

# NATIONAL Assessment Centre Services: (wef 1 Jan 05) **MYA 119095977**

Date In: <b>27/1/19-19:17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>44/1921901291474</b>	SAS e-filing		
Veh No: <b>5U13522</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>19/1/19-22:05</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>FAJ5288C</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 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile		
	OP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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	22/07/2019 19:17
Date Of Accident	19/07/2019 22:05
Exact Location Of Accident	JUNC FINLAYSON GREEN & RAFFLES QUAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV1080D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI000894-R02
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE YIN PANG
NRIC No	S1483443E
Date Of Birth	09/04/1961
Occupation	INDOOR
Date Of Driving Pass	17/11/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87991086
Fax Number	
Contact Number	OFFICE-87991086
Email Address	NOEMAIL

Address	BLK 116 SIMEI STREET 1 #05-572
Postcode	520116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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?	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	FBJ5288C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEE YIN PANG
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Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLV1080D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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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 situated 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.



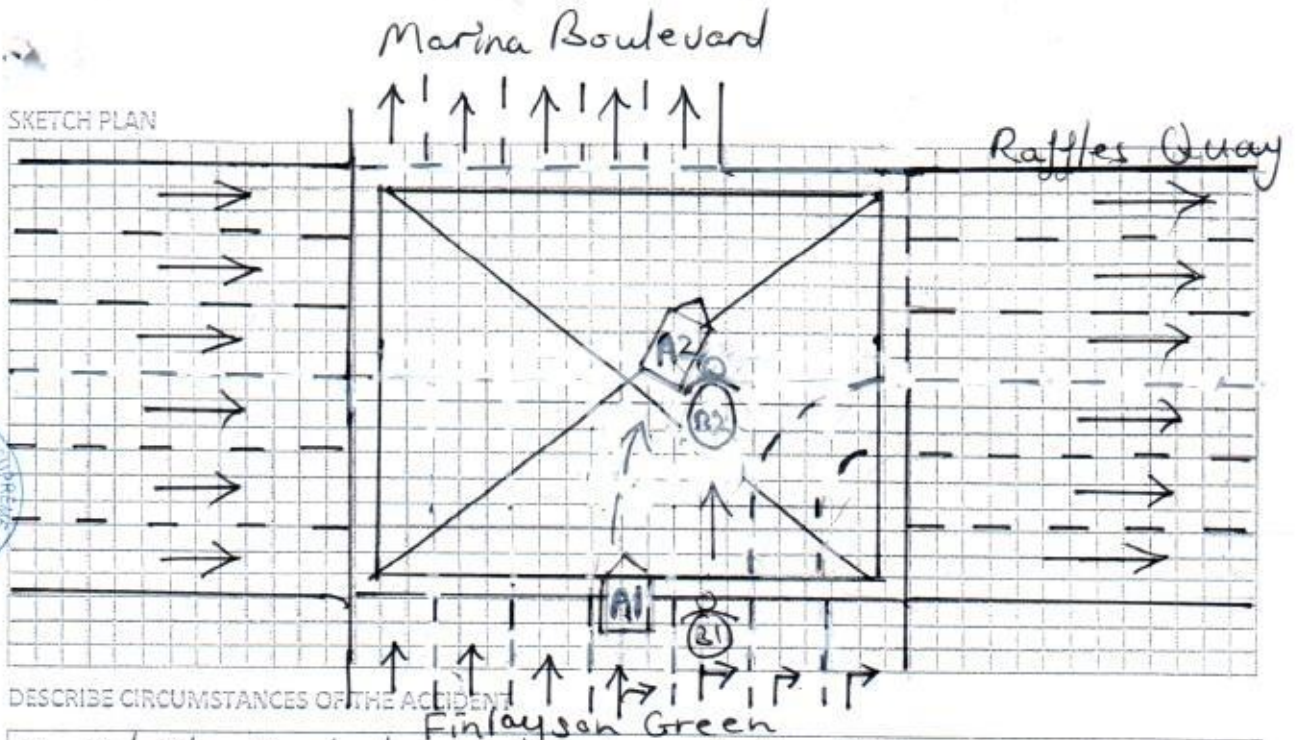
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2019 at about 2205 hrs at Junction of Finlayson

