

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 25/04/2019 15:59 | Job description | Date & Time Completed | Done by |
| Ref No: NA/19007339/k4 | SAS e-filing | | |
| Veh No: SKQ 4433M | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 25/04/2019 13:35 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: JPF5271 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%; F: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1903018

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

| Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---|-------------|----------|----------|
| | | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| 3) TF: Towing Fee | \$40/\$45 | | |
| 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:- | | | |
| OP* | | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| *N6: Repair Co-ordination | \$10 | | |
| *N7: Post Repair Inspection | \$25 | | |
| *N8: DV / Collect Excess Coordination | \$5 | | |
| TP (N11): TP (N-n INC) against INC | \$20 | | |
| 9) N12: Idac Mobile | \$0 | | |
| Invoice dated | Fee Charged | | |

Cat. 1:

Cat. 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 | 25/04/2019 15:59 |
| Date Of Accident | 25/04/2019 13:35 |
| Exact Location Of Accident | PIE /CHANGI B4 STEVEN, NEAR TO ERP GANTRY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SKQ4433M |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE CHIN LEONG (LI JINLIANG) |
| NRIC No | S7726981I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97994293 |
| Alternative Phone No | OTHERS-97994293 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C180 AVG (R17 LED) |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1900062883 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------|
| Name of Driver | LEE CHIN LEONG (LI JINLIANG) |
| NRIC No | S7726981I |
| Date Of Birth | 24/09/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/08/2003 |
| Driving Experience | 15 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97994293 |
| Fax Number | |
| Contact Number | OTHERS-97994293 |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 3D LORONG SALLEH #03-01 |
| Postcode | 416751 |
| 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? | 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

PLS REFER TO THE POLICE REPORT : T/20190425/7013

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | JPF5271 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 83525345 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

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.

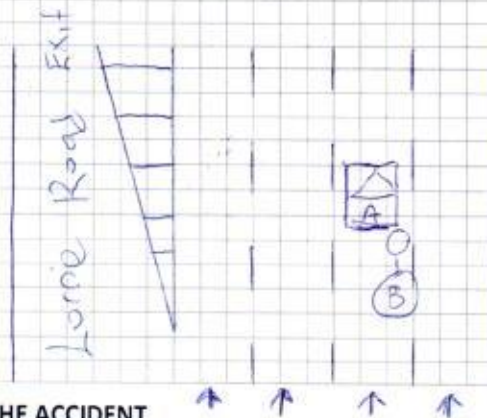
Policyholder's Signature
Date & Time:

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

 25/4/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE/Changi
before Steven, near to
ERP Gantry



A - SKQ4433M
B - JPF5271

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190425/7013

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/20190425/7013

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

1 of 3

Report No. T/20190425/7013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 25/04/2019 15:25 | | Vide Report No.: E/20190425/0093 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE CHIN LEONG | | | Address: 3D LORONG SALLEH #03-01 SINGAPORE 416751 | | |
| ID Type / ID No.: NRIC NO / S726981I | | | Contact No.: Home/Office: Mobile: 97994293 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: dave9693@gmail.com | | |
| Sex: Male | Age: 41 | Date of Birth: 24/09/1977 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Accountant | | | 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: 25/04/2019 13:35 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|---------------|--------------------|--------|-----------|-----------------|
| JPF5271 | Motorcycle | | | | | 1 |
| SKQ4433M | Car | MERCEDES BENZ | C180 AVG (R17 LED) | Silver | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------|--------------|------------|-------------|
| SKQ4433M | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900062883 | 15/03/2019 | 14/03/2020 |



**SINGAPORE
POLICE FORCE**



T/20190425/7013

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

2 of 3

Report No. T/20190425/7013

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | Unknown Rider | ID No. | NIL |
| Related Vehicle | JPF5271 (Motorcycle) | Contact No. | 83525345 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | LEE CHIN LEONG | ID No. | S7726981I |
| Related Vehicle | SKQ4433M (Car) | Contact No. | 97994293 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

At the stated time and date, i vehicle A bearing carplate number (SKQ4433M) was traveling on lane 2 of PIE towards changi before Stevens road. Vehicle in front of me slowed down and I followed suit. Moments later I felt an impact on the rear portion of my vehicle, I alighted and realize a malaysia bike bearing vehicle number (JPF5271) had collided onto my vehicle rear portion.



