

# NATIONAL Assessment Centre Services. (wef 1 Jan 2003) **NAIR 18151912**

Date In: <b>23/4/2008 12:44</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAIR/CTH8021206/Y</b>	SAS e-filing		
Veh No: <b>SLV 4486 Y</b>	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: <b>21/4/2008 18:30</b>	I-Motor Claim Form		
OID / TP: <b>Reporting Only</b>	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>SLV 4486 Y</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/Non-INC) (6789/6016)	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>NAIR 18151912</b>	Invoice Ref: <b>NAIR 18151912</b>	Invoice No: <b>NAIR 18151912</b>
Client Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OID:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged
Auditors Comments:		
Date:		
Page 1 of 1		



### 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	23/11/2018 12:44
Date Of Accident	21/11/2018 18:30
Exact Location Of Accident	CLEMENTI ROAD TOWARDS BUKIT TIMAH
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4486Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEK HWEE LENG
NRIC No	S7930947H
Email Address	LEKLYNN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81336012
Alternative Phone No	OTHERS-81336012

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	REPORTING ONLY
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	DMPCSN3005301800
Cover Note Number	

#### Driver

Name of Driver	LEK HWEE LENG
NRIC No	S7930947H
Date Of Birth	25/09/1979
Occupation	INDOOR
Date Of Driving Pass	29/05/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81336012
Fax Number	
Contact Number	OTHERS-81336012
Email Address	LEKLYNN@GMAIL.COM

Address	123 COMPASSVALE BOW #11-27
Postcode	544819
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	RAINING
Road Surface	WET

#### 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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLS7835U
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

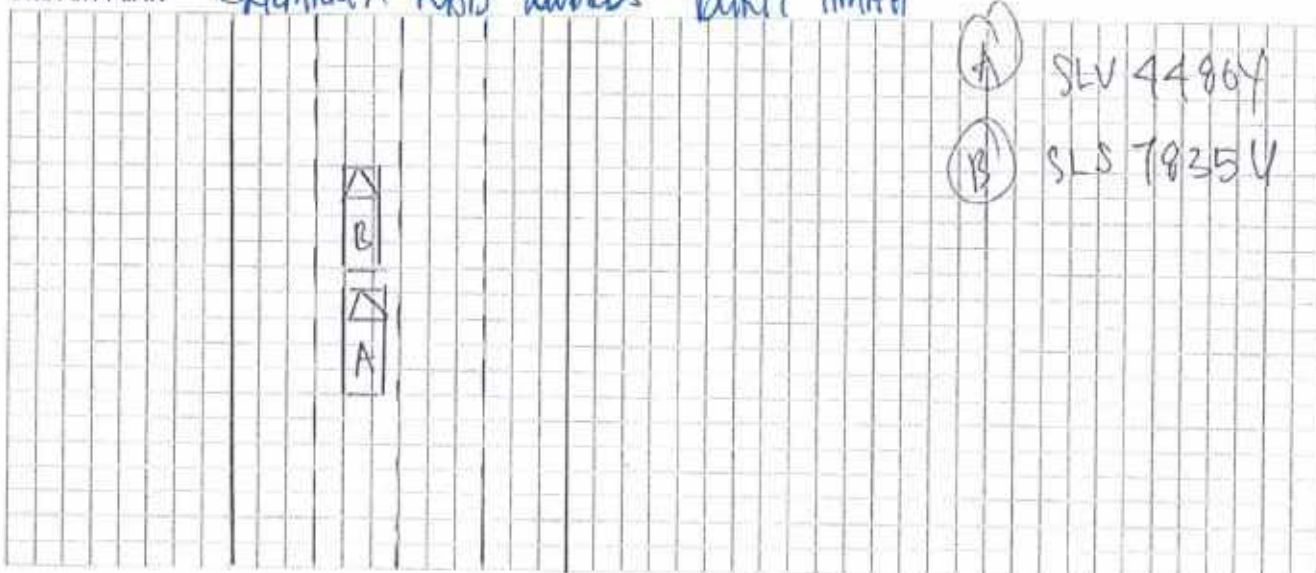
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

CLEMENTI ROAD Towards BUKIT TIMAH





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21-11-2018 at about 18:20hrs, I was travelling along Clementi Road Towards Bukit Timah. The traffic was on slow moving. As I was heading straight, all of a sudden the front vehicle SLS 7935U slow down, I couldn't stop on time and collided onto the said vehicle.

