

# NATION 11 Assessment Centre Services

24/12/2001 13:18

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 24/12/2001 13:18 | Job Description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: N/A/CT2210/3177   | E-mail (within 24hrs):                   |                        |          |
| Veh No: SLQ 8893R         | i-Motor Claim Form                       |                        |          |
| EQG: 24/12/2001 11:18     | i-Motor W/O (Within 24hrs: TP 4hrs)      |                        |          |
| QD: TP Reporting Only     | 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: SLQ 8893R                                       | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Am't (\$)<br>1st Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30),              |                       |                       |
| Contact No:                     | 2) DA : Damage Assessment (\$100), INC (\$80)   |                       |                       |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |                       |                       |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |                       |                       |
| Auditors' Comments :-           | 5) FT : Follow-Through Survey (Resurvey) \$30   |                       |                       |
| Cat 1:                          | For claiming against INC (Only w/e 10 Jan 2005) |                       |                       |
| Cat 2 / 3:                      | 6) TR : Re-inspection \$75                      |                       |                       |
|                                 | 7) N1 : idac DA + SMRT Survey \$160             |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | Q11:  |                       |                       |
|                                 | *N3: Courtesy Car / Tpt Allowance \$5           |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
|                                 | TP (N11) : TP (N4 INC) against INC \$20         |                       |                       |
|                                 | 9) N12: Idle 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              | 27/12/2021 13:19 (SGT) |
| Date of Accident                | 24/12/2021 11:18 (SGT) |
| Exact Location of Accident      | Cluny Rd, Singapore    |
| Additional Location Information | TOWARDS NAPIER ROAD    |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLT8393R              |
| INSURED/POLICYHOLDER        |                       |
| Is company?                 | No                    |
| Name Of Registered Owner    | NEO LAY ENG           |
| NRIC No                     | SXXXX399E             |
| Email Address               | leezhongwen@gmail.com |
| Mobile Phone No             | (Phone) +65-96268580  |
| Alternative Phone No        | +65-96268580          |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Shuttle                   |
| 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   | 1496                      |

## INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNA00223372104                            |
| Cover Note Number         | -   |

## DRIVER

|                |                             |
|----------------|-----------------------------|
| Name of Driver | LEE ZHONG WEN (LI ZHONGWEN) |
| NRIC No        | SXXXX055G                   |



|  |                            |
|--|----------------------------|
| Date Of Birth  | 12/07/1984                 |
| Occupation   | Indoor                     |
| Date Of Driving Pass   | 01/01/2013                 |
| Driving experience   | 8 YEARS AND 11 MONTHS      |
| Gender   | Male                       |
| Mobile Number  | (Phone) +65-96268580       |
| Alt. Phone Number  | -                          |
| Email Address  | leezhongwen@gmail.com      |
| Address  | 2 HOUGANG STREET 92 #14-01 |
| Address complement   | -                          |
| Postcode   | 538683                     |
| Is the driver the policyholder?                              | No                         |
| If No, Relationship of the Driver with the Insured           | Child                      |
| 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 - Change/cross lane |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |               |
|--------|---------------|
| Name   | MICHELLE CHAN |
| Gender | Female        |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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 | SLQ3379G    |
| Vehicle Manufacturer        | -           |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|   |                                      |
|---|--------------------------------------|
| Name of Driver                          | -                                    |
| Contact Number                          | -                                    |
| Address                                 | -                                    |
| Address complement                      | -                                    |
| Postcode                                | -                                    |
| Insurance Company Name                  | AIG Asia Pacific Insurance Pte. Ltd. |
| Nature Of Damage                        | -                                    |
| Details of property damaged in accident | -                                    |
| No. Of Passenger (Including Driver)     | -                                    |

## SKETCH PLAN

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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

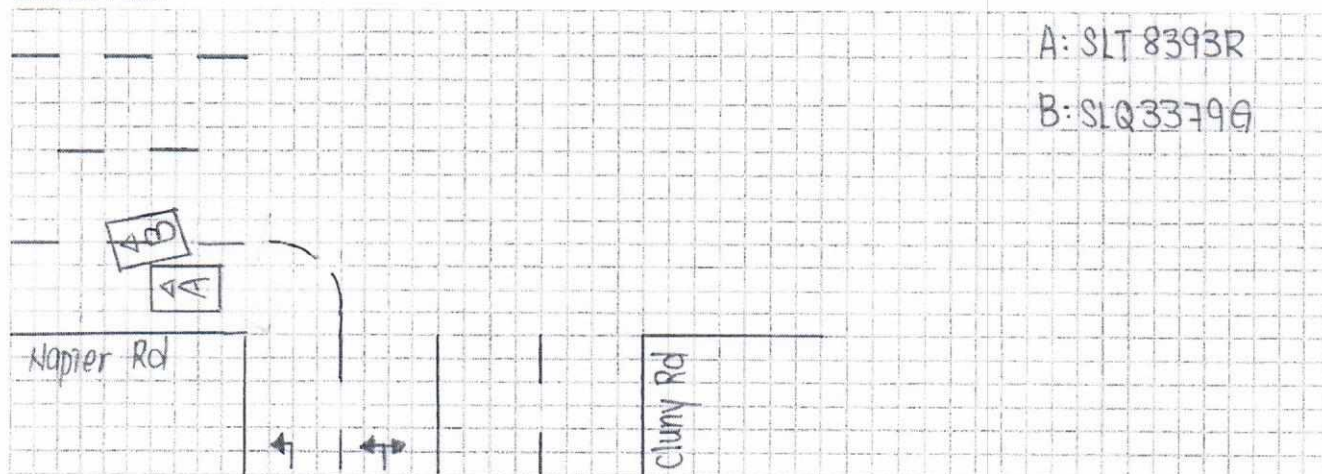
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan






**Describe Circumstances of the Accident**


On 24.12.2021 at about 11:18am. I was travelling along Cluny Road towards Napier Road. I was travelling straight. Suddenly, vehicle B cut into my lane and hit my right portion of my vehicle.

**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

(5)

Date of Accident : 24.12.2021 Accident Time : 11:18 am (24-HR-Format)

Accident Place : Cluny Road towards Napier Road.

Vehicle No (Car Plate No) : SLT 8393R Make/Model: Honda Shuttle 1.5G

Insurance Company : China Taiping Policy No: DMPCSNA00223372104

Fleet Policy : YES (NO)

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

Name of Owner / IC No : Neo Lay Eng (S1349399E)

Owner Contact No : 9626 8580 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

Driver Name / IC No : Lee Zhong Wen (S8420055G) (LI zhouzhongwen)

Driver's Date of Birth : 12.07.1984 Driver's License Pass Date: 01.01.2013

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

Driver's Address : 2 Hougang Street 92 #14-01 Singapore 538683

Driver's Contact No : 1) 447891062411 2) \_\_\_\_\_

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

Email Address : leezhongwen@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 there any video footage? : YES (NO)

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

Any injury (If Yes, Pls State) : No

**Other Party Driver's Particular (if any)**

|                                |                          |
|--------------------------------|--------------------------|
| Vehicle B No : SLQ 3379G 7 A19 | Name & Contact No: _____ |
| Vehicle C No : _____           | Name & Contact No: _____ |
| Vehicle D No : _____           | Name & Contact No: _____ |
| Vehicle E No : _____           | Name & Contact No: _____ |

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

Female : Michelle Chan





Motor Private Car

MX1F

R SN

AN0420A

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.

DMPCNA0023372104

Engine No.: L15B5005806

Cha. No.: GK81104858

1. Index Mark and Registration  
Number of Vehicle

SLT8393R

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

NEO LAY ENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment14/11/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/11/2022

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.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD

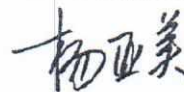
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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:

Lim Jia Choo  
Authorised Officer

Authorised Signatory