

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 120003599

Date In: 8/1/20 17:12	Job description	Date & Time Completed	Done by
Ref No: NAI CTI 20000553164	SAS e-filing		
Veh No: GW 3040K	E-mail (within 3hrs, AIC 2hrs)		
DGA: 6/1/20 19:35	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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 / GW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown	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 Routine 6789/6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

Client's Particulars:	NA 2000399	Invoice Preparation Checklist	And (\$)	Sub (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120		
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (ver 10 Jan 2003)		
		6) TR: Re-Inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*NS: Courtesy Car / Tpt Allowance \$5		
		*NG: Repair Co-ordination \$10		
		*NJ: Post Repair Inspection \$25		
		*NI: DV / Collect Excess Coordination \$5		
		TP (N11): TP (5-in 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	08/01/2020 17:12
Date Of Accident	06/01/2020 19:35
Exact Location Of Accident	45 QUALITY RD CARPARK LOT 38
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3040K
Insured/Policyholder	
Name Of Registered Owner	LEE KAH HENG
NRIC No	SXXXX473B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84289200
Alternative Phone No	OFFICE-84289200

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3075231904
Cover Note Number	

Driver

Name of Driver	LEE KAH HENG
NRIC No	SXXXX473B
Date Of Birth	20/08/1952
Occupation	INDOOR
Date Of Driving Pass	15/02/1975
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289200
Fax Number	
Contact Number	OFFICE-84289200
Email Address	NOEMAIL

Address	BLK 304 JURONG EAST ST 32 #07-106
Postcode	600304
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200106/2213

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

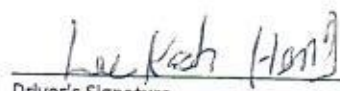
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

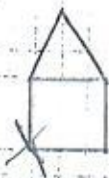
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A: GW30401E

B: Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report NO: T/20200106/2213.

DECLARATION

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

Lee Kah Hong

Policyholder's Signature

Date & Time:

Lee Kah Hong

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 06.01.2020 Accident Time: 19:35 (24-HR-Format)
 Accident Place : 45 Quality Road, Car Park, Lot 38.
 Vehicle. No. (Car Plate No.) : FW3040K Make/Model: Nissan Urvan
 Insurance Company : China Taiping Policy No: DMCVSN3075231904
 Owner or Company Name / IC No. : Lee Kah Heng (S0697473B)
 Owner or Company Contact No. : 8428 9200 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Lee Kah Heng (S0697473B)
 DRIVER'S Date Of Birth : 20 Aug 1952 DRIVER'S License Pass Date 15 Feb 1975
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
 DRIVER'S Address : Blk 304 Jurong East Street 32 # 07-106 Singapore 600304
 DRIVER'S Contact No. / Alt No. : 1) 8428 9200 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): No. Driver, No Passengers.
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle. No: <u>Unknown</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Lee Kah Heng



SINGAPORE POLICE FORCE



T/20200106/2213

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200106/2213

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2020 22:00		Vide Report No.: J/20200106/0125		Station Diary No.: 220	
Informant's Particulars					
Name of Informant: TAN FOH CHOO			Address: APT BLK 304 JURONG EAST STREET 32 #07-106 SINGAPORE 600304		
ID Type / ID No.: NRIC NO / S1189999D			Contact No.: Home/Office: Mobile: 81709055		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 64	Date of Birth: 17/07/1955	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HAWKER STAFF			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2020 19:35	Type of Location: Car Park
Location: Along Road 1 QUALITY ROAD 45 Quality Road, Car-park, Lot 38				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3040K	Van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200106/2213

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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Report No. T/20200106/2213

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAN FOH CHOO	ID No.	S1189999D
Related Vehicle	GW3040K (Van)	Contact No.	81709055
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
Vehicle Owner			
Name	Lee Kah Heng	ID No.	S0697473B
Related Vehicle	GW3040K (Van)	Contact No.	82489200
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.

My husband, Mr Lee Kah Heng, had parked our vehicle, GW3040K, since a month ago at the carpark of 45 Quality Road, lot 38. Since then my husband went through operation and not able to drive the car.

On 06/01/2020 at about 1830hrs, I received a call from my friend that my vehicle were damaged. I then came to the scene and saw my vehicle were damaged on the rear. I then called for police assistance. The traffic police came and took down my particulars and gave me a report number, J/20200106/0125 incharge IO Jerry. There is a in-car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200106/2213

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200106/2213

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:

J /

Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD
TASRIN

Signature Of Informant:

Tan Joke Choo

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2020 22:00

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

SN 126



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

MZ300/P
R SN
AN0584A
Cov. Type: F

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No. DMCVSN3075231904

Engine No : ZD30028392
ChaN0: JN1MG4E2520701024

1. Index Mark and Registration Number of Vehicle GW3040K
2. Name of Policy Holder LEE KAH HENG
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21 November 2019
4. Date of Expiry of Insurance 20 November 2020

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:

- (1) Use in connection with the Policyholder's business.
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
(3) Use for social, domestic or pleasure purposes.
The Policy does not cover
(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
(2) Use whilst drawing a trailer except the towing 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.

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: Gan Li Jia Jesca
Authorised Officer

Authorised Signatory