

NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

SM0920CT000M

Date In: 29/12/20 18:14	Job description	Date & Time Completed	Done by
Ref No MAI 072 200/4677/14	SAS e-filing		
Veh No SDJ 9600J	E-mail (within 3hrs, AIC 2hrs)		
DTA 28/12/20 14:50	I-Motor Claim Form		
(U) (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: SL5 206CE	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 () / Non-INC ()	TP () / Non-TP ()
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Other Remarks:

NA2100825

Customer Particulars:	Invoice / Registration Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30);
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Idao Mobile
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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 29/12/2020 18:14 (SGT)
Date of Accident 28/12/2020 14:50 (SGT)
Exact Location of Accident Sembawang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ9600J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KOK WEE (LI GUOWEI)
NRIC No SXXXX918A
Email Address NICKLEE1983NICKLEE@GMAIL.COM
Mobile Phone No (Phone) +65-90220339
Alternative Phone No +65-90220339

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 DMPCSNW00036242002
Cover Note Number -

DRIVER

Name of Driver LEE KOK WEE (LI GUOWEI)
NRIC No SXXXX918A
Date Of Birth 28/06/1983
Occupation Outdoor

Date Of Driving Pass	08/02/2002
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90220339
Alt. Phone Number	+65-90220339
Email Address	NICKLEE1983NICKLEE@GMAIL.COM
Address	BLK 28 WOODLANDS DR 16 #04-18
Address complement	-
Postcode	737768
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH YAN PHING
Gender	Female

PASSENGER 2

Name	YEO WEI HONG
Gender	Male

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/20201228/7059

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2066E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KOK WEE (LI GUOWEI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SDJ9600J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOH YAN PHING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SDJ9600J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



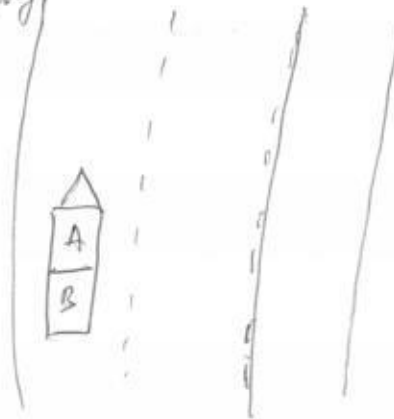
Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN

Sembawang
Road.



VEN A: SDJ9600J


VEN B: SLS2066E


Please refer to police report



DECLARATION

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


Policyholder's Signature
Date & Time:


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


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



SINGAPORE POLICE FORCE



T/20201228/7059

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

1 of 3

Report No. T/20201228/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 23:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK WEE			Address: 28 WOODLANDS DRIVE 16 #04-18 SINGAPORE 737768		
ID Type / ID No.: NRIC NO / S8321918A			Contact No.: Home/Office: Mobile: 90220339		
Nationality: SINGAPORE CITIZEN			Email: NICKLEE1983NICKLEE@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 28/06/1983	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: 28/12/2020 14:50	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
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	Conditio	No of
SDJ9600J	Car	TOYOTA	C-HR HYBRID 1.8S CVT	White	Seriously Damaged	0
SLS2066E	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201228/7059

2 of 3

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

Report No. T/20201228/7059

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ9600J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000362 42002	24/04/2020	23/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOH YAN PHING	ID No.	S8682030G
Related Vehicle	SDJ9600J (Car)	Contact No.	81133871
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/12/2020	Date	28/12/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LEE KOK WEE	ID No.	S8321918A
Related Vehicle	SDJ9600J (Car)	Contact No.	90220339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/12/2020	Date	28/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 28/12/2020 at around 0250pm I was traveling on Sembawang road towards Gambas Avenue just before junction of Yishun Avenue 7. The vehicle in front of me slowed down and stopped, I followed suit. Suddenly I felt an impact from the rear. I alighted and realized that vehicle (SLS2066E) has collided onto my rear. We took photos and exchange particulars. I wish to state that after the accident my wife and I felt pain and discomfort and consulted a doctor at CENTRAL 24 hrs clinic (woodlands).



**SINGAPORE
POLICE FORCE**



T/20201228/7059

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

3 of 3

Report No. T/20201228/7059

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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/12/2020 23:47

Classification Of Case:

Motor Private Car

MX1F

R SN

AN0478A

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.

DMPCSNW00036242002

Engine No.: 2ZR8391896

Cha. No.: ZYX102109873

1. Index Mark and Registration
Number of Vehicle

SDJ9600J

AUTOSAFE

2. Name of Policy Holder

LEE KOK WEE (LI GUOWEI)

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

24/04/2020

Named Drivers Ex Sect. I S\$1,150.00

Additional Ex Other than Named Drivers:

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

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

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

23/04/2021

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.

* 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.

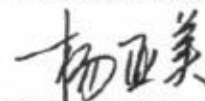
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:

INSURE HUB PTE. LTD.
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28 / 12 / 20 (dd/mm/yy) Time of Accident: 14 : 50 (24-HR-FORMAT)

Vehicle No.: SDJ 9600J Vehicle Make & Model: TOYOTA CHR

Exact location of Accident: Sembawang Road

Policyholder's Name/ IC No.: LEE KOK WEE S83 219184

Driver's Name/ IC No.: _____ (As Above) ☐

Driver's Contact No.: 9022 0339 Company Contact No.: _____

Driver's Address: _____

Insurance Company: China Taiping Email address (if any): nicklej1983nicklee@gmail.com
G13accidentreporting@gmail.com

Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use/ ☐ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 03

Passenger Name: Loh Yan Phing Gender: F

Passenger Name: Lee Wei Hong Gender: M

Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☒ Yes/ ☐ No (If YES) Injured Person's Name: Lee Kok Wei
Loh Yan Phing

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: _____ Vehicle No. SLS2066E

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____