

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 118154645

Date In: 29/11/18 14:42	Job description	Date & Time Completed	Done by
Ref No: MMA CTZ 18021601/14	SAS e-filing		
Veh No: SJK 5265T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/11/18 12:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

XD 2324Y

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: 678816616)

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

MMA 1807826

Invoice Preparation Checklist

Amc (\$)

Adm (\$)

Add Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wof 10 Jan 2003)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (Non INC) against INC \$20

9) N12: Idao 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 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	29/11/2018 14:42
Date Of Accident	29/11/2018 12:30
Exact Location Of Accident	TANAH MERAH COAST RD TWDS CHANGI COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5265T
Insured/Policyholder	
Name Of Registered Owner	MR LIE TZE LOONG
NRIC No	S8562404J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97306226
Alternative Phone No	OFFICE-97306226

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	DMPCSN3074961800
Cover Note Number	-

Driver

Name of Driver	MR LIE TZE LOONG
NRIC No	S8562404J
Date Of Birth	16/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97306226
Fax Number	
Contact Number	OFFICE-97306226
Email Address	NOEMAIL

Address	BLK 174 WOODLANDS ST 13 #04-353
Postcode	730174
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	DRIZZLING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ
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

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2324Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GURVINDER SINGH
NRIC/Passport Number	G7957158Q
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIE TZE LOONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJK5265T

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

A = SJK 5265 T
B = XD 2324 Y

Tanah Merah Coast Rd
Changi Coast Rd

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.:



**SINGAPORE
POLICE FORCE**



T/20181129/7010

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

1 of 3

Report No. T/20181129/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 15:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIE TZE LOONG			Address: APT BLK 174 WOODLANDS STREET 13 #04-353 SINGAPORE 730174		
ID Type / ID No.: NRIC NO / S8562404J			Contact No.: Home/Office: Mobile: 97306226		
Nationality: MALAYSIAN			Email: admin@mycar.sg		
Sex: Male	Age: 33	Date of Birth: 16/09/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2018 12:30	Type of Location: Straight Road
Location: TANAH MERAH COAST ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJK5265T	Car	TOYOTA	VIOS E AUTO	Silver	Seriously Damaged	0
XD2324Y	Lorry	FUSO		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK5265T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30749618 00	24/11/2018	23/11/2019



**SINGAPORE
POLICE FORCE**



T/20181129/7010

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

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Report No. T/20181129/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIE TZE LOONG	ID No.	S8562404J
Related Vehicle	SJK5265T (Car)	Contact No.	97306226
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2018	Date Discharge	29/11/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 29/11/2018 about 1230pm I was traveling on my vehicle (SJK5265T) along tanah merah coast road towards changi coast road. While traveling, I slow down because of the traffic ahead of me when I suddenly felt a great impact from the back. I alighted from my vehicle and realise that vehicle B (XD2324Y) had collided front to rear of my vehicle. There was no passenger in my car and vehicle B. I exchanged particulars with the driver and and left the scene after that, there was no traffic police and no one was conveyed from the accident scene.



**SINGAPORE
POLICE FORCE**



T/20181129/7010

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

3 of 3

Report No. T/20181129/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/11/2018 15:33

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

002611447C

S8562404J

LIE TZE LOONG

Birth Date: 16 Sep 1985

Issue Date: 23 Dec 2016



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8562404J

Name

LIE TZE LOONG

李志隆

Race

CHINESE

Date of birth

16-09-1985

Country/Place of birth

MALAYSIA

Sex

M





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 06 Mar 2010



NP 428A

9425044



NRIC No: S8562404J



Nationality

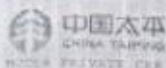
MALAYSIAN

Date of issue

11-11-2016

APT BLK 174 WOODLANDS STREET 13 #04-353
SINGAPORE 730174

NRIC No: S8562404J Date: 05/04/2018



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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

WILL
HOLD
HABITUAL
DOMICILE
WILL

CERTIFICATE No.

DMPCSN3074961800

DMPCSN3074961800

Engine No. 1022000000

Chassis No. 2000000000000000

1. Index Mark and Registration

Number of Vehicle

03652411

2. Name of Policy Holder

MR LIE TEE KOON

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

24 NOVEMBER 2010

SAMED DRIVER EX SECT: 1.00 03000.00

IN ADDITION TO NAMED DRIVERS EX-

EX SECT: 2.00 AGE ** 25 000.00 000.00

EX SECT: 1.00 AGE ** 25 000.00

* AGE AS AT DATE OF ACCIDENT

EX SECT: 1.00 AGE ** 25 000.00

4. Date of Expiry of Insurance

23 NOVEMBER 2011

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 EXAMINED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY EMPOWERMENT OR REGISTRATION IN THAT REGARD 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 OR FOR OTHER PURPOSES SUCH AS RACING, SPEED-TESTING, TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR 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 SEVERE WILL APPLY TO THE NAMED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. - GV CREDIT PTE LTD AS BY ORDER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) 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

3 Anson Road #18-00 Springleaf Tower Singapore 079909 Tel: 6359 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com