

NATIONAL ASSESSMENT Center Sample

810821500004

Date: 26/1/2021 11:43
 Ref: N/A/C722012086/Y
 Ref: 828931D
 DOA: 23/01/2021 00:20

Job Description	Unit & Time Completed	Done by
SAS Billing		
Trinity (Vehicle Unit, A/C Unit)		
Motor Claim Verin		
Motor W/O (Vehicle Unit, A/C Unit)		
Photo Uploaded		
Assessment Survey Report		
Final Report by Day/Hand to Owner/Verin		

(1) (1) Reporting Only

TP Insurer

Preferred Wksp/WHO Asses/WHO Wksp/WHO

Yrly No: SHA 9568U

NO: / Non-NO: /

Owner/Driver

Toll

Policy No

Period

Cover Type

Confirmed by

Date

Time

Insured/Driver Liability (%) [None-Best (WO) N/A-20% P1 21-70% P1 80-100%]

Year of Registration () Warrant YES () / NO ()

Excess (\$) Loading \$1,000 () / \$2,000 ()

() Walk-in Customer & Customer Information clearly confidential & strictly NO for of report

() Total Loss Case & to email Insurer URGENTLY

Driver in () / Towed in () / Involves VRS () / NO () / Towed in ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check/Post Repair Inspection

3) Upload Recovery Photo (Repair Costs > \$5,000)

Injury

Driver/Owner

Continous No

Continous Portion

QC Checked by (Engin-In-Charge)

1) All Addressed (WO)	NO
2) All Addressed (WO) (\$100)	NO
3) All Addressed (WO) (\$100)	NO
4) All Addressed (WO) (\$100)	NO
5) All Addressed (WO) (\$100)	NO
6) All Addressed (WO) (\$100)	NO
7) All Addressed (WO) (\$100)	NO
8) All Addressed (WO) (\$100)	NO
9) All Addressed (WO) (\$100)	NO
10) All Addressed (WO) (\$100)	NO
11) All Addressed (WO) (\$100)	NO
12) All Addressed (WO) (\$100)	NO
13) All Addressed (WO) (\$100)	NO
14) All Addressed (WO) (\$100)	NO
15) All Addressed (WO) (\$100)	NO
16) All Addressed (WO) (\$100)	NO
17) All Addressed (WO) (\$100)	NO
18) All Addressed (WO) (\$100)	NO
19) All Addressed (WO) (\$100)	NO
20) All Addressed (WO) (\$100)	NO

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	26/11/2021 17:43 (SGT)
Date of Accident	23/04/2021 00:20 (SGT)
Exact Location of Accident	423 Jurong West Ave 1, Block 423, Singapore 640423
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8731D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEO SHOW LEE
NRIC No	SXXXX334A
Email Address	ashley9567@yahoo.com
Mobile Phone No	(Phone) +65-83833955
Alternative Phone No	+65-83833955

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00208262101
Cover Note Number	-

DRIVER

Name of Driver	LEO SHOW LEE
NRIC No	SXXXX334A

Date Of Birth	20/04/1962
Occupation	Indoor
Date Of Driving Pass	06/07/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83833955
Alt. Phone Number	+65-83833955
Email Address	ashley9567@yahoo.com
Address	BLK 423 JURONG WEST AVENUE 1 #03-206
Address complement	-
Postcode	640423
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211126/7023

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	SHA9568U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

IMPORTANT NOTICE

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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

26/11/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SLS 8731D
Vehicle B: SHA 95684

Blk 423 Jurong West Avenue 1 open Space Carpark

Describe Circumstances of the Accident

On 22/04/2021 around 1900hrs, I, vehicle A (SL58731D) was parked at the stated location. 23/04/2021 around 1800hrs, I went back my vehicle and discovered that there is a note left on my windscreen. A witness left the note saying that vehicle B (SHA956BU) collided onto the front left portion of my vehicle and just left without stopping or leave a note. I then called police and make a report NO: TP/IP/20959/2021 Police Report NO: T/20210423/2060 K.T/2021126/2023.

Declaration

I/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

Date of Accident : 23/04/2021 Accident Time: 0020hrs (24-HR-FORMAT)

Accident Place : Blk 423 Jurong West Avenue 1 Open Space Carpark

Vehicle Reg. No (Car plate No.) : SL88731D Vehicle Make/Model: Hyundai Elantra

Insurance Company : Chinn Taiping Policy No. DMPICNA 00208262101

Name of Registered Owner : Company / Individual Leo Show Lee

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S2594334A

: Co Contact No: - Owner's Contact No: 8383 3955

DRIVER'S Name : Leo Show Lee DRIVER'S NRIC No: S2594334A

DRIVER'S Date of Birth : 20 Apr 1962 DRIVER'S License Pass Date 06 Jul 1991

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other owner

DRIVER'S Address : APT Blk 423 Jurong West Avenue 1 # 03-206 S (640423)

DRIVER'S Contact No. / Alt No. : 1) 8383 3955 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : ashley 9567 @ yahoo. com

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): 0 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHA 9568U</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



SINGAPORE POLICE FORCE



T/20211126/7023

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20211126/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2021 16:40	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEO SHOW LEE			Address: 423 JURONG WEST AVENUE 1 #03-206 SINGAPORE 640423		
ID Type / ID No.: NRIC NO / S2594334A			Contact No.: Home/Office: Mobile: 83833955		
Nationality: SINGAPORE CITIZEN			Email: sallyleo1962@gmail.com		
Sex: Female	Age: 59	Date of Birth: 20/04/1962	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Cook			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/04/2021 00:20	Type of Location: Car Park
Location: JURONG WEST AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA9568U	Car					0
SLS8731D	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211126/7023

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

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Report No. T/20211126/7023

CONTINUATION OF REPORT

Vehicle Owner				
Name	LEO SHOW LEE		ID No.	S2594334A
Related Vehicle	NIL		Contact No.	83833955
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

Vide T/20210423/7060

I am lodging this report for add on third party vehicle number and record purpose only.

ON 22/04/2021 AROUND 1900HRS, I, VEHICLE BEARING NUMBER PLATE (SLS8731D) WAS PARKED AT BLK 423 JURONG WEST AVENUE 1 OPEN SPACE CARPARK. on 23/04/2021 AROUND 1800HRS, I WENT BACK MY VEHICLE AND DISCOVERED THAT THERE IS A NOTE LEFT ON MY WINDSCREEN. A WITNESS LEFT THE NOTE SAYING THAT VEHICLE BEARING NUMBER (SHA9568U) WAS COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AND JUST LEFT THE SCENE WITHOUT STOPPING OR LEAVE A NOTE.



**SINGAPORE
POLICE FORCE**



T/20211126/7023

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

3 of 3

Report No. T/20211126/7023

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 / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Signature Of Informant:

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

Date/Time:
26/11/2021 16:40

Classification Of Case:

Motor Private Car

MX1F

R SN

AN0083A

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.

DMFCSNA00208252101

Engine No: G4FGHU020745

Chassis No: KMHDB41CMJU515801

1. Index Mark and Registration
Number of Vehicle

SLS8731D

AUTOSAFE

2. Name of Policy Holder

LEO SHOW LEE

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

10/10/2021
(00 00 00)

Named Drivers Ex Sect. 1 S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

Ex Sect. 1 - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

09/10/2022

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

KCB AGENCY

Co Reg No. 53116552C For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

200 Jalan Sultan

#02-36B Textile Centre

Singapore 199018

Tel: 6391 3811 Fax: 6391 3810

E: kcbinv0236@gmail.com

Issued By: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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