**SINGAPORE
POLICE FORCE**



T/20190425/7013

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

3 of 3

Report No. T/20190425/7013

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 /
MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

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:
25/04/2019 15:25

Classification Of Case:

IC COLLECTION SLIP



S7726981I (PINK IC)

NAME

LEE CHIN LEONG

FEES

\$100.00

COLLECTION COUNTRY

Please visit (<https://eappointment.ica.gov.sg>) or our mobile app, eAPPT@ICA, to make an appointment.
(18/04/2019)

COLLECTION DATE

LIM KAI ZHEN VANITHA

DATE OF ISSUE

18/03/2019

COLLECTOR OFFICER

SIGNATURE/RTP OF RECIPIENT

COLLECTION HOURS

8.00 am - 4.30 pm (Mon-Fri)
8.00 am - 12.30 pm (Sat)

This slip will be destroyed if not collected within 3 months from the collection date and you will have to pay the fee for a new replacement IC. Do not collect this slip if it is damaged or if it is not your IC. If you are a Singapore Permanent Resident, you may collect the IC on your behalf. Please inform the proxy to produce his/her IC. Proxy collection is not allowed at SingPost and iCollect. Collectors should sign the reverse side of the collection slip.

~~IC replacement fee.~~ within the

Statement with your particulars (Full Name and Account No.).
after. Please be extra careful with your IC.
request for refund of the IC replacement fee for IC recovered
is acceded to. The recovered IC which has been rendered as
void for cancellation.

Date: _____

e-Appointment



ID : S7726981I

Service : Collection of Identity Card

[Logout](#)

Step 4 of 4: Acknowledgement

Thank you for using eAppointment

Your appointment is on **Monday 6 May 2019, at 02:45 PM.**
Please be punctual for your appointment.

*The system will only allow you to change a maximum of **6 appointments** and you will not be allowed to make any further appointments if you have missed the **2 appointments**. Any changes to your appointment will have to be made **2 days** in advance to ensure our operational expediency to serve you within your preferred time.*

[Print](#)

[Rate this e-Service](#)

Click on the buttons or links once only.
Do not use the Back or Forward button on your browser as this may end your transaction.

If you encounter any problems or have any feedback with this e-service, please email ICA_Feedback@ica.gov.sg.

This website is optimised for IE version 10.0, 11.0, Firefox 27.0, 28.0 and Safari 6.1, 7.0, Chrome 34.0, 35.0, Opera 19, 20



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

NAME: _____ NRIC: _____

You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office by 03 APR 2019 (Mondays to Fridays from 8.00 am to 4.30 pm) for the refund of your IC replacement fee.

Please come in person with the following documents:

- 1) Original IC which was recovered;
- 2) Original IC collection slip; and
- 3) Copy of Bank Statement with your particulars (Full Name and Account No.).

Losing an IC is a serious matter. Please be extra careful with your IC.

I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.



Signature of IC Holder

Date: _____

Driver Email: dave9693@gmail.com ✓



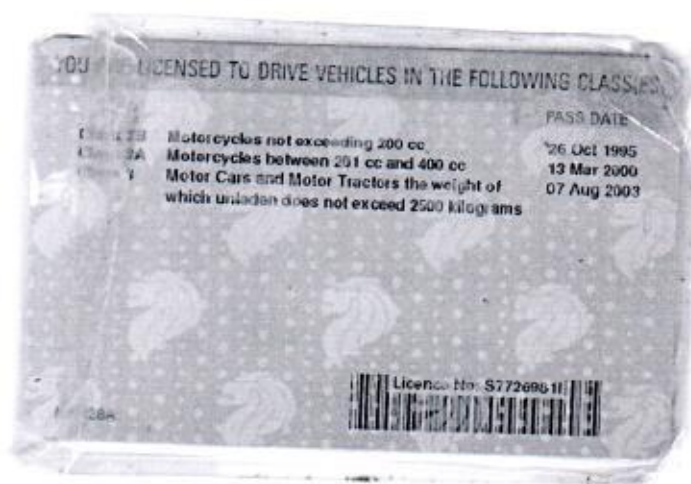
LEE CHIN LEONG



| | |
|----------------|-------------------|
| Sex | Nationality |
| M | SINGAPORE CITIZEN |
| Date of birth | Place of birth |
| 24 SEP 1977 | SINGAPORE |
| Date of issue | Date of expiry |
| 03 NOV 2014 | 09 MAY 2020 |
| Modifications | Authority |
| SEE PAGE 2 | MINISTRY OF |
| National ID No | |
| S77269811 | |

MINISTRY OF HOME AFFAIRS

PASGPLEE<<CHIN<LEONG<<<<<<<<<<<<<<<<<<<<<<<<<
E4943624D1SGP7709243M2005098S7726981I<<<<<28



Email: Lhs Auto Trading@gmail.com ✓

Email: Ihs motorworks@hotmail.com ✓

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LEE CHIN LEONG (LI JINLIANG)
 Period of Insurance : 15 Mar 2019 To 14 Mar 2020
 Engine No. : 27491031674825
 Chassis No. : WDD2050402R477925

Vehicle No. : SKQ4433M
 Policy No. : 1900062883
 Endorsement No. :
 Issued Date : 25 Mar 2019

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person 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/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE CHIN LEONG (LI JINLIANG) - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818

2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612285

CYCLE & CARRIAGE - CELEST
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

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