

# NATIONAL Assessment Centre Services

Date In <u>20/12/21</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/0121012818/13</u>	SAS e-filing		
Veh No <u>SG23666P</u>	E-mail (within 2hrs. AD 2hrs)		
D.O.A <u>18/12/21</u> <u>1030</u>	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>GBE2352X</u>	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

<u>NA2104728</u>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	*N5: Courtesy Car / Tpt 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		
	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	20/12/2021 12:33 (SGT)
Date of Accident	18/12/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TWDS PIE CHANGI AIRPORT(BRADDELL EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ3666P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PH CAR RENTAL
Company Reg No	5XXXX411E
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-62815255
Alternative Phone No	(Office) +65-62815255

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00013442100
Cover Note Number	-

#### DRIVER

Name of Driver	LEE WEE SING,WILSON
NRIC No	SXXXX715A

Date Of Birth	17/03/1972
Occupation	Outdoor
Date Of Driving Pass	15/05/1992
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81000088
Alt. Phone Number	-
Email Address	a6679b@gmail.com
Address	43 SIXTH AVENUE
Address complement	#03-15
Postcode	276484
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO TE ATTACHED 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	GBE2352X
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB7208M
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN3065Z
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	LEE WEE SING,WILSON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SGZ3666P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material fact 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 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 insurers 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.

### PH CAR RENTAL

Blk 28 Defu Lane 10 #01-140,

Singapore 539209

M: +65 8458 3863 / 9622 6163

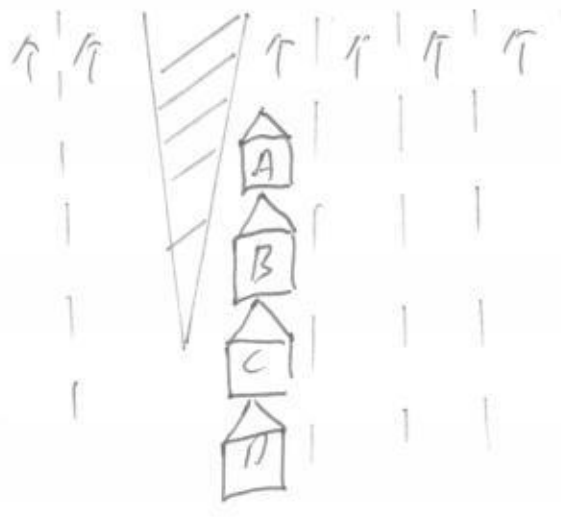
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE towards  
PIE (Changi Airport)  
at Braddell Exit



A - SG83666P  
B - GBF 2352X  
C - GBB 7208M  
D - YN 3065Z

on the mentioned date and time, I was travelling along CTE  
towards PIE Chang, on the extreme left lane. Due to the front  
traffic ahead, the front vehicle slowed and stopped, and I followed suit.  
Suddenly, I felt a great impact from the rear of my vehicle A,  
when I alighted, I realised it was a chain collision involving  
4 vehicles, causing the damages to the rear portion of my vehicle A.

#### Declaration

We declare the foregoing particulars are true in every respect.

**PH CAR RENTAL**

Blk 28 Defu Lane 10 #01-140,

Singapore 539209

M: +65 8458 3863 / 9622 6163

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/20211218/2067

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20211218/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2021 16:51	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: LEE WEE SING WILSON			Address: 43 SIXTH AVENUE #03-15 SINGAPORE 276484		
ID Type / ID No.: NRIC NO / S7208715A			Contact No.: Home/Office: Mobile: 81000088		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 17/03/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2021 10:30	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBB7208M	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver		0
GBE2352X	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver		0
SGZ3666P	Car	TOYOTA	WISH 1.8 A	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211218/2067

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

2 of 3

Report No. T/20211218/2067

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN3065Z	Lorry	mitsubishi	FE83BE6SR DEA	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE WEE SING, WILSON	ID No.	S7208715A
Related Vehicle	SGZ3666P (Car)	Contact No.	81000088
Hospital/Clinic	ANTEH DISPENSARY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the 18/12/2021 at about 1030hrs, I was driving along CTE near before the exit of Braddell Road and came to a stop and was stationary. Out of a sudden, I felt a collision from the rear. I then came out of the vehicle and took pictures of the damages. It was a chain collision of 4 vehicles including myself. My vehicle was the first in line. I then asked the driver behind me what happened and he told me that he felt a collision from the rear same like me. I then observed that there were four vehicles in this chain collision. I believed that the last vehicle bearing the vehicle registration number YN3065Z did not brake on time as such collided onto the vehicle in front of him, which was the third vehicle in line as such cause this chain collision. After the accident, I felt a some aching on the neck area as well as the back are and I went a doctor and received 3 days of MC. That's all.

SINGAPORE POLICE FORCE	SIGNATURE





**SINGAPORE  
POLICE FORCE**



T/20211218/2067

3 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20211218/2067

**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 CHUA KUN ER

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/12/2021 16:51

Officer In Charge Of Case:  
TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No.: 65476182

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Date of Accident : 18.12.2021 Accident Time: 1030 (24-HR-Format)  
Accident Place : Along CTE towards PIE Changi Airport (Braddell Exit)  
Vehicle No. (Car Plate No.) : SGZ 36661P Make/Model: Toyota Wish  
Insurance Company : China Taiping Policy No: DMHICSNAD0013442/00  
Owner or Company Name / IC No. : 53404411E  
Owner or Company Contact No. : 62815255 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name/IC No. : Lee Wee SING, WILSON S7208715A  
DRIVER'S Date of Birth : 17.03.1972 DRIVER'S License Pass Date: 15.05.1992  
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Hire  
DRIVER'S Address : 43, Sixth Avenue, #03-15, S(276484)  
DRIVER'S Contact No./ Alt No. : 1) 81000088 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : A6679B@gmail.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): 01 driver

Was there any video Captured by car camera: YES / NO

Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose

Any injury (If YES, Please state): YES & Lee Wee SING, WILSON driver  
S7208715A

Other Party Driver's Particular (if any)		(3rd veh)
Vehicle No	: GBE 2352X (2nd veh)	Vehicle No : GBB 7208M
Vehicle Make/Model	: AV350	Vehicle Make/Model : Toyota Innova
Name Driver	: Daniel	Name Driver : unknown
IC No. Driver/Contact:	: 98801829	IC No. Driver/Contact: _____

Passenger's name & gender:

YN 3065 Z (last veh)

Fuso Canter



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

MZ406L/B

N SN

AN0715A

Cov. Type:T

### 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.

DMHCSNA00013442100

Engine No.: 1ZZ2955743

Cha. No.: ZNE100378888

1. Index Mark and Registration  
Number of Vehicle

SGZ3666P

2. Name of Policy Holder

PH CAR RENTAL

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

07/11/2021  
(00:00:00)

Excess Sect. II S\$1,500.00  
Excess Sect. II (Outside Singapore). S\$3,000.00

4. Date of Expiry of Insurance

06/11/2022

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.

\* 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: Moses Chia Wen Jye  
Authorised Officer

Authorised Signatory