

Date In: 5/5/21 17:52	Job description	Date & Time Completed	Done by
Ref No NAICT121005514/V	SAS e-filing		
Veh No 5636596P	E-mail (within 2hrs, AIC 2hrs)		
DDA 4/5/21 1800	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whizz		

Profund Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

IP Particulars: Veh No: 5F 9355 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 (0-100%) (0-100%)	Date/Time	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

NA 210810	Invoice Registration Checklist	AM (S)	AM (S)
Claimants Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimants against INC Only (see 19 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$75		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	05/05/2021 17:52 (SGT)
Date of Accident	04/05/2021 18:00 (SGT)
Exact Location of Accident	Lor 21 Geylang, Singapore
Additional Location Information	LOT 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB6596P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE LEONG REALTY PTE LTD
Company Reg No	-
Email Address	WEELEONGRPL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96729841
Alternative Phone No	+65-96729841

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00042612100
Cover Note Number	-

DRIVER

Name of Driver	LEW KAY TIONG
NRIC No	SXXXX857H

Date Of Birth	22/08/1950
Occupation	Indoor
Date Of Driving Pass	02/07/1971
Driving experience	49 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96729841
Alt. Phone Number	-
Email Address	WEELEONGRPL@HOTMAIL.COM
Address	BLK 500 SERANGOON NORTH AVENUE 4 #12-512
Address complement	-
Postcode	1955
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTF9355
Vehicle Category	Goods vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	JTF9355
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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.



[Handwritten signature]

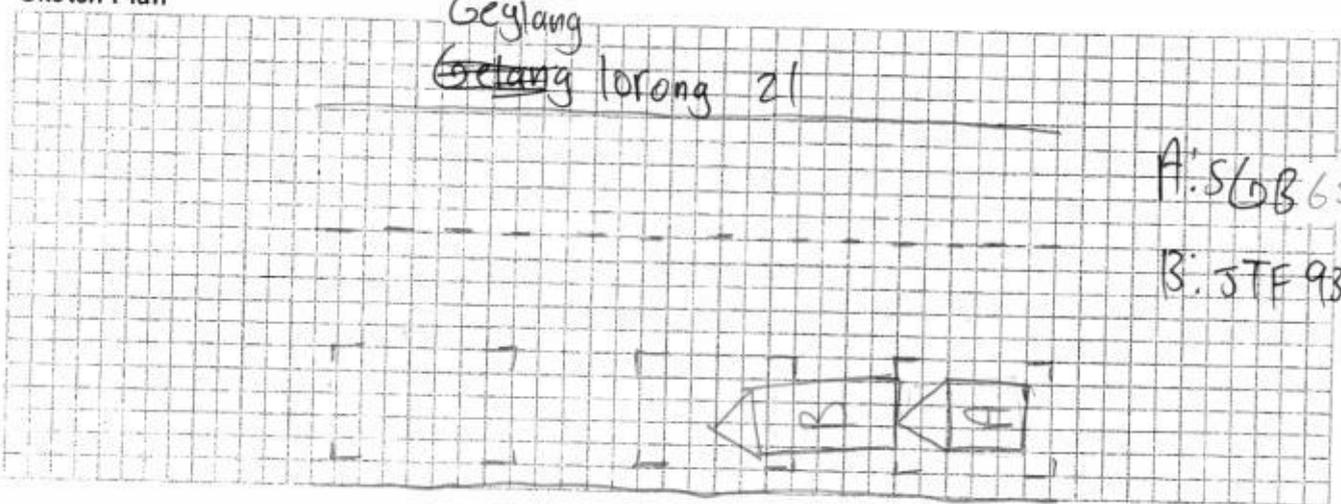
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Vehicle B reversed and hit onto ^{the} my front portion of my parked vehicle A.

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210504/2128

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20210504/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2021 19:50	Vide Report No.: G/20210504/0166	Station Diary No.: 90
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Informant's Particulars

Name of Informant: LEW KAY TIONG		Address: APT BLK 500 SERANGOON NORTH AVENUE 4 #12-512 SINGAPORE 550500	
ID Type / ID No.: NRIC NO / S0072857H		Contact No.: Home/Office: Mobile: 96729841	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 22/08/1950	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN WORKER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2021 17:00	Type of Location: T-Junction
Location: LORONG 21 GEYLANG			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
JTF9355	Lorry				No Damage	0
SGB6596P	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210504/2128

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3

Report No. T/20210504/2128

CONTINUATION OF REPORT

Driver			
Name	LEW KAY TIONG	ID No.	S0072857H
Related Vehicle	SGB6596P (Car)	Contact No.	96729841
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned time, date and location, I had parked my car(SGB6596P) along Lor 21 Geylang and was at a shop nearby. Subsequently, I was approached by a man who told me that he had reversed into my parked car and hit it on the front bumper. Subsequently, I called the police and I was advised by traffic police to lodge a report.

My car sustained dents and scratches on the front bumper and bonnet.



**SINGAPORE
POLICE FORCE**



T/20210504/2128

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20210504/2128

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: G / Sgt 2 SAM ZONG YI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201

Authentication Stamp
NP168 

Signature Of Informant: 
Date/Time: 04/05/2021 19:50
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 5 / 21) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: geylang lorong 21 lot 21

1. DETAILS OF VEHICLE

- 6596P
- a) VEHICLE NUMBER: ~~SCB5696P~~ SCB5696P
- b) INSURANCE COMPANY: CT
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Lanier ex
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: work
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9672 9841
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9672 9841
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: JTF 9355 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 passenger
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = wee kung rpl @ hotmail . com

fax =

video = NO

ins
wait cert

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	503M
Vehicle Details	
Vehicle No.:	SGB6596P
Vehicle to be Exported:	No
Intended Deregistration Date:	14 May 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER EX 1.6 AT LED TAIL LAMP
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	4A92CA0761
Chassis No.:	JMYSRCY1AFU005145
Maximum Power Output:	86.0 kW (115 bhp)
Open Market Value:	\$11,285.00
Original Registration Date:	10 Sep 2015
First Registration Date:	10 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$11,285.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Sep 2025
PARF Rebate Amount:	\$7,899.00
Intended COE Rebate Details	
COE Expiry Date:	09 Sep 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,495.00
COE Rebate Amount:	\$25,362.00
Total Rebate Amount:	\$33,261.00

The information contained herein is correct as at 05 May 2021

OK

> [Back to OneMotoring](#)

Enquire Road Tax Expiry Date

Review Details

Vehicle No.
SGB6596P

Vehicle Make/Model
MITSUBISHI / LANCER EX 1.6 AT LED TAIL LAMP

Road Tax Expiry Date :
09 Mar 2022

The information contained herein is correct as at 05 May 2021 / 16:45.

Save as PDF

OK →

Print



Motor Private Car

MX4F

E SN

AN0643A

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.	DMPCSNW00042612100	Engine No.: 4A92CA0761	
1. Index Mark and Registration Number of Vehicle	SGB6596P	Cha. No.: JMYSRCY1AFU005145	
2. Name of Policy Holder	WEE LEONG REALTY PTE LTD	AUTOSAFE	*****
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10/03/2021 (00:00:00)	Named Drivers Ex Sect. I	\$S500.00
4. Date of Expiry of Insurance	09/03/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00

5. Persons or Classes of Persons entitled to drive*
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. 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 \$S500 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Zhong YueQiang
Authorised Officer

Authorised Signatory