

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2018)

May 19 03:38

Date In: 06/03/2019 10:58	Job description	Date & Time Completed	Done by
Ref No: 189/CTH/900400/4	SAS e-Milling		
Veh No: 8KS 7574	E-mail P (w/John 3hrs, A/C 2hrs)		
D.O.A: 12/02/2018 12:00	I-Motor Claim Form		
OID: TP - 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8KV 4951M	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: _____

189/901723	Invoice Information	Amount	Amount
Client 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) NI: 1 Day DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	• NG: Courtesy Car / Tpr Allowance \$5		
	• NG: Repair Coordination \$10		
	• NG: Post Repair Inspection \$25		
	• NG: DV / Collect Excess Coordination \$5		
	• TP (1): TP (Non INC) - claiming \$20		
	• NI: 1 Day 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 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	06/03/2019 10:58
Date Of Accident	12/02/2019 12:00
Exact Location Of Accident	HONG LIM COMPLEX/CHINA SQUARE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS757U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KOK KEONG
NRIC No	S1395100D
Email Address	2004LEEPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96618251
Alternative Phone No	OTHERS-96618251

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	DMPCSN3076641801
Cover Note Number	

### Driver

Name of Driver	NIGEL LEE PING SHA
NRIC No	S9608734I
Date Of Birth	23/02/1996
Occupation	INDOOR
Date Of Driving Pass	16/10/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96618251
Fax Number	
Contact Number	OTHERS-96618251
Email Address	2004LEEPS@GMAIL.COM

Address	BLK 14 TELOK BLANGAH CRESCENT #13-286
Postcode	090014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SKV4951M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOSUKE SATO
NRIC/Passport Number	G6210191T
Contact Number	91199337
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


## 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.

 5  
Policyholder's Signature  
Date & Time:

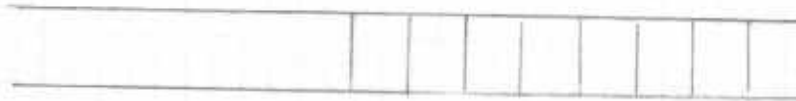
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 06/03/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



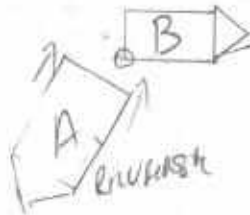
SKETCH PLAN

HONG LIM COMPANY / CITRUS SQUARE CARPARK



A) SKS 757 U

B) SKV 4951 M



EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At a full carpark I reversed intending to exit. His vehicle was parked along the road as he was waiting for parking lot. Due to close proximity, I reversed to his rear end as his vehicle was facing the exit.

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:

06/03/2018  
Reporting Centre Personnel's Signature  
Name: *Rachel Lim Hui*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/2/2019) (DD/MM/YYYY). TIME: (12:00) (HH:MM)

LOCATION: Hong Lim Complex / CHINA Square

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 757 U  
 b) INSURANCE COMPANY: FAL-REMI CHINA TRIPEN  
 c) POLICY NUMBER: 321343  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: AUDI A4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: LUNCH  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LEE KOK KEONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1395100/D CONTACT: 96618251  
 c) ADDRESS: 14 #13-286 TELUK BLANGAH CRESCENT  
SPOKE 090014

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LEE PEN DING SHA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59608734/I CONTACT: 96618251  
 c) ADDRESS: 14 #13-286 TELUK BLANGAH CRESCENT  
SPOKE 090014

\* d) DATE OF BIRTH: (23/02/1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/10/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) NIL  
 b) ROAD SURFACE: (DRY / WET / OTHERS) NIL

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 4951 M MODEL: NISSAN  
 b) DRIVER'S NAME: KOSUKE SATO  
 c) NRIC/FIN/PASSPORT: G6210191 T CONTACT: 91199337

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: NIL MODEL: NIL  
 e) DRIVER'S NAME: NIL  
 f) NRIC/FIN/PASSPORT: NIL CONTACT: NIL

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

email = 204claps@gmail.com  
 VIDEO

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S96087341



Name

NIGEL LEE PING SHA

Race

CHINESE

Date of birth

23-02-1996

Country of birth

SINGAPORE

Sex

M



4754400

SEC S96087341



Date of issue

29-07-2011

Address

APT BLK 14, TELUK BLANGAH CRESCENT  
#13-285  
SINGAPORE 090014

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S96087341

NIGEL LEE PING SHA

Age Lim 25 Feb 1996

Exp Lim 16 Oct 2014



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 1 Motor Cars < 3500kg with < 7 passengers, exclusive 16 Oct 2014  
of the driver, and other motor vehicles < 7500kg

SP 425A





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)

PLM 321343

ORIGINAL

CERTIFICATE No.

DMPCSN3076641801

Engine No :CDN070669

ChaNo:WAUZZZ8K1AA053838

1. Index Mark and Registration  
Number of Vehicle

SKS757U

2. Name of Policy Holder

LEE KOK KHONG

AutoSafe

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

10 November 2018

Named Drivers Ex Sect. I ..... S\$750.00

Additional Ex Other than Named Drivers:

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. : MAYBANK AS HP OWNER

\* 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