

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 11/03/01	Job description	Date & Time Completed	Done by
Ref No: NA/C775 1003208/13	SAS e-filing		
Veh No: SLF78234	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 10/03/01 0730	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: SJH 637ST 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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

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: Idao Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	11/03/2021 11:30 (SGT)
Date of Accident	10/03/2021 07:30 (SGT)
Exact Location of Accident	Hillview Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7823Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VOULEZ CARS
Company Reg No	5XXXX846X
Email Address	TANGLEEELEE67@GMAIL.COM
Mobile Phone No	(Phone) +65-97209789
Alternative Phone No	+65-97209789

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00006392000
Cover Note Number	-

DRIVER

Name of Driver	TANG LEE LEE
NRIC No	SXXXX649G
Date Of Birth	30/09/1967
Occupation	Outdoor

Date Of Driving Pass	28/06/1995
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97209789
Alt. Phone Number	-
Email Address	TANGLEEELEE67@GMAIL.COM
Address	BLK 207 BUKIT BATOK ST 21
Address complement	#02-122
Postcode	650207
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SON'S GIRLFRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210310/2061

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	SJH6375T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HARIZ IRFAN BIN ISZERAJ
NRIC No	TXXXX831D
Contact Number	(Phone) +65-90936199
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	TANG LEE LEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & LOWER BACK
Injured person in which vehicle?	SLF7823Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SON'S GIRLFRIEND
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SLF7823Y
Were seat belts worn?	-
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 **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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLF 78234

B - SJH 6375T

Pls refer to the police report: 7/00710310/2061

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



Driver's Signature & Time

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210310/2061

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20210310/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 14:07	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars

Name of Informant: TANG LEE LEE			Address: APT BLK 207 BUKIT BATOK STREET 21 #02-122 SINGAPORE 650207	
ID Type / ID No.: NRIC NO / S2568649G			Contact No.: Home/Office: Mobile: 97209789	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 30/09/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2021 07:30	Type of Location: Straight Road
Location: HILLVIEW ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH6375T	Car					1
SLF7823Y	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210310/2061

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20210310/2061

CONTINUATION OF REPORT

Driver				
Name	HARIZ IRFAN BIN ISZERAJ		ID No.	T0139831D
Related Vehicle	SJH6375T (Car)		Contact No.	90936199
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	
Driver				
Name	TANG LEE LEE		ID No.	S2568649G
Related Vehicle	SLF7823Y (Car)		Contact No.	97209789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/03/2021	Date Discharge	10/03/2021	
No. of Days granted Medical Leave	07	Degree of Injury	Serious	

Brief Details.

On 10/03/2021 at about 0730hrs, I was driving (SLF7823Y/ Grab Driver/ Rented Car) along Hillview Road heading towards Upper Bukit Timah Road. I have a passenger who is my son's girlfriend seating at the backseat. The traffic was heavy and I was queueing up along Hillview Road for me to make a left turn to Upper Bukit Timah Road. The traffic light was red thus I stopped my vehicle. A few seconds after my vehicle was stationary behind the yellow box, suddenly I felt a hit on my rear. I then alighted and took a photo of the my vehicle and the vehicle behind me that hit onto my vehicle.

The other vehicle's driver also alighted and we exchanged particulars and contact. The other driver's particulars as follows:

Hariz Irfan Bin Iszeraj
T0139831D
HP: 90936199
Vehicle: SJH6375T

He claimed that he is not the vehicle owner and he rented the car. I saw a passenger in his car seating at the front passenger seat.

My passenger complained of back pain and requested me to send her to the hospital afterwards. I also felt sharp pain on my neck and my lower back. Thus, after exchanging particulars with the other driver, I proceeded to Ng Teng Fong General Hospital and consulted doctor. I was given 7 days MC and doctor has told me to follow up on my injuries.

The damages of my vehicles as follows:



**SINGAPORE
POLICE FORCE**



T/20210310/2061

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Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20210310/2061

CONTINUATION OF REPORT

- Rear bumper dented

I do have an in car camera installed in my vehicle however, I am not sure if it is recorded as of now. No police or ambulance attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20210310/2061

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20210310/2061

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:

J /

Sgt 2 SITI SUHAILAH BINTE HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

10/03/2021 14:07

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 04 / 21) (DD/MM/YYYY), TIME: (07 : 30) (HH:MM)

LOCATION: Hillview RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF78234
b) INSURANCE COMPANY: CHINA TRAVEL
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA3 (A)
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: VIOLET CARS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97209789
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TANG LEE LE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97209-789
c) ADDRESS:

* d) DATE OF BIRTH: (30 / 09 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 38 / 06 / 1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) BOTH
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJH6375T MODEL:
b) DRIVER'S NAME: HARIZ Irfan Bin Iszera
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

blazemotoring

Email = tangleelee67@gmail.com

fax =

VIDEO = yes, haven't refn



Motor Hire Car

MZ406L/B

N SN

BR0007A

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.	DMHCSNA00006392000	Engine No.: P520371619
		Cha. No.: JM6BM42A8G0344951
1. Index Mark and Registration Number of Vehicle	SLF7823Y	AUTOSAFE *****
2. Name of Policy Holder	VOULEZ CARS	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/09/2020	Excess Sect. I, S\$1,500.00 Excess Sect. I (Outside Singapore) S\$3,000.00 Excess Sect. II S\$1,500.00 Excess Sect. II (Outside Singapore): S\$3,000.00 EX ON WINDSCREEN, S\$100.00
4. Date of Expiry of Insurance	24/09/2021	
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.		
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.		

HIRE PURCHASE CO.: TAI THONG LEE TDG (PTE) LTD

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Jia Hwei
Authorised Officer

Authorised Signatory