

Date: 16/11/19 11:22	Job description	Date & Time Completed	Done by
REF: NA/CTE/19020331/44	SAS e-filing		
Ref No: SGP 1828E	E-mail (within 3hrs, A/C 3hrs)		
DATE: 15/11/19 15:30	I-Motor Claim Form		
TP * Rep Only	I-Motor W/O (within 30 hrs, TP * hrs)		
	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: JPF 7141	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 No: 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	Action

WA 1908602

Client's Particulars:	Invoice Registration Checklist	Am (S)	Am (T)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	16/11/2019 11:22
Date Of Accident	15/11/2019 15:30
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 TWDS ENTRANCE TO SLE/BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP1828E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR LEE SOO SUN
NRIC No	S7138873E
Email Address	SOOSUNLEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96535687
Alternative Phone No	OFFICE-96535687

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3070021800
Cover Note Number	

### Driver

Name of Driver	MR LEE SOO SUN
NRIC No	S7138873E
Date Of Birth	04/11/1971
Occupation	INDOOR
Date Of Driving Pass	02/02/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96535687
Fax Number	
Contact Number	OFFICE-96535687
EMail Address	SOOSUNLEE@GMAIL.COM



Address	BLK 307B ANCHORVALE RD #11-56
Postcode	542307
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?	YES
Foreign Vehicle Registration Number	JPF7141 (MOTORCYCLE)
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191115/2172

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JPF7141

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

AH SEONG

NRIC/Passport Number

Contact Number

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.

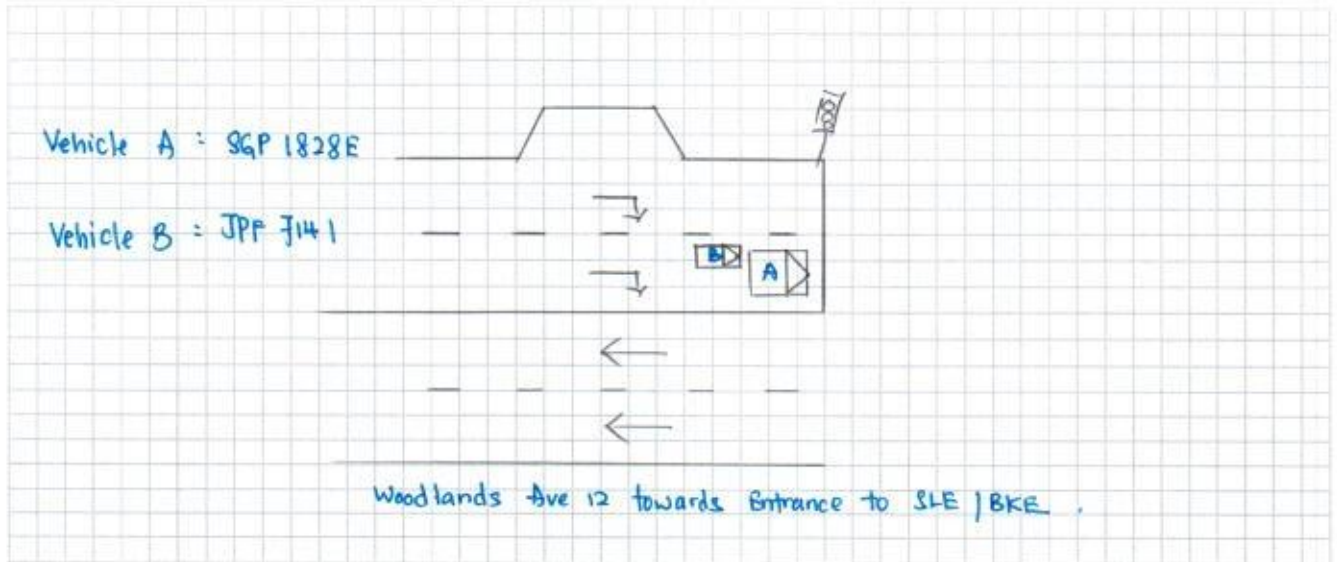
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report T/20191115/2172

## 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.:

VEHICLE NO:	SGP 1828E		MAKE & MODEL:	Toyota Wish	
DATE OF ACCIDENT	15 / 11 / 2019				
TIME OF ACCIDENT	3:30 AM / PM				
LOCATION OF ACCIDENT	Junction of Woodlands Ave 12 towards Entrance to SLE/BKE				
Exact Purpose use during accident					
NAME OF OWNER	Lee Soo Sun				
TELP NO	96535687				
NRIC	87138873E				
CLAIM TYPE	OD / THIRD PARTY / Reporting Only				
INSURANCE CO.	China Taiping				
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMPC8N30700 21800				
NAME OF DRIVER	As above / If No.				
NRIC	8713 8873E				
DATE OF BIRTH	04 / 11 / 1971				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	02 / 02 / 1990				
GENDER	Male / Female				
CONTAC NO.	96535687 Office. Home.				
ADDRESS	<del>BK 307B</del> BK 307B Anchorvale Road # 11-56 (S) 542307				
DRIVER HAVE ANY OWN Vehicle	No / If yes, Reg No.				
RELATIONSHIP	Employee / If No.				
WEATHER CONDITION	Clear / Raining / Other.				
ROAD SURFACE	Dry / Wet / Other.				
ANY INJURIES	No / If yes, Who?				
CONTAC NO.					
POLICE REPORT	No / If yes, Where? Woodlands West N.P.C.				
VEHICLE B NO.	JPF7141				
NAME	An Seong				
CONTAC NO.	+60108805366				
VEHICLE C NO.	Any Passenger.				
VEHICLE D NO.	Any Passenger.				
VEHICLE E NO.	Any Passenger.				
VEHICLE F NO.	Any Passenger.				
ANY WITNESS					
WITNESS CONTACT NO.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
PARTICULAR WORKSHOP					
TELP NO	Z-ONE AUTOMOTIVE PTE LTD				
CONTACT PERSON	1 Kaki Bukit Ave 6, Bk D				
FAX NO.	#01-8777 Autobay @ Kaki Bukit				
	Singapore 417883				
	Tel: +65 6634 2112 Fax: +65 6634 2122				





# SINGAPORE POLICE FORCE



T/20191115/2172

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20191115/2172

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 18:16	Vide Report No.: L/20191115/0111	Station Diary No.: 143
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Informant's Particulars				
Name of Informant: LEE SOO SUN		Address: APT BLK 307B ANCHORVALE ROAD #11-56 SINGAPORE 542307		
ID Type / ID No.: NRIC NO / S7138873E		Contact No.: Home/Office: Mobile: 96535687		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 04/11/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Civil engineer (general)		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: 15/11/2019 15:30	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS AVENUE 12  JUNCTION OF WOODLANDS AVE 12 AND TOWARDS ENTRANCE TO SLE/BKE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
JPF7141	Motorcycle					0
SGP1828E	Car	TOYOTA	WISH 1.8 A	Red	Slightly Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP1828E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30700218 00	23/11/2018	22/11/2019





Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

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Report No. T/20191115/2172

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	AH SEONG	ID No.	NIL
Related Vehicle	JPF7141 (Motorcycle)	Contact No.	0108805366
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
<b>Driver</b>			
Name	LEE SOO SUN	ID No.	S7138873E
Related Vehicle	SGP1828E (Car)	Contact No.	96535687
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.**

On 15/11/2019, I was driving my vehicle, SGP1828E, along Woodlands Ave 12 towards BKE/SLE. There were 2 lanes and I was driving on the right side of the lane. As I approached the junction just before the expressway, the light turned amber. I then braked and slowly came to a stop. After I stopped my vehicle, I put my vehicle in the Park gear. About 2 seconds later, I heard a loud sound from the rear of my vehicle. I then came down to take a look and discovered that a motorcycle, JPF7141, had hit the rear of my vehicle. I then called for ambulance. Ambulance and TP then came and I was given a report number, L/20191115/0111. I was then adviced to lodge a police report. None of my passenger nor I was injured. My vehicle has an in car camera and the memory card was handed over to the TP officer. The damage to my vehicle is the rear tail light on the left side is damaged.



**SINGAPORE  
POLICE FORCE**



T/20191115/2172

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20191115/2172

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 AMIIR HAAMZAH BIN ALFRED  Singapore Police Force	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 18:16
Officer In Charge Of Case: TP / GIT /  Contact No.:	Classification Of Case:

Authentication Stamp  
NP168



**CERTIFICATE OF INSURANCE**

COWELL INSURANCE (Agency) PTE LTD  
8 BURN ROAD | #09-09 TRIVEX S (309977)  
6338 25 92 call | fax 6338 99 08

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)

CERTIFICATE No.	DMPCSN3070021800	Engine No : 1E22752487 Chassis No: 2NE100337359
1. Index Mark and Registration Number of Vehicle	SGP1828E	
2. Name of Policy Holder	MR LEE SOO SUN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 NOVEMBER 2018	
4. Date of Expiry of Insurance	22 NOVEMBER 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.</p> <p>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.</p>	

*\* 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.



Countersigned By:

Authorised Officer



Authorised Signatory