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.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 21-11-2018		TIME: 18:30hrs (hh:mm) 24 hrs Format	
LOCATION: Clementi Road Towards Bukit Timah			
VEHICLE NUMBER: SLV 4486Y			
INSURED NAME: Lek Hwee Leng			
NRIC / FIN: S793094TH		CONTACT: 8133 6012	
MAKE: Toyota		MODEL: Vios E Auto	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting Only			
INSURANCE COMPANY: China			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: BMPCSN 3005301800			
NAME DRIVER:		( <input checked="" type="checkbox"/> ) SAME AS INSURED	
NRIC / FIN:		CONTACT:	
DATE OF BIRTH: 26-09-1979			
DRIVING PASS DATE: 29-05-1998			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( ) MALE ( <input checked="" type="checkbox"/> ) FEMALE			
EMAIL ADDRESS: leklynn@gmail.com		( ) NO EMAIL	
ADDRESS OF DRIVER: 125 Compassvale Bow #11-27 S(544819)			
Number Of Passenger Include Driver: Driver only			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If YES, Injured details :			
Convey By Ambulance: ( ) YES ( ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	No.of Paxs (incl'driver)
Veh B		SLV 7835U	( ) / Not Sure ( )
Veh C			( ) / Not Sure ( )
Veh D			( ) / Not Sure ( )
Veh E			( ) / Not Sure ( )
Veh F			( ) / Not Sure ( )
Veh G			( ) / Not Sure ( )

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7930947H



Name

LEK HWEE LENG

陸慧玲

Race

CHINESE

Date of birth

Sex

20-09-1979

F

Country of birth

SINGAPORE

S7930947H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7930947H

Name

LEK HWEE LENG

Birth Date: 26 Sep 1979

Issue Date: 13 Jul 2004



4680858  
FINIC No: S7930947H



Date of issue

16-02-2011

123 COMPASSVALE ROW #11-27  
SINGAPORE 544819

FINIC No: S7930947H

Valid: 15/10/2014

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE  
29 May 1993



HP 428A





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1F  
H 5N  
AN0166A  
COMPREHENSIVE  
AUTOSAVE

### 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)

C213

\$1343.97

CERTIFICATE No.	DMPCSH3005301800	Engine No : 1NEX945277 Chassis No: MR053NY9305124563
1. Index Mark and Registration Number of Vehicle	SLV4486Y	
2. Name of Policy Holder	MUM LEX HWEI LING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16 JANUARY 2018	NAMED DRIVERS EX SECT. I.....\$5500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....\$93,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....\$5100.00
4. Date of Expiry of Insurance	26 MARCH 2019	
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 \$1500 WILL APPLY TO THE INSURED AND NAMED DRIVER IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : STANDARD CHARTERED BANK SINGAPORE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 5 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.

**LQ BUSINESS PTE LTD**

UEN NO. 201700648N  
180B BENCOOLEN STREET  
#04-02, THE BENCOOLEN  
SINGAPORE 189648

Tel: 6333-4136 Fax: 6334-6238

Countersigned By:

Authorized Officer

24 Hours  
6444-2555

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079900 Tel: 6353 6111 Fax: 6226 3562 Website: www.sg.cntaiiping.com



**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)

C213

\$1343.97

CERTIFICATE No.

DMPCSN3005301800

Engine No : 1NEX945277

Chassis No: MR053HY9305124563

1. Index Mark and Registration  
Number of Vehicle

SLV4486Y

2. Name of Policy Holder

MDM LEX KWEE LENG

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

16 JANUARY 2018

NAMED DRIVERS EX SECT. I.....S\$500.00  
IN ADDITION TO NAMED DRIVERS EX:  
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

4. Date of Expiry of Insurance

28 MARCH 2019

5. Persons or Classes of Persons entitled to drive \*

(A) THE POLICYHOLDER.

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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  
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For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**LQ BUSINESS PTE LTD**

UEN NO. 201700648N

180B BENCOOLEN STREET

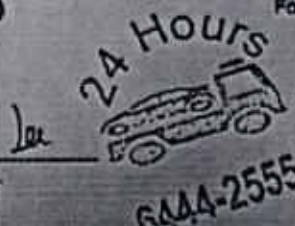
#04-02, THE BENCOOLEN

SINGAPORE 189648

Tel: 6333-4136 Fax: 6334-5238

Countersigned By:

Authorised Officer



Authorised Signatory

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 0947H

### Vehicle Details

Vehicle No.: SLV4486Y  
Vehicle to be Exported: No  
Intended Deregistration Date: 30 Nov 2018  
Vehicle Make: TOYOTA  
Vehicle Model: VIOS E AUTO  
Primary Colour: Blue  
Manufacturing Year: 2009  
Engine No.: 1NZX945277  
Chassis No.: MR053HY9305124563  
Maximum Power Output: 80.0 kW (107 bhp)  
Open Market Value: \$12,717.00  
Original Registration Date: 29 Sep 2009  
First Registration Date: 29 Sep 2009  
Transfer Count: 1  
Actual ARF Paid: \$12,717.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 28 Sep 2019  
PARF Rebate Amount: \$6,358.00

### Intended COE Rebate Details

COE Expiry Date: 28 Sep 2019  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
QP Paid: \$14,310.00  
COE Rebate Amount: \$1,184.00  
Total Rebate Amount: \$7,542.00

The information contained herein is correct as at 22 Nov 2018

OK