

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] JN0920C90008

Date In: 16/12/22 - 16:30	Job description	Date & Time Completed	Done by
Ref No: NAK722003995/24	SAS e-filing		
Veh No: 5642953	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/12/22 - 11:30	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: PDE71985	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:	Date & Time Completed	Done by
(INC hotline: 6788 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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:-		
	QD*		
	*N5: 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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments: \_\_\_\_\_



## 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 Submission	16/12/2020 16:32 (SGT)
Date of Accident	15/12/2020 11:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	twds city after alexandra exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN295J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEO CHEW KEE
NRIC No	SXXXX112G
Email Address	reyedm3201@gmail.com
Mobile Phone No	(Phone) +65-98167448
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Isis
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00160762000
Cover Note Number	-

#### DRIVER

Name of Driver	LEO CHEW KEE
NRIC No	SXXXX112G
Date Of Birth	10/01/1952
Occupation	Indoor

Date Of Driving Pass .....	07/12/1973
Driving experience .....	47 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98167448
Alt. Phone Number .....	+--
Email Address .....	reyedm3201@gmail.com
Address .....	BLK 208A CLEMENTI AVENUE 6
Address complement .....	#20-117
Postcode .....	121208
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201216/7009.

#### 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 .....	FBE7198S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



## 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:



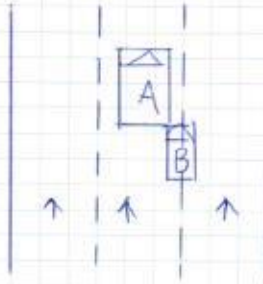
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN

A/E Towards City  
after Alexandra Exit

A → SGN 295 J

B → FBE 7198 S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

## DECLARATION

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

*[Signature]* *[Signature]*

Policyholder's Signature  
Date & Time:

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

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

## SINGAPORE ACCIDENT STATEMENT

### Accident Details

Date of Accident: 15/12/2020

Time of Accident: 11:30 (AM) / PM)

Location of Accident: AYE (Towards City) after Alexandra Exit

Country/State of Loss: Singapore

Type of Accident: head to rear right

Weather Condition: Clear / Raining / Not in List

If Not in List, please specify \_\_\_\_\_

Road Surface: Dry / Wet / Not in List

If Not in List, please specify \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / No

If yes, against whom? \_\_\_\_\_



### Details of Own Vehicle

Vehicle Registration No: SGN 295 J

Vehicle Category: Private

Vehicle Manufacturer: Toyota Vehicle Model: IS15 1.8A

Transmission: Manual / ~~Auto~~ Cc: 1794

No. of passengers (including driver) 1

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: China Taiping (DMPCSN W00160762000)

Coverage Type: ACT / ~~Comprehensive~~ / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / ~~NO~~

Registered Owner Name: Leo Chew Kee

ID Type: UEN / ~~NRIC~~ / Passport or FIN / Work Permit

Registered Owner ID: 50161112 G

Email: reyedm3201@gmail.com

Mobile No: 98167448

Alt. No Type: ~~Home~~ / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: 98167448



### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Leo Chew Kee

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S016112G

Date of Birth: 10/01/1952

Driving Pass Date: 07/12/1973

Mobile No: ~~9816~~ 98167448

Email: reyedm3201@gmail.com

Address 1: B1K 208A Clementi Avenue 6 #20-117

Address 2: \_\_\_\_\_

Postal Code: S(121208)

Occupation: Indoor / Outdoor

Driver Owner Relationship \_\_\_\_\_

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: FBE 7198 S

(ii) Vehicle Category: Bike

(iii) No. of passengers (including driver) 1

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

### **Injured Person's Details**

Was anyone injured in the accident? ~~Yes~~ / No

Any injured conveyed to hospital by Ambulance? Yes / ~~No~~

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Witness Details**

Was there any witnesses? Yes / ~~No~~

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

### **Files**

Are accident photos available for attachment? Yes / ~~No~~

Was there any video captured? Yes / ~~No~~

Was there any audio captured? Yes / ~~No~~





# SINGAPORE POLICE FORCE



T/20201216/7009

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

1 of 3

Report No. T/20201216/7009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 11:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEO CHEW KEE			Address: 208A CLEMENTI AVENUE 6 #20-117 SINGAPORE 121208		
ID Type / ID No.: NRIC NO / S0161112G			Contact No.: Home/Office: Mobile: 98167448		
Nationality: SINGAPORE CITIZEN			Email: REYEDM3201@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 10/01/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2020 11:30	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
FBE7198S	Motorcycle					0
SGN295J	Car	TOYOTA	ISIS 1.8 A	Grey		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20201216/7009

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20201216/7009

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGN295J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001607 62000	03/11/2020	02/11/2021

### Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBE7198S (Motorcycle)	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	Slight
<b>Driver</b>			
Name	LEO CHEW KEE	ID No.	S0161112G
Related Vehicle	SGN295J (Car)	Contact No.	98167448
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

### Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SGN295J) on AYE(City) after alexandra flyover. Suddenly I felt a bang from the rear of my vehicle. I alighted and saw a bike bearing (FBE7198S) collided onto the rear right portion of my vehicle. He came and apologise to me saying that the Sun rays blinded him. We then exchange contact and decided to proceed with insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20201216/7009

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

3 of 3

Report No. T/20201216/7009

**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 / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
16/12/2020 11:01

Classification Of Case:



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0357A

Cov. Type: C

### 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. DMPCSNW00160762000

Engine No.: 1ZZ2695150

Chassis No.: 2NM100036013

1. Index Mark and Registration  
Number of Vehicle

SGN295J

AUTOSAFE

2. Name of Policy Holder

LEO CHEW KEE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

03/11/2020

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

4. Date of Expiry of Insurance

02/11/2021

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.  
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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED

\* Limitations rendered inoperative by Section 6 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

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CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.