

NATIONAL Assessment Centre Services

Ref: 12102

Date In: 19/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/CTI21000876/13	SAS e-filing		
Veh No: SLF510	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/01/21 1400	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5456479E	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 ()	

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
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	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp 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: 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 Submission	19/01/2021 11:48 (SGT)
Date of Accident	16/01/2021 14:00 (SGT)
Exact Location of Accident	Bideford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF51D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SB EXPRESS LOGISTICS PTE. LTD
Company Reg No	2XXXXX092K
Email Address	liling@sbexpress.com.sg
Mobile Phone No	(Phone) +65-67476188
Alternative Phone No	(Office) +65-67476188

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	MACAN GTS PDK E5 SR
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	DMPCSNW00126232000
Cover Note Number	-

DRIVER

Name of Driver	LEE LI LING LOVINA(LI LILING LOVINA)
NRIC No	SXXXX998F
Date Of Birth	02/06/1980
Occupation	Indoor

Date Of Driving Pass	29/09/2011
Driving experience	9 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91916861
Alt. Phone Number	-
Email Address	liling@sbexpress.com.sg
Address	BLK 475A UPP SERANGOON CRESCENT
Address complement	#02-517
Postcode	531475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	NG SOCK KIANG
Gender	Female

PASSENGER 2

Name	LORNA LEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	SGS6479E
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 LI LING LOVINA(LI LILING LOVINA)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	I'M PREGNANT (OBSERVEATION)
Injured person in which vehicle?	SLF51D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

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.



18/1/21

19/01/21

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A- 5CAF 510

B- 5G56479E

ALONG BIRKBECK ROAD

Describe Circumstances of the Accident


I was travelling straight along Bideford Road on the 2nd lanes of A3-lanes road. The traffic was congested in front of my veh stop and I followed suit. Suddenly veh B came from behind and hit onto my rear portion of my veh. I'm going to see a doctor because I'm pregnant.


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 18/1/21
Driver's Signature (If driver is not the policyholder) / Date & Time

 19/01/21
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (16/01/21) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: ALONG BIDEFOLD RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF510
 b) INSURANCE COMPANY: CHINA TRADING
 c) POLICY NUMBER: DMPCSNW00126232000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SB EXPRESS LOGISTICS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 67476880
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE LI LING LOVINA (LI LING) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SPO15998F CONTACT: 91916861
 c) ADDRESS: BUKIT TUA UPP SERANJUN CREEPER
 #02-517 / 531473

* d) DATE OF BIRTH: (02/06/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/09/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SC56479E MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 (2)

NG SOK KIONG
 LORNA LEE

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

18/01/21

waiting for

company

Stamp

Driver know
 the rule reporting

Email = Li.Ling@SBExpress.com.sg

fax = 67478378

VIDEO = yes, haven't returned

Motor Private Car

MX4F

N SN

AN0579A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 109)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

Engine No.: 006043

Cha. No.: WP1ZZZ95ZHLB62506

CERTIFICATE No.

DMPCSNN00126232000

1. Index Mark and Registration
Number of Vehicle

SLF51D

2. Name of Policy Holder

SB EXPRESS LOGISTICS PTE. LTD.

3. Effective Date of the Certificate and
Duration for the purposes of the Motor
Vehicles (Third-Party Risks and Compensation) Rules 1990

11/09/2020
(13:00:54)

Named Drivers Ex Sect. 1

\$52,000.00

Additional Ex Other than Named Drivers

Ex Sect. 1 - Age <= 25

\$53,000.00

Ex Sect. 1 - Age >= 26

\$55,000.00

4. Date of Expiry of Insurance

12/09/2021

* Age as at date of accident

EX ON WINDSCREEN

\$53,000.00

5. Signature of Claimant or Policyholder (Both OK)

Any person who is driving on the Policyholder's order or with their 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. Conditions of Policy

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, celebrity 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 applied. One time Waiver of Excess for the first \$5500 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.: DICKSON CAPITAL PTE. LTD.

* Limitations mentioned in accordance by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 109) and Section 90 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 109) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

By: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ABWIN PTE LTD

Authorised Officer

Authorised Signatory