

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA19038785

Date In: 25/3/19- 14:20	Job description	Date & Time Completed	Done by
Ref No: HA/C219005 SW/24	SAS e-filing		
Veh No: 56613909	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/3/19- 17:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SA 28234	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

NA1902188	Invoice Preparation Checklist	Am (\$)	Am (\$)
		Est Bill	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) RT: 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:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*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		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 2/3:	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	25/03/2019 14:22
Date Of Accident	24/03/2019 17:30
Exact Location Of Accident	SECOND LINK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL1399Y
Insured/Policyholder	
Name Of Registered Owner	LEE KEH GUAN
NRIC No	S6972242C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516587
Alternative Phone No	OFFICE-97516587
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 2.0L M
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	DMPCSN3057231802
Cover Note Number	
Driver	
Name of Driver	LEE KEH GUAN
NRIC No	S6972242C
Date Of Birth	06/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97516587
Fax Number	
Contact Number	OFFICE-97516587
EMail Address	NOEMAIL

Address	BLK 552 ANG MO KIO AVENUE 10 #07-1984
Postcode	560552
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	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?	
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

REFER TO STATEMENT.

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	SLA2823G
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGOI FOOK CHYE
NRIC/Passport Number	S1368074D
Contact Number	96665273
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

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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:

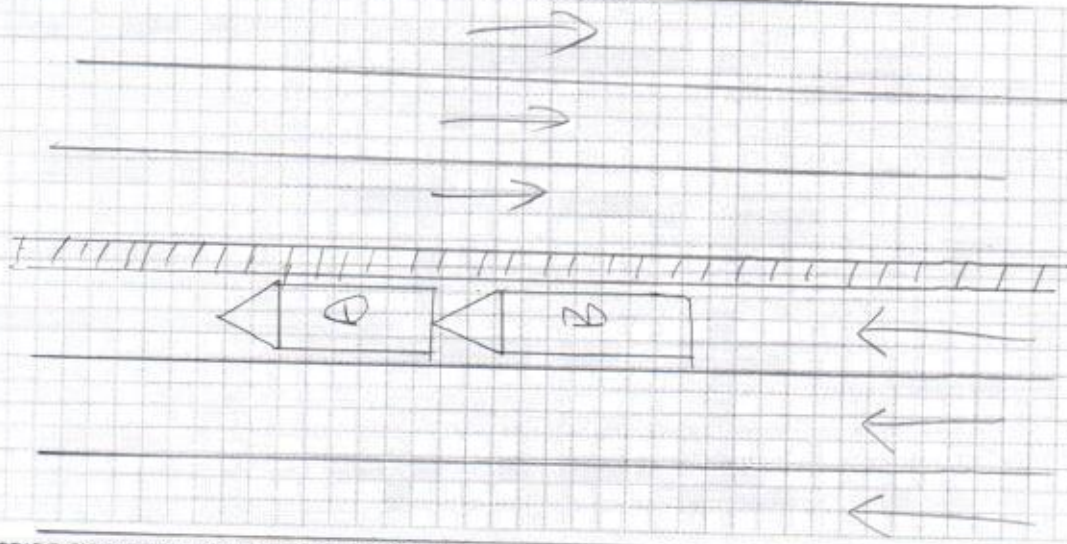
25/07/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Malaysia - Singapore Second Link

A: SGL1399Y
B: SLA2823G




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car vehicle A SGL1399Y along at Malaysia - Singapore Second Link due to heavy traffic my car was stationary at the time suddenly the vehicle B SLA2823G hit on to my car rear


DECLARATION

I/We declare the foregoing particulars are true in every respect.

 75/03/2019

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 STATEMENT

Date Of Accident * 24/03/2019 Time 17.30 Hrs
 Exact Location Of Accident * Malaysia - Singapore Second Link

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SGL 1399 Y

Name of Registered Owner * LEE KEH GUAN
 NRIC/FIN/Passport Number * S6972242C

Manufacturer Honda
 Model Civic

Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others ☐

If No, please state action to be taken
 * Third Party Claim ☒ Reporting Only ☐

Vehicle Category
 * Private ☒ Commercial ☐ Motorcycle ☐

Name of Insurance Company * China Taiping Insure(S) PTE LTD
 Type of Coverage * Comprehensive
 Fleet Policy Yes ☐ No ☐
 Policy Number * DMPCSN305723R02
 Cover Note Number

Name of Driver * LEE KEH GUAN
 NRIC/FIN/Passport Number * S6972242C
 Date of Birth * 06/01/1969
 Occupation * Sole Proprietor
 Date of Driving Pass * 07 Feb 1996
 Gender * Male ☒ Female ☐
 Mobile Number * 97516587
 Address * B1K 552 ANG MO KIO AVE 10 #07-1984 S(560552)
 Email Address

Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured * Owner

SAS 1

passengers: 2 person
 2 female passenger.

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident * Collision - head to rear
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☐ No ☐
Was any other material or property damaged? Yes ☐ No ☐

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☐
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☐
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SLA 2823 G
Vehicle Make / Model / Colour Toyota Estima
Detail Of Properties
Name of Driver * NGOI FOCK CHYE
NRIC/Passport Number S1368074D
Contact Number * 96665273
Email Address
Address
Insurance Company Name
Nature of Damage

Details of Witness

Name
Phone Number
Email Address

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6972242C



Name

LEE KEH GUAN

李克元

Race

CHINESE

Date of birth

06-01-1969

Country/Place of birth

MALAYSIA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S6972242C

LEE KEH GUAN

Valid Date: 06 Jan 1969

Expiry Date: 10 Nov 2008

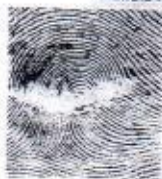


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NRIC No. S6972242C



Date of issue

28-05-2014

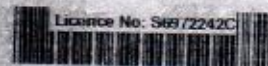
Address

APT BLK 552 ANG MO KIO AVENUE 10
#07-1984
SINGAPORE 560552

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 07 Feb 1996



Licence No: S6972242C

NP 428A



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1F
R SN
AN0056A
Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMPCSN3057231802 Engine No : K20Z21500781
Chano: JHMF25406S200779

1. Index Mark and Registration Number of Vehicle SGL1399Y AUTOSAFE

2. Name of Policy Holder LEE KEH GUAN

3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment 04 September 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

4. Date of Expiry of Insurance 03 September 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 S\$500 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. : CENTURY TOKYO LEASING (S) PTE LTD 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 Signatory