

Date In: 01/10/2020 16:45	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/20010562/Y	SAS e-illing		
Vali No: SLK 3305B	E-mail (by date time, A/C time)		
D.O.A: 30/09/2020 14:40	1-Motor Claims Form		
OIP <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (With: OD time, TP time)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax/Hand to Owner/Wire		

Preferred Wkep / INC Assign Wkep / OW: () Tolt () Fax: ()

TP Particulars: Yeh No: **SLK 3305B** 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 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engi-In-Charge):	1) All Accident Reporting (\$30)	
	2) DA / Damage Assessment (\$100) INC ()	
	3) TP Towing Fee	\$45
	4) PT Follow-Through Survey	\$15
	5) PT Follow-Through Survey (Resurvey)	\$20
	6) TR Inspection (Not for Inc Only (over 10 Jan 200))	\$25
	7) NI + 1 day DA + EMRI Survey	\$160
	8) NTUC Additional Services:	
	OIP	\$3
	* NI: Courtesy Car / Tpl Allowance	\$10
* NI: Reps Coordination	\$25	
* NI: Post Repair Inspection	\$5	
* NI: DV / Collat Unconv Coordination	\$25	
* NI: TYP (SG INC) replace INC	\$25	
* NI: 1 day 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	01/10/2020 16:45
Date Of Accident	30/09/2020 14:40
Exact Location Of Accident	ALONG HOLLAND ROAD TOWARDS ULU PANDAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4700J
Insured/Policyholder	
Name Of Registered Owner	JASON LEE BOON MENG
NRIC No	SXXXX422H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90466939
Alternative Phone No	OTHERS-90466939

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF TSI
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMHCSNA00001992001
Cover Note Number	

Driver

Name of Driver	JASON LEE BOON MENG
NRIC No	SXXXX422H
Date Of Birth	23/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1986
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90466939
Fax Number	
Contact Number	OTHERS-90466939
EMail Address	NOEMAIL

Address	31 KOVAN ROAD #11-34
Postcode	545021
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?	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)	2
Passenger 1	NAME: : PASSANGER GENDER: : FEMALE

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20201001/7023

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	SLK3305B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	JASON LEE BOON MENG
Approximate Age	
Injuries Sustain	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SLB4700J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:


01/10/2020

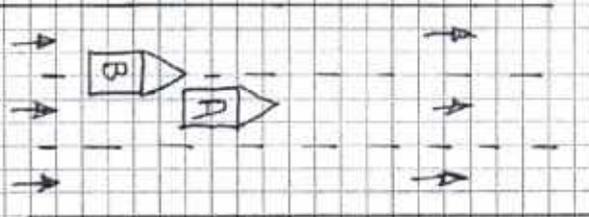
Reporting Centre Personnel's Signature
Name: *Reda Chafiq*
NRIC/FIN No.:

SKETCH PLAN

HOLLAND ROAD - ULU PANDAN

VEH A = SLB4700J

VEH B = SLK 3305B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NUMBER : 7/2020/001/7023

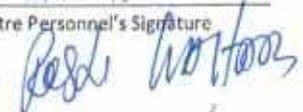
A large rectangular area with horizontal lines, mostly crossed out with a diagonal line from the bottom-left to the top-right.

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:

 01/10/2020
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 30/09/2020 TIME : 1440 hrs
LOCATION : HOLLAND RD - ULU PANDAN

VEHICLE NUMBER : SLB4700J MAKE/MODEL VW GOLF TSI

OWNER INSURED : _____

NRIC NO. : S6817422H CONTACT NUMBER: 90466939

INSURANCE COMP: _____ POLICY NUMBER: _____

TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : JASON LEE BOON MENG NRIC NO.: S45021

ADDRESS: 31 KOVAN ROAD #11-34 POSTAL: S45021

CONTACT: 90466939 EMAIL: _____ GENDER: M

DOB: 23-05-1968 DATE OF PASS: 02-01-1986

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES () NO

IF NO, RELATION OF DRIVER WITH INSURED:

() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS

WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING

ROAD SURFACE: () DRY () WET () SLIPPERY

WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED : NECK & SHOULDER PAIN

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: _____

() YES () NO POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: 02

PARTICULAR OF PASSENGER : GRAB PASSENGER () MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B SLK3305B NAME /NRIC: _____ CONTACT: _____

VEHICLE C _____ NAME /NRIC: _____ CONTACT: _____

VEHICLE D _____ NAME /NRIC: _____ CONTACT: _____

VEHICLE E _____ NAME /NRIC: _____ CONTACT: _____

VEHICLE F _____ NAME /NRIC: _____ CONTACT: _____

VEHICLE G _____ NAME /NRIC: _____ CONTACT: _____

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



**SINGAPORE
POLICE FORCE**



T/20201001/7023

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

1 of 4

Report No. T/20201001/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2020 14:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JASON LEE BOON MENG		Address: 31 KOVAN ROAD #11-34 SINGAPORE 545021	
ID Type / ID No.: NRIC NO / S6817422H		Contact No.:	Mobile: 90466939
Nationality: SINGAPORE CITIZEN		Email: bulugong@hotmail.com	
Sex: Male	Age: 52	Date of Birth: 23/05/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other attendants (eg swimming pool attendant)		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2020 14:40	Type of Location: Straight Road
Location: HOLLAND ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB4700J	Car	VOLKSWAGO N	GOLF 1.2 TSI AT 5G12BZ	Silver		0
SLK3305B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201001/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB4700J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00001992001	08/04/2020	07/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JASON LEE BOON MENG		ID No.	S6817422H
Related Vehicle	SLB4700J (Car)		Contact No.	90466939
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	JASON LEE BOON MENG		ID No.	S6817422H
Related Vehicle	SLB4700J (Car)		Contact No.	90466939
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	01/10/2020		Date	01/10/2020
No. of Days granted Medical Leave	05		Degree of	Slight
Passenger				
Name	GRAB PASSENGER		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20201001/7023

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

3 of 4

Report No. T/20201001/7023

CONTINUATION OF REPORT

Brief Details.

On the 30/09/2020 at around 1440hrs, I was driving vehicle SLB4700J along Holland Road towards Ulu Pandan direction in lane 2. Suddenly I felt an impact, and vehicle SLK3305B had collided onto my left rear portion. I have a lady passenger with me from Grab Booking. After, the next day I felt pain on my shoulder and neck, and I went to a nearby clinic Intermedical Kovan to seek treatment and was given 5days mc.



**SINGAPORE
POLICE FORCE**



T/20201001/7023

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

4 of 4

Report No. T/20201001/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
01/10/2020 14:21

Classification Of Case:



Motor Hire Car

MZ406L/B

R SN

AND575A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.	DMHCSNA00001892001	Engine No.: CYV359508	
		Cha. No.: WWWZZZAUZGWD89113	
1. Index Mark and Registration Number of Vehicle	SLB4700J	AUTOSAFE	*****
2. Name of Policy Holder	JASON LEE BOON MENG		
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	08/04/2020	Excess Sect. I	\$S\$1,250.00
		Excess Sect. I (Outside Singapore)	\$S\$2,500.00
		Excess Sect. II	\$S\$1,250.00
4. Date of Expiry of Insurance	07/04/2021	Excess Sect. II (Outside Singapore)	\$S\$2,500.00
		EX ON WINDSCREEN	\$S\$100.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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.		
THE POLICYHOLDER	ANY AUTHORISED DRIVER		
6. Limitations as to use**	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.		
	The Policy does not cover (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 1967 (Malaysia), are not to be included under these headings.			

I/We hereby Certify that this 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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Ho Li Hwa Irene
Authorised Officer

Authorised Signatory