report No. T/20180820/2045

**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 CHUA JUN QIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2018 11:53
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 	Classification Of Case:
Authentication Stamp NP168	





## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and  
Emergency Department  
No: M18011390

This is to certify that LEE JEROME (S9901345A) is granted medical leave for 2 day(s) from 18/08/2018 to 19/08/2018.

**Type of medical leave:**

- ☒ OUTPATIENT SICK LEAVE  
☐ HOSPITALISATION LEAVE  
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

OH JEN JEN  
MBBS, MRCS(ED (A&E) & M.MED  
MCR : 08966D

A&E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
275, Thomson Rd  
Singapore 300275  
Tel: 63406215

17/08/2018

Date

REPUBLIC OF SINGAPORE DRIVER'S LICENCE

License Number: S9 1345A

Name: LEE JEROME

Birth Date: 02 Jan 1999

Issue Date: 11 Apr 2017

002674245D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9901345A

Name: LEE JEROME

李 承 剛

Race: CHINESE

Date of birth: 02-01-1999

Country/Place of birth: SINGAPORE

Sex: M





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  11 Apr 2017

NP 428A



5300409

NRIC No. S9901345A

Date of issue: 29-04-2014

Address: APT BLK 667B JURONG WEST STREET 65 #03-161 SINGAPORE 642667







## 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.	DMHCSN1815461800	Engine No :4B11BD0694 Chassis No:JMYSTCY4A8U003030
Index Mark and Registration Number of Vehicle	SJK2233E	
Name of Policy Holder	THE LOCAL LEASING COMPANY PTE LTD	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11 MAY 2018 (10:36 HOURS)	EXCESS SECT. II .....S\$1,500.00 EXCESS SECT.II (OUTSIDE SINGAPORE).....S\$3,000.00
Date of Expiry of Insurance	10 MAY 2019	
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.

ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY

3. 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.

\* 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.

Countersigned By:

Authorised Officer



Authorised Signatory