

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

Original copy

Date In: 10/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/C7321005650/13	SAS e-filing		
Veh No: SMP45304	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/05/21 1530	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: QBD8473X	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:- (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

NA 100589	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion: Re-inspection	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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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	10/05/2021 16:31 (SGT)
Date of Accident	08/05/2021 15:30 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	TOWARDS SIMEI AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4530Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SIEW LEE
NRIC No	SXXXX949I
Email Address	SHIRTSL@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96707868
Alternative Phone No	+65-96707868

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00186182000
Cover Note Number	-

DRIVER

Name of Driver	TAN SIEW LEE
NRIC No	SXXXX949I



Date Of Birth	04/01/1966
Occupation	Indoor
Date Of Driving Pass	08/03/1990
Driving experience	31 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96707868
Alt. Phone Number	+65-96707868
Email Address	SHIRTSL@SINGNET.COM.SG
Address	18A JALAN PARAS
Address complement	-
Postcode	418871
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)	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

PLS REFER TO THE POLICE REPORT:T/20210508/7044

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	GBD8473X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SIEW LEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMP4530Y
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 **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.

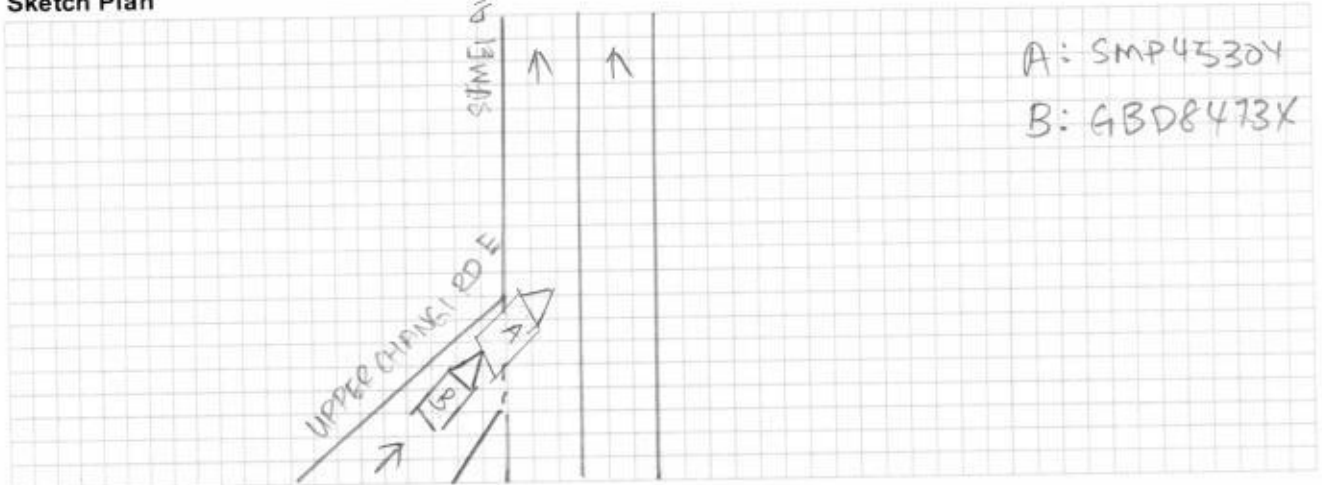


Policyholder's Signature / Date & Time

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

 10/05/20
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


ON THE STATED DATE, VENUE AND TIME I VEHICLE A
BEARING SMP 4530Y WAS STOPPING AT THE STOPLINE TO
SEE ON COMING TRAFFIC. SUDDENLY I FELT A STRONG IMPACT
FROM THE REAR OF MY VEHICLE. I CAME DOWN AND REALISED
VEHICLE B BEARING CARPLATE ABD8473X WAS THE ONE THAT
COLLIDED ON TO ME.

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

 10/05/21
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210508/7044

1 of 3

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

Report No. T/20210508/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2021 22:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN SIEW LEE			Address: 18A JALAN PARAS SINGAPORE 418871		
ID Type / ID No.: NRIC NO / S1743949I			Contact No.: Home/Office: Mobile: 96707868		
Nationality: SINGAPORE CITIZEN			Email: shirtsl@singnet.com.sg		
Sex: Female	Age: 55	Date of Birth: 04/01/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2021 15:30	Type of Location: Bend
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBD8473X	Lorry					0
SMP4530Y	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Black		0

Details of Vehicle Insurance

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



T/20210508/7044

2 of 3

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

Report No. T/20210508/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP4530Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001861 82000	21/12/2020	20/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SIEW LEE	ID No.	S1743949I
Related Vehicle	SMP4530Y (Car)	Contact No.	96707868
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/05/2021	Date	08/05/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A BEARING CARPLATE SMP4530Y WAS STOPPING AT THE STOP LINE CHECKING MY BLINDSPOT. SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE GBD8473X WAS THE ONE THAT COLLIDED ON TO ME.

AFTER THE ACCIDENT I FELT PAIN ON MY SHOULDER, LOWERBACK AND HIP. SO I PROCEED TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20210508/7044

3 of 3

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

Report No. T/20210508/7044

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
NP168

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

Date/Time:
08/05/2021 22:11

Classification Of Case:





Date of Accident : 08/05/2021 Accident Time: 1530 (24-HR-Format)
 Accident Place : UPPER CHANGI RD EAST TOWARDS SEMEI AVE
 Vehicle No. (Car Plate No.) : SMP 4530Y Make/Model: MERCEDES C180
 Insurance Company : CHINA TAIPING Policy No: DMPCSNW0018618200
 Owner or Company Name /IC No. : TAN SIEW LEE 51743949I
 Owner or Company Contact No. : 9670 7868 Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : ST7 AS ABOVE
 DRIVER'S Date Of Birth : 04/01/1966 DRIVER'S License Pass Date 08/03/1990
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
 DRIVER'S Address : 18A JALAN PARAS (S) 418871
 DRIVER'S Contact No./ Alt No. : 1) 9670 7868 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : SHIRTSL@SINGNET.COM.SG.
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was the accident reported to the police? YES \ NO ONLINE
 Was there any video Captured by car camera: YES \ NO NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Private use
 Any Injury (If YES, Pls state): DRIVER

Other Party Driver's Particular (if any)

Vehicle No: GBD8473X
 Vehicle Make/Model: TOYOTA DYNA
 Name Driver: _____
 IC No. Driver/Contact: _____

Vehicle No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Motor Private Car

MX1E

N SN

AN0397A

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.

DMPCSNW00186182000

Engine No.: 27191031355355

Cha. No.: WDD2040452A719016

 1. Index Mark and Registration
 Number of Vehicle

SMP4530Y

 AUTOSAFE

2. Name of Policy Holder

TAN SIEW LEE

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

 21/12/2020
 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

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

20/12/2021

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\$1,000 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: INDEX AGENCY PTE LTD

Authorised Officer



Authorised Signatory