

SN 1821CE0004

Job Description	Unit & Year Completed	Done by
SAS Billing		
Transfer (yours into, A to file)		
1-Motor Claim Kevin		
1-Motor W/O (William O'Brien, TF 1011)		
1-Photo Uploaded		
Assessment Survey Report		
Drill Report by Max / Harold / Owner / Wilson		

Q1) TPP Reporting Only

TP insure:

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Owner / Driver { } Tel { }

Policy No () Period ()

Confirmed by: ()

Insured/Driver License(s) { } % (NO/YES) { } /NO { }

Year of Reimbursement: 1990
Loading: \$1,000

NO OF PAGES

() Walk-in Customer / Customer Information Review Completed & Served

() Total Yrly Case 140 e-mail Insurer URGENT () NO () TOWING CO ()

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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2) 90 Ollivak / Pori Regulator Inspection (1.1) 1.1 1.1 1.1

3) Upload Resolution: 1920x1080

11/11/1971

This block contains a large, dense, and somewhat illegible handwritten document, likely a ledger or record book. It features many lines of text and some numbers, but the handwriting is too small and crowded to transcribe accurately. The document appears to be a continuation of the record-keeping from the previous page.

1103

11A2104613

1	1) FYI TOWING MII	11/11/11
2	2) FYI Yellow Towing MII	11/11/11

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Continued No1

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2011/11/11

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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	14/12/2021 15:08 (SGT)
Date of Accident	11/12/2021 14:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY (BEFORE ROCHOR EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6973P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEE TRANSPORT
Company Reg No	5XXXX707X
Email Address	diquishen1@gmail.com
Mobile Phone No	(Phone) +65-98186445
Alternative Phone No	+65-98186445

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00010612100
Cover Note Number	-

DRIVER

Name of Driver	LEE CHYE KEAT (LI JIAJIE)
NRIC No	SXXXX008G

Date Of Birth	05/08/1979
Occupation	Outdoor
Date Of Driving Pass	12/01/2004
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98186445
Alt. Phone Number	-
Email Address	diquishen1@gmail.com
Address	BLK 102 BUKIT BATOK WEST AVENUE 6 #07-74
Address complement	-
Postcode	650102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	LIM SIEW HUEY
Gender	Female

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 POLICE REPORT T/20211211/7027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM2237U
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG7507E
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 CHYE KEAT (LI JIAJIE)
Gender	Male
Phone No	(Phone) +65-98186445
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMP6973P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM SIEW HUEY
Gender	Female
Phone No	(Phone) +65-81882178
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMP6973P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that :

(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' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

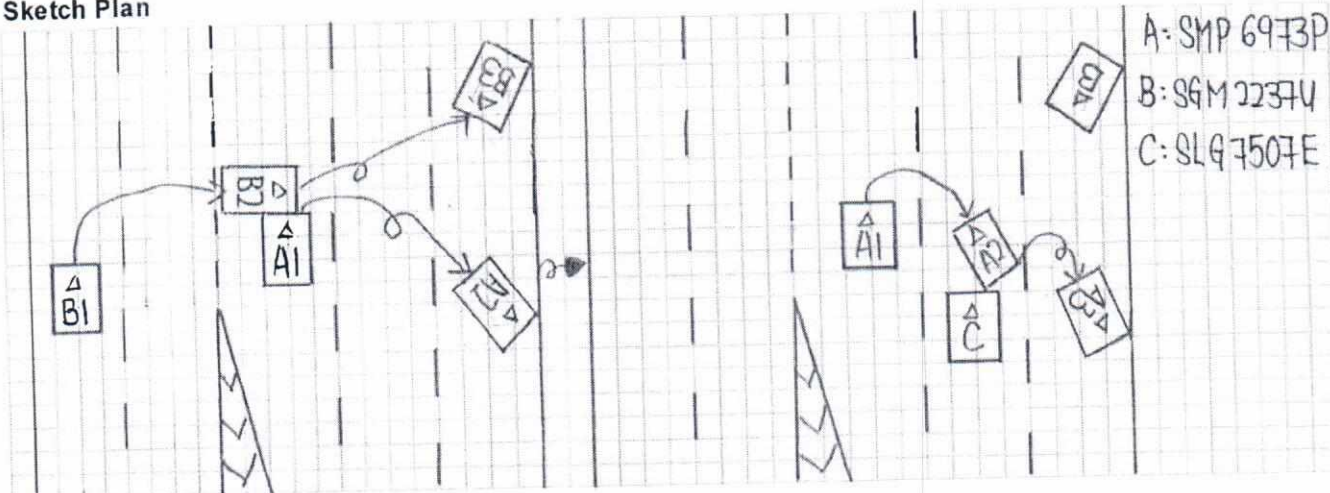


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the police report (T/20211211/7027)

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

14/12/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 11.12.2021 Accident Time : 14:45 pm (24-HR-Format)

Accident Place : ECP towards City (Before Rochor Exit)

Vehicle No (Car Plate No) : SMP 6973P Make/Model: Toyota Noah Hybrid

Insurance Company : China Taiping Policy No: DMHCSNW00010612100

Fleet Policy : YES ☒ NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Lee Transport (53403707X) Sole proprietor

Owner Contact No : 9818 6445 Owner's Hp Company Tel

Driver Name / IC No : Lee Chye Keat (S799 0008 G)

Driver's Date of Birth : 05 Aug 1979 Driver's License Pass Date: 12 Jan 2004

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 102 Bukit Batok West Avenue 6 #07-74 S (650102)

Driver's Contact No : 1) 9818 6445 2)

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : diqiushen1@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person (1 Driver, 1 Passenger)

Was ther any video footage ? : YES ☒ NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

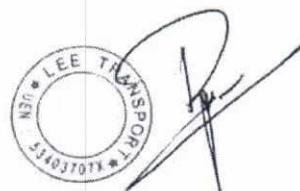
Any injury (If Yes, Pls State) : Yes (1 Driver, 1 Passenger)

Other Party Driver's Particular (if any)

Vehicle B No : SGM 7237U	Name & Contact No: _____
Vehicle C No : S16 7507E	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

Female : Lim Siew Huey (8188 2178)





**SINGAPORE
POLICE FORCE**



T/20211211/7027

1 of 3

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

Report No. T/20211211/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2021 19:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE CHYE KEAT			Address: 102 BUKIT BATOK WEST AVENUE 6 #07-74 SINGAPORE 650102		
ID Type / ID No.: NRIC NO / S7990008G			Contact No.: Home/Office:		Mobile: 98186445
Nationality: SINGAPORE CITIZEN			Email: diquishen1@gmail.com		
Sex: Male	Age: 42	Date of Birth: 05/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2021 14:45	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SGM2237U	Car				Seriously Damaged	0
SLG7507E	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211211/7027

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

2 of 3

Report No. T/20211211/7027

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP6973P	Car				Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHYE KEAT		ID No. S7990008G
Related Vehicle	SMP6973P (Car)		Contact No. 98186445
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/12/2021		Date 11/12/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I am traveling along ECP towards City, while i drove pass East Coast exit, suddenly a car (SGM2237U) collided onto the rear of my car, the impact cause my car to sway to the side, then again suddenly another car (SLG 7507E) collided head onto my car.

I have a female passenger in my car.
Traffic police were on the accident scene.

I feel pain at my body after the accident, i then went to Mount Alvernia Hospital, i was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20211211/7027

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

3 of 3

Report No. T/20211211/7027

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 /
THABAGESH JEYATHESH
Contact No.: 65476178

Signature Of Informant:

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

Date/Time:
11/12/2021 19:08

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ407

N SN

AN0576A

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.

DMHCSNW00010612100

Engine No.: 2ZR0D68094

Cha. No.:ZWR800387668

1. Index Mark and Registration
Number of Vehicle

SMP6973P

AUTOSAFE

2. Name of Policy Holder

LEE TRANSPORT

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

10/10/2021
(00:00:00)

Excess Sect. I. S\$1,250.00
Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

09/10/2022

Excess Sect.II (Outside Singapore). S\$2,500.00
EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with 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:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

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.: GENIE FINANCIAL SERVICES 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: _____
I MARKETING AGENCY
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

🌐 www.sg.cntaiping.com