

NATIONAL Assessment Centre Services

Date In: 10/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT/2005517/13	SAS e-filing		
Veh No: SWE23591C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/06/22 1600	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PA	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	Ant (\$) 1st Bill	Ant (\$) 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		
	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:-		
	OD*		
	*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		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	10/06/2022 12:10 (SGT)
Date of Accident	08/06/2022 16:00 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE2359K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARS & COFFEE GEM PTE LTD
Company Reg No	2XXXXX041M
Email Address	xinyunauto1@gmail.com
Mobile Phone No	(Phone) +65-92368166
Alternative Phone No	+65-92368166

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00003792200
Cover Note Number	-

DRIVER

Name of Driver	LEE MENG HUAT
NRIC No	SXXXX213C

Date Of Birth	22/05/1961
Occupation	Outdoor
Date Of Driving Pass	14/09/1984
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92368166
Alt. Phone Number	-
Email Address	xinyunauto1@gmail.com
Address	BLK 707 PASIR RIS DR 10
Address complement	#09-167
Postcode	510707
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	Collision - Head to Rear
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?	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE 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	PA8260T
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 MENG HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNE2359K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

IMPORTANT NOTICE

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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.



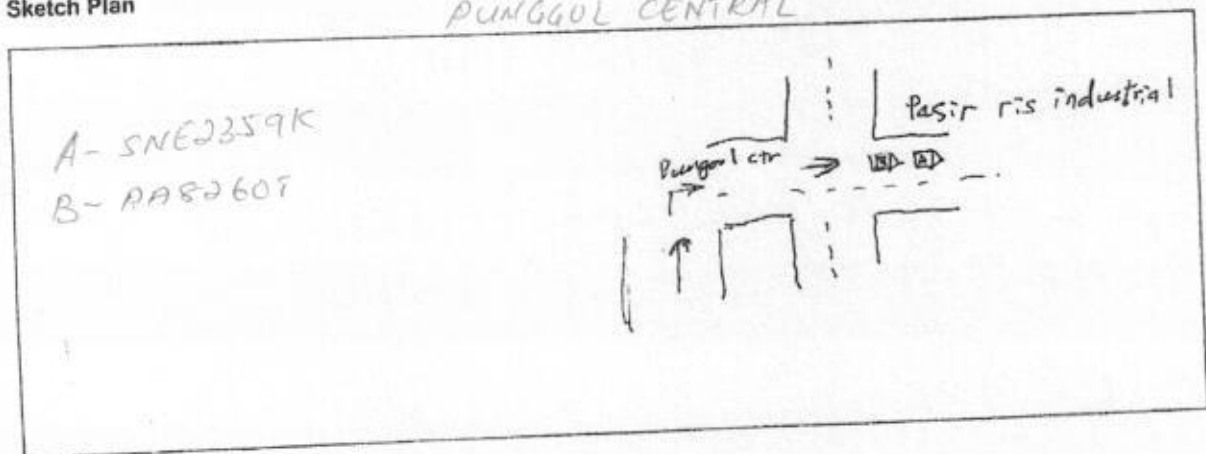
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

PUNGGOL CENTRAL



Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

I was travelling puygou East and turning right to Rsm R3 Industrial
when B vehicle PAS2601 hit my Ren .

REPORTING ONLY () OWN DAMAGE () THIRD PARTY ☒ OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I 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

shym 10/06/22



**SINGAPORE
POLICE FORCE**



G/20220609/7053

1 of 2

Report No. G/20220609/7053

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/06/2022 15:27	Vide Report No.	Station Diary No.
Name Of Informant LEE MENG HUAT	Address 707 PASIR RIS DRIVE 10 #09-167 SINGAPORE 510707	
ID Type / ID No. NRIC NO / S1515213C	Contact No. Home/Office:	Mobile: 92368166
Nationality SINGAPORE CITIZEN	Email Address huat15152130@gmail.com	
Occupation Private-hire car driver	Sex Male	Age 61
Institution/School Name	Language English	Date of Birth 22/05/1961
Date/Time Of Incident 08/06/2022 16:00 - 08/06/2022 16:00	Race Chinese	
	Location Of Incident 707 PASIR RIS DRIVE 10 #09-167 SINGAPORE 510707	

Brief details.

I was travelling punggol east and turning right to Pasir Ris industrial when b vehicle pa8260t hit my rear.

Subjects Involved

Victim

Person Name	LEE MENG HUAT	ID No	S1515213C
ID Type	NRIC NO	Age	61
Gender	Male	Language	English
Race	Chinese		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
09/06/2022 15:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220609/7053

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220609/7053

Occupation	Private-hire car driver	Address	707 PASIR RIS DRIVE 10 #09-167 SINGAPORE 510707
Mobile No	92368166	Is Informant A Victim?	Yes
Person Name	LEE MENG HUAT (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
09/06/2022 15:27

Classification Of Case:

Date of Accident: 8 June 2022		Time of Accident: 16:00 hrs	
Exact Location of Accident: Punggol Central			
Purpose Of Reporting: OWN DAMAGE CLAIM / <u>3RD PARTY CLAIM</u> / JUST REPORTING ONLY			
Weather Condition: <u>Clear</u> / Raining		Wet / <u>Dry</u> Private Use / <u>Work</u>	
Owner's Name: Cars and Coffee Gen		NRIC: 202039041 HP:	
Driver's Name: LEE MING HUA		NRIC: S1515213C HP: 92368766	
DOB: 22 May 1984	Driving Licence Passing Date: 14 Sept 1984		Occupation: Indoor / <u>Outdoor</u>
Address: APT 131K 707 PASIR RIS Drive 10 #09-167 (510767)			
Relationship Of Driver with Insured:		Email:	
Vehicle Number: SNE 2359K		Make & Model: Toyota Raize	
Insurance Company: Chua Tai Ping		Policy Num: DMHCSN00000	Coverage: 3742200
Any passengers inside vehicle involved (YES / <u>NO</u>) If yes, Vehicle Number & How many pax			
A:	B:	C:	D:
Vehicle A Passenger Name:			
Anyone Injured:			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Name / NRIC / Which Vehicle: Lee Ming Hwa S1515213C SNE 2359K		
Was The Accident Reported To The Police?			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Which Police Station: Online Reporting		
Does The Driver Own Any Other Vehicle?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number: Insurer:		
Was Any Foreign Vehicle Involved?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category:		
Was There Any Video Captured By Car Camera? <input type="radio"/> NO <input type="radio"/> YES			

Third Party's Particular

Vehicle B's Number: PA8260T		Make & Model:	
Driver's Name: Ah Cai		NRIC:	HP: 96702310
Vehicle C's Number:		Make & Model:	
Driver's Name:		NRIC:	HP:

Witness's Particular

Name:	NRIC:	HP:
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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

M2407

N SN

AN6723A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1962
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00003792200

Engine No.: 1KR2701568

Chassis No.: A200A009263

1. Index Mark and Registration
Number of Vehicle

SNE2359K

AUTOSAFE

2. Name of Policy Holder

CARS & COFFEE GEM PTE. LTD.

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

25/02/2022
(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

24/02/2023

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. : SSL HOLDINGS 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: Chua Suet Lay Sally
Authