

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA118142462**

Date In: 2/11/18-1853	Job description	Date & Time Completed	Done by
Ref No: NA/17318019975/24	SAS e-filing		
Veh No: JK27122	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 1/1/18 - 2:30	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JK27122	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: 90-100%]	
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

NA1807121	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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:-		
	Q1*		
	*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref. 1:			
Ref. 2 / 3:			

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 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 Report	02/11/2018 18:53
Date Of Accident	01/11/2018 20:30
Exact Location Of Accident	UPP THOMSON RD TWDS LORNIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ717Z
Insured/Policyholder	
Name Of Registered Owner	EMILE LIONEL LEICESTER
NRIC No	S6832788A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90916669
Alternative Phone No	OFFICE-90916669
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90 3.2 R-DESIGN AT ABS D/AB HID AWD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3124221801
Cover Note Number	
Driver	
Name of Driver	EMILE LIONEL LEICESTER
NRIC No	S6832788A
Date Of Birth	10/08/1968
Occupation	INDOOR
Date Of Driving Pass	13/03/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90916669
Fax Number	
Contact Number	OFFICE-90916669
EMail Address	NOEMAIL

Address	BLK 1 QUEEN'S ROAD #02-191
Postcode	260001
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 - CROSS JUNCTION
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: : EMMA LEICESTER GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181102/2029.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE7758U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name EMILE LIONEL LEICESTER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ717Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name EMMA LEICESTER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKZ717Z
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.

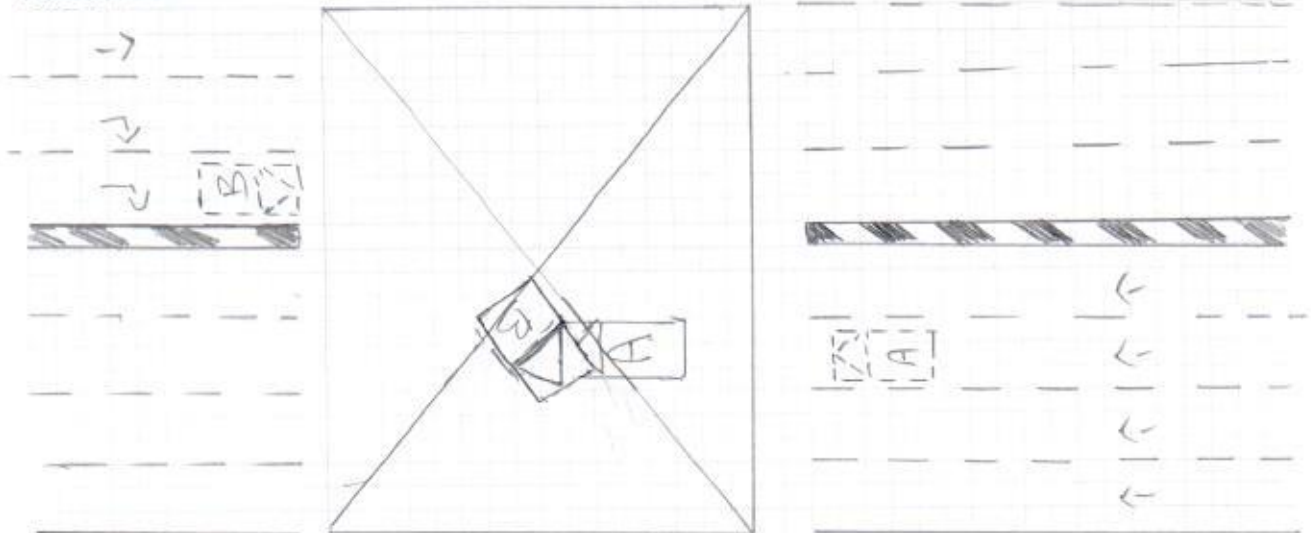
Policyholder's Signature
Date & Time:

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

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

A: SIC2 7172
B: SIC2 7180

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS STATED ON POLICE REPORT NO: T/20181102/2029

PASSENGER: WIFE & DAUGHTER
2 FEMALE

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.:

VEHICLE NO: SK27172

MAKE & MODEL: KOLYO XC90

DATE OF ACCIDENT	01 / 11 / 2018	
TIME OF ACCIDENT	2030 AM / PM	
LOCATION OF ACCIDENT	UPPERTHOMSON ROAD TOWARDS LORNE (BEFORE SELL)	
Exact Purpose use during accident		
NAME OF OWNER	EMILE LONEL LEICESTER	
TELP NO		
NRIC	S6832788A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPC SN3124 221801	
NAME OF DRIVER	As above / If No:	
NRIC	AS ABOVE	Any passengers: 03 (INCLUDING DRIVER)
DATE OF BIRTH	10 / 08 / 1968	Name: Emma Leicester (f)
OCCUPATION	Outdoor / <u>Indoor</u>	Name: Nil (f) - non injured.
DATE OF DRIVING PASS	13 / 03 / 1995	
GENDER	<u>Male</u> / Female	
CONTACT NO	90916669 Office:	Home:
ADDRESS	BLK 2 QUEEN'S ROAD #02-191 S(260001)	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No: AS ABOVE	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	No / If yes : Who? DRIVER & PASSENGER	
CONTACT NO.		
POLICE REPORT	No / If yes : Where? UBI AXE3	
VEHICLE B NO.	SK27584	Any Passenger :
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.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Autowerke Automotive Pte Ltd	
TELP NO	8 Kaki Bukit Ave 4 #05-01/02	
CONTACT PERSON	Premier Building Singapore 415875	
FAX NO.	Alex Ben 9091 0000	
	6282 4292	
	Enquiry @ autowerke.com.sg	



SINGAPORE POLICE FORCE



T/20181102/2029

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181102/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2018 11:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: EMILE LIONEL LEICESTER		Address: APT BLK 1 QUEEN'S ROAD #02-191 FARRER GARDENS SINGAPORE 260001	
ID Type / ID No.: NRIC NO / S6832788A		Contact No.: Home/Office: Mobile: 90916669	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 10/08/1968	Type of Informant: Driver
Race: Eurasian		Language:	Institution / School Name:
Occupation: REGIONAL MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2018 20:30	Type of Location:
Location: Junction of Road 1 and Road 2 THOMSON ROAD MARYMOUNT ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE7758U	Car	TOYOTA	LEXUS GS250 AUTO STANDARD	Grey		2
SKZ717Z	Car	VOLVO	XC90 3.2 R- DESIGN AT ABS D/AB HID AWD	Grey		2



**SINGAPORE
POLICE FORCE**



T/20181102/2029

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181102/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ717Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN31242218 01	07/03/2018	06/03/2019

Brief Details.

ON 1/11/2018 AT ABOUT 2030HRS AT THOMSON ROAD,

I WAS TRAVELLING TOWARDS LORNIE ROAD AND WAS CROSSING THE JUNCTION WITH MARYMOUNT ROAD. AS THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR, I CONTINUED DRIVING STRAIGHT. SUDDENLY, A CAR FROM THE OPPOSITE DIRECTION TURNED FROM THOMSON ROAD INTO MARYMOUNT ROAD. AS A RESULT, I COULD NOT STOP IN TIME AND COLLIDED INTO THE FRONT PASSENGER DOOR OF THE CAR. AFTER THE ACCIDENT, AMBULANCE AND TRAFFIC POLICE ARRIVED AT SCENE. I ALSO HAVE AN IN CAR CAMERA THAT CAPTURED THE ENTIRE ACCIDENT. MY PASSENGERS AND I WERE INJURED BUT HAVE YET TO SEEK MEDICAL TREATMENT.



**SINGAPORE
POLICE FORCE**



T/20181102/2029

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181102/2029

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/11/2018 11:13

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6832788A**

Name: **EMILE LIONEL LEICESTER**

Birth Date: **10 Aug 1968**

Issue Date: **07 Aug 2010**

001830472H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6832788A**

Name: **EMILE LIONEL LEICESTER**

Race: **EURASIAN**

Date of Birth: **10-08-1968** Sex: **M**

Country of Birth: **SINGAPORE**




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

Class	Vehicle Description	EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	14 Jul 1989
Class 2A	Motorcycles between 201 cc and 400 cc	14 Jul 1989
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	13 Mar 1995

NP 428A

Licence No: **S6832788A**



3086528

S6832788A

APT BLK 1 QUEEN'S ROAD #02-191
SINGAPORE 260001
NRIC No: **S6832788A**

Date: **10/09/2016**




MOTOR PRIVATE CAR

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.

DMPCSN3124221801

Engine No :B6324S07011210344

ChaNo:YV1CT9556C1634727

1. Index Mark and Registration
Number of Vehicle

SKZ717Z

2. Name of Policy Holder

EMILE LIONEL LEICESTER

AutoSafe

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

07 March 2018

Named Drivers Ex Sect. I S\$2,000.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

06 March 2019

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : SPEEDO CAPITAL PTE LTD AS HP OWNER

- 6 MAR 2018

* 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: _____

Authorised Officer

Authorised Signatory