

NATIONAL Assessment Centre Services

Date In: 07/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/C1322005408/13	SAS e-filing		
Veh No: 5MW3397K	E-mail (within 5hrs. A/C 2hrs)		
D.O.A: 06/06/22 1830	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: JTL8807	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

NA2201588	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
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			
	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	9) N12: Idac Mobile 30			
	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	07/06/2022 17:11 (SGT)
Date of Accident	06/06/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW3397K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SHIH HUI, RACHEL
NRIC No	SXXXX330G
Email Address	rachelclarischloe@hotmail.com
Mobile Phone No	(Phone) +65-94826321
Alternative Phone No	+65-94826321

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00138412100
Cover Note Number	-

DRIVER

Name of Driver	LEE SHIH HUI, RACHEL
NRIC No	SXXXX330G

Date Of Birth	16/08/1991
Occupation	Indoor
Date Of Driving Pass	21/07/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94826321
Alt. Phone Number	+65-94826321
Email Address	rachelclarischloe@hotmail.com
Address	BLK 556 BEDOK NORTH ST 3
Address complement	#05-944
Postcode	460556
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JJL8807
Vehicle Category	Private car

PASSENGER 1

Name	LO KOK WENG
Gender	Male

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

PLS REFER TO THE POLICE REPORT:T/20220606/7055

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JJL8807
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KER WEI CHIEN
Passport No/FIN	8XXXXXXX5639
Contact Number	(Phone) +65-88325899
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 SHIH HUI,RACHEL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW3397K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LO KOK WENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW3397K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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")

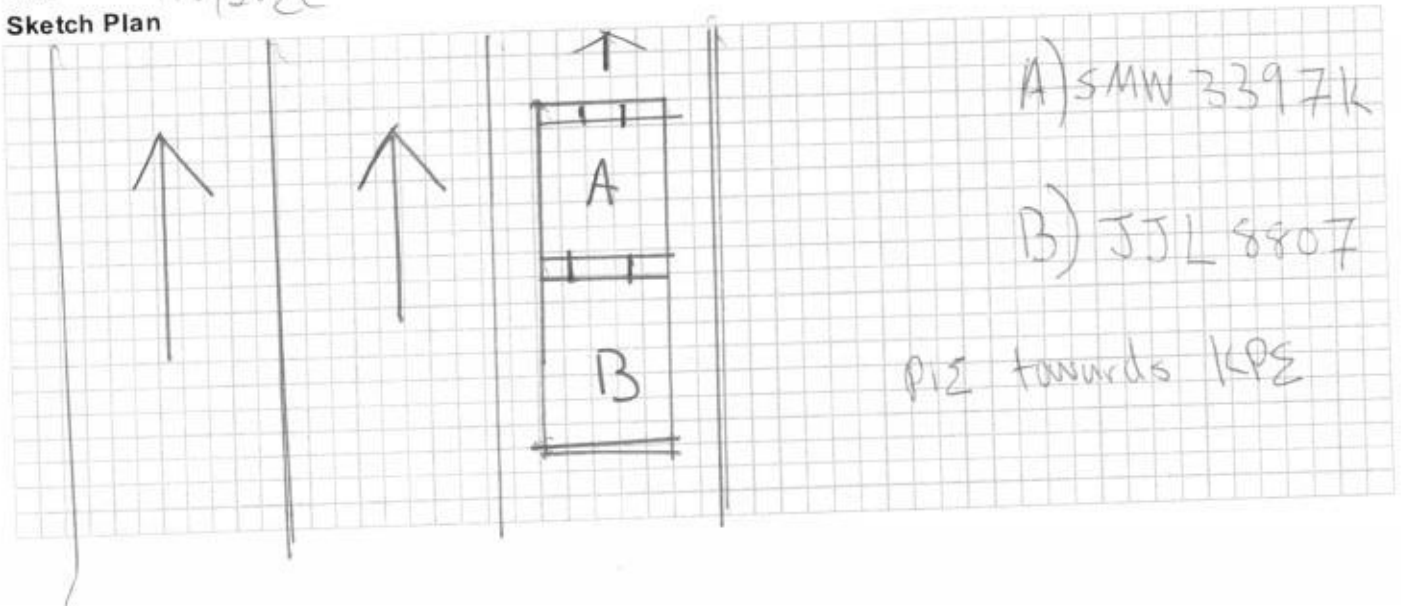
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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
7/6/2022

