

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 2005380

Date In: 3/2/05 - 14:04	Job description	Date & Time Completed	Done by
Ref No: NAJ022001810/24	SAS e-filing		
Veh No: 65J8972C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/2/05 - 8:30	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: JF6780	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

NA2000984	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl 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: Idac 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	03/02/2020 19:04
Date Of Accident	02/02/2020 18:30
Exact Location Of Accident	HARVEY AVE TWDS HARVEY CRES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8977C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SG LEASING PTE LTD
Co Reg No	2XXXXX520E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1937751900
Cover Note Number	

### Driver

Name of Driver	LEE SHIET XIANG
NRIC No	SXXXX779E
Date Of Birth	15/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87986315
Fax Number	
Contact Number	OFFICE-87986315
Email Address	NOEMAIL

Address	BLK 469 TAMPINES STREET 44 #08-156
Postcode	520469
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200203/2002.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG737A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GIM LEE
NRIC/Passport Number	
Contact Number	96859525
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LEE SHIET XIANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBJ8977C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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.

x

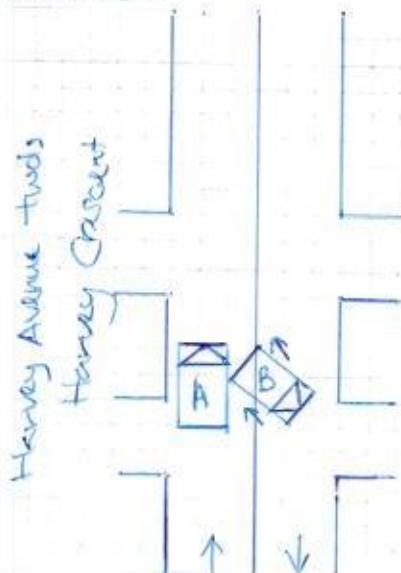


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Veh A: GBJ 8977C  
Veh B: SFG 737A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No. T/20200202 / 2002

## 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.:



<b>Vehicle No.</b>	GBJ 8977C		<b>Model / Make</b>	Nissan NV200
<b>Date of Accident</b>	2/2/2020			
<b>Time of Accident</b>	1830		HRS	
<b>Location of Accident</b>	Along Harvey Avenue towards Harvey Crescent			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	SG Leasing Pte Ltd			
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	201317520E			
<b>Address</b>	15 Yishun Industrial Street 1 #01-08 S(768091)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	China Taiping			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	DMCVSN1937751900			
<b>Name of Driver</b>	As Above If No, Lee Shiet Xiang			
<b>NRIC</b>	S8033779E		<b>Any Passengers :</b>	0
<b>Date of birth</b>	15/10/1980			
<b>Occupation</b>	Outdoor / Indoor			
<b>Driving License Pass Date</b>	20/6/2003			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 469 Tampines Street 44 #08-156 S(520469)			
<b>Driver have any own vehicle</b>	<input checked="" type="radio"/> No, If yes, Reg No.			
<b>Relationship</b>	Employee, If no, state <i>hirer</i>			
<b>Weather condition</b>	<input checked="" type="radio"/> Clear Raining Other			
<b>Road Surface</b>	<input checked="" type="radio"/> Dry Wet Other			
<b>Any Injuries</b>	No, <input checked="" type="radio"/> If Yes, Who?			
<b>Name And Contact No.</b>	Lee Shiet Xiang 87986315			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, <input checked="" type="radio"/> If Yes, Where?		Bedok North NPC	
<b>Vehicle B No.</b>	SFG 737A		Any Passengers :	
<b>Name of Driver</b>	Lim Gim Lee		Contact No. : 96859525	
<b>Vehicle C No.</b>			Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E no.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Right portion			
<b>Camera Recorder</b>	<input checked="" type="radio"/> Yes / No			
<b>Email Address</b>	frankie1sx@yahoo.com.			
<b>PARTICULAR WORKSHOP</b>	N-K1 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Zi Ting			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			





**SINGAPORE  
POLICE FORCE**



T/20200203/2002

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No, T/20200203/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2020 01:14	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: LEE SHIET XIANG			Address: APT BLK 469 TAMPINES STREET 44 #08-156 SINGAPORE 520469		
ID Type / ID No.: NRIC NO / S8033779E			Contact No.: Home/Office: Mobile: 87986315		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 15/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 HARVEY CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: REAR TO SIDE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8977C	Car				No Damage	0
SFG737A	Car				No Damage	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200203/2002

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20200203/2002

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE SHIET XIANG	ID No.	S8033779E
Related Vehicle	GBJ8977C (Car)	Contact No.	87986315
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM GIM LEE	ID No.	S7918312A
Related Vehicle	SFG737A (Car)	Contact No.	96859525
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 02/02/2020 at about 6.30pm, I was driving van bearing registration number GBJ8977C along Harvey Crescent. When I was driving along the Harvey Crescent, suddenly the vehicle bearing registration number SFG737A reverse his vehicle and collided onto my right side of my van. I then stopped my van and went out to check what had happened. The driver of vehicle SFG737A then informed me that earlier on there was one vehicle going the same way as such he drove his vehicle at the side in order for the other car to drove past. When I drove forward, he did not noticed my van and reverse his vehicle as such collided at the right side of my van.

We then exchange particular and left. No ambulance or traffic police needed. On 02/02/2020 at about 11pm, I went to Mount Alvernia Hospital as I felt my neck and my leg area pain due to the accident. I was then given 5 days Medical Certificate.



SINGAPORE  
POLICE FORCE



T/20200203/2002

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20200203/2002

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:  
G /  
Sgt 3 TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/02/2020 01:14

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU-LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



## 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)

CERTIFICATE No.	DMCVSN1937751900	Engine No :K9KE628D667290 Chassis No:VSKYBAM2020177551
1. Index Mark and Registration Number of Vehicle	GBJ5977C	
2. Name of Policy Holder	M/S SG LEASING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 SEPTEMBER 2019 (17:02 HOURS)	EXCESS SECT. I .....S\$1,500.00 EXCESS SECT. II .....S\$1,500.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	29 SEPTEMBER 2020	
5. Persons or Classes of Persons entitled to drive *		
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION OR TO WHOM THE VEHICLE IS HIRED.</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, 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.</p>		
6. Limitations as to use: *	<p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD BY ANY PERSON TO WHOM THE VEHICLE IS HIRED.</p>	
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p> <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.</p>		

**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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory