

VALLEY ASSURANCE CENTRE SERVICES

SN# 822300003

Date In: 24/03/2022 17:29	Vehicle Description: SASE filing	Date & Time Completed:	Done by:
Ref No: NPA/C/225027347	E-mail (optional):		
Vehicle No: SN# 24447	i-Motor Claim Form		
Date Out: 23/03/2022 17:20	i-Motor W/O (w/assn. of 200-10400)		
TP (1P) Reporting End.	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WksM		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SN# 84424	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 later or 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

NA2200791	Invoice Preparation Checklist		And (\$)	And (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		1st Bill	Ass Bill
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)			
Contact No.	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$15			
Cat 2/3:	7) NT: Inc DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OTC			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NS: Repair Coordination \$10			
	*NT: Post Repair Inspection \$25			
	*NS: DV / Collect Excess Coordination \$5			
	*LPN/TH: TP Chg. a INC against INC \$20			
	9) NT: Inc Mobile			
	Invoice dated	Free Charges		
	Invoice dated	Free Charges		

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	24/03/2022 17:29 (SGT)
Date of Accident	23/03/2022 17:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE2444Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEOW AUN NEE
NRIC No	SXXXX020A
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-97534266
Alternative Phone No	+65-97534266

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	200e
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	1996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNA00253042100
Cover Note Number	-

DRIVER

Name of Driver	LEE JUN HENN
NRIC No	TXXXX616G

Date Of Birth	06/12/2001
Occupation	Indoor
Date Of Driving Pass	29/09/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97534266
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 338 BUKIT BATOK STREET 34 #11-330
Address complement	-
Postcode	650338
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	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	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)	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?	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	SMH8412X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK3139P
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)	-

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.

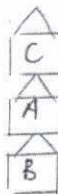
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

P.I.E.



A = SNE2444Y
B = SMH8412X
C = SLK3139P

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI.

SUDDENLY, THE VEHICLE IN FRONT OF MINE CAME TO A STOP.

AND

I FOLLOWED TO STOP, I FELT AN IMPACT FROM THE

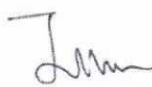
REAR. I ALIGHTED AND FOUND MYSELF IN A 3 CAR


CHAIN COLLISION.

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date &
Time


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

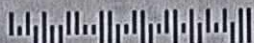

Witnessed by Reporting Centre
Personnel

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

26 Feb 2022

Our ref 2602220501N079173543

LEOW AUN NEE
APT BLK 338 BUKIT BATOK STREET 34
#11-330
SINGAPORE 650338



Dear MDM LEOW AUN NEE

Vehicle No. SNE2444Y Has Been Successfully Transferred To You

The vehicle SNE2444Y has been successfully transferred to you. The Business Transaction Reference No. is 20220226173404263345.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

What You Need To Do:

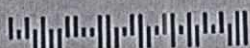
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- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

Our ref 2602220501N001172115

26 Feb 2022

LEOW AUN NEE
APT BLK 338 BUKIT BATOK STREET 34
#11-330 001376
SINGAPORE 650338



Dear MDM LEOW AUN NEE

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJV303S

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 26 Feb 2022. The details are as follows:

Vehicle No.	: SJV303S
Application Date	: 26 Feb 2022
Effective Transfer of Ownership Date	: 26 Feb 2022
Vehicle Make	: MERCEDES BENZ
Vehicle Model	: 200E AUTO
Chassis No./Trailer Chassis No.	: WDB1240212B116650 / -
Engine No./Motor No.	: 10296322011607 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03 / 03 / 2022 (dd/mm/yy) Time of Accident: 17 : 20 (24-HR-FORMAT)

Vehicle No.: SNE24447 Vehicle Make & Model / Engine (cc): MERCEDES 200E Private Hire: (Y / N)

Exact location of Accident: P/E TOWARDS CHANGI

Policyholder's Name / IC No.: LEOW AUN NEE S7178070A ROC/UEN (Company):

Driver's Name / IC No.: LEE JUN HENN T0137616G (As Above) ☐

Driver's Contact No.: 9753 4266 Company Contact No / Owner Contact No:

Driver's Address: BLK 338 BUKIT BATOK STREET 34 #11-330 SINGAPORE 650338

Owner Email address: Insurance Company: CHINA TAIPING

Driver Email address: CS8558CS@gmail.com 06/12/2001 29/09/2021

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: Gender: Male / Female x()

*Passenger Name: Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SMH8412X

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: SLK3139P

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:



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 Private Car

MX1

N SN

DR0555P

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.

DMPCSNA00253042100

Engine No.: 10296322011607

Cha. No.: WDB1240212B116650

1. Index Mark and Registration
Number of Vehicle

SJV303S

2. Name of Policy Holder

LEOW AUN NEE

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

02/12/2021
(00:00:00)

4. Date of Expiry of Insurance

01/12/2022

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.

* 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: Gan Li Jia Jesca
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