Green and Raffles Quay. I was travelling on the Lane 4 along Finlayson Green and come to a stop behind the 'RED' traffic light while waiting to make a Right turn into Raffles Quay. My vehicle Right signal had already 'ON' throughout the waiting for the traffic light. When the traffic light turns 'GREEN' as such I make my Right turn into Raffles Quay, While doing so, a Vehicle (R) on my Right at a 'Right Turn Only' lane going straight towards Marina Boulevard hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time: 9/05/2019

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

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



pls email to mg3.solutions@gmail.com

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	19/7/19	Time: 22.05	(hh:mm) 24 hr format
Location	Junction of Finlayson Green and Raffles Quay		
Vehicle Number	SLV10800		
Insured Name	SUPREME LEASING & LIMOUSINE PTE LTD		
NRIC / FIN	201710190R	Contact Number	
Make	TOYOTA	Model	SIENNA HYBRID 156 CVT
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting			
Insurance Company	TOKIO MARINE		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number	1A-MJ000894-R02		
Name of Driver	LEE YIN PANG	( ) Same as Insured	
NRIC / FIN	SI483 KX3E	Contact Number	8799 1086
Date of Birth	9-4-1961		
Driving Pass Date	17-NOV-1980		
Occupation ( / ) Indoor ( ) Outdoor			
Gender ( / ) Male ( ) Female			
Email Address	( ) NO EMAIL		
Address of Driver	BLK 116 SIMEL STREET / #05-572 SINGAPORE 520116		
Was driver an employee of the Insured's Company? ( ) Yes ( ) No			
If No, Relationship of the Driver with the Insured <u>Hiree</u>			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( / ) Clear ( ) Raining ( ) Others			
Road Surface ( / ) Dry ( ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No			
Was anybody injured in the accident? ( / ) Yes ( ) No			
If yes, injured detail <u>Driver back &amp; neck pain</u>			
Was there any video captured by Car Camera? ( ) Yes ( / ) No			
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact	
Veh B	FBT 5288C		
Veh C			
Veh D			
Veh E			
Veh F			

1 Driver only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1483443E



LEE YIN PANG

For LKK/NAC Use Only

Race  
CHINESE

Date of Birth

09-04-1961

Sex

M

Country of Birth

SINGAPORE

015022 SLV 10500

2114142



NRIC No. S1483443E



For LKK/NAC Use Only

O+ 09-06-1994

Address  
APT BLK 11C SIMEI STREET 1 #05-572  
SINGAPORE 520116

NRIC No. S:483443E

Date: 02-05-2003

No: 4731275



REPUBLIC OF SINGAPORE DRIVING LICENCE

Passport Number S1483443E

Name LEE YIN PANG

Birth Date 09 Apr 1961

Valid Until 16 Dec 2008

For IRK/NAC Use Only

1000021292H

Driver SLV180V

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Jan 1978
Class 2A	Motorcycles between 201 cc and 400 cc	21 Jan 1978
Class 2	Motorcycles exceeding 400 cc	21 Jan 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Nov 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Apr 1983

NP 428A

Licence No: S1483443E

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No. S1483443E

**For LKK/NAC Use Only**

Issue Date: 5/8/2008

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence


259460

Driver S2010800

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	05/08/2008

**For LKK/NAC Use Only**





### Certificate of Insurance

**Policy No.:** 19-MI000894-R02 (Private Motor Car)

- \* 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

1) Use for racing, pace-making, reliability trial or speed-testing.

- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

## Account: 2500DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Excess - All Claims SGD 1,800
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorized Signature