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

Witnessed by Reporting Centre Personnel
07/06/22

Sketch Plan




Describe Circumstances of the Accident


pls refer to the police report: 7120220606/7055

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 7/6/2022

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

 07/06/22
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220606/7055

1 of 3

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

Report No. T/20220606/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 22:18		Vide Report No.: G/20220606/0141		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE SHIH HUI, RACHEL			Address: 556 BEDOK NORTH STREET 3 #05-944 SINGAPORE 460556		
ID Type / ID No.: NRIC NO / S9129330G			Contact No.: Home/Office: Mobile: 94826321		
Nationality: SINGAPORE CITIZEN			Email: RACHELCLARISCHLOE@HOTMAIL.COM		
Sex: Female	Age: 30	Date of Birth: 16/08/1991	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Mom Inspector		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2022 18:35	Type of Location: PIE TOWARDS KPE
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
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
JJL8807	Car	TOYOTA	Unsure	Orange	No Damage	1
SMW3397K	Car	MERCEDES BENZ	CLA180 COUPE PROGRESS IVE	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220606/7055

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

2 of 3

Report No. T/20220606/7055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JJL8807	KURINA			
SMW3397K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001384 12100	09/07/2021	15/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE SHIH HUI, RACHEL		ID No. S9129330G
Related Vehicle	SMW3397K (Car)		Contact No. 94826321
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.

On 6th June 2022, around 6.30pm I was driving my Mercedes Benz CLA180 (Grey) SMW3397K vehicle towards PIE KPE to Yishun to fetch my toddler son from school. While driving and brake because of infront car was braking, and when the front car start to move, and I want to move not more than few seconds my car was hit by Malaysian car, JJL8807. As per said driver and car it's foreigner I called police and TP came down to assist in the investigation. My car memory card was being taken by TP.



**SINGAPORE
POLICE FORCE**



T/20220606/7055

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

3 of 3

Report No. T/20220606/7055

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 /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Signature Of Informant:

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

Date/Time:
06/06/2022 22:18

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (06/06/22) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: PIE TWDS KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMW3397K
 b) INSURANCE COMPANY: CHINA FAIPING
 c) POLICY NUMBER: AMPCEW001384/2100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: OWNER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE SHIH HUI, RACHEL (LI SHIHUI) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 591293306 CONTACT: 94826321
 c) ADDRESS: BLK 556 BEDOK NORTH ST 3
 #05-944 (460356)

*d) DATE OF BIRTH: (16/08/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 31/07/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) 80

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JJL8807 MODEL:
 b) DRIVER'S NAME: KER WEI CHIEN
 c) NRIC/FIN/PASSPORT: 8900322105639 CONTACT: 88325899

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger
 (including driver)
 (2)

Lo kok weng
 (m)

*No of passenger
 (including driver)
 ()

*No of passenger
 (including driver)
 ()

Email = rachel-lee-dp@uspace.com

fax =

VIDEO = SD card with TP

Motor Private Car

MX1E

E SN

AN0733A

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.

DMPCSNW00138412100

Engine No.: 28291480397087

Cha. No.: W1K1183842N134816

 1. Index Mark and Registration
 Number of Vehicle

SMW3397K

AUTOSAFE

=====

2. Name of Policy Holder

LEE SHIH HUI, RACHEL

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

 09/07/2021
 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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\$1,000 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. : QUAN FENG INVESTMENTS (S) PTE LTD

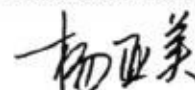
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Tan Xin Yi Josephine
 Authorised Officer



Authorised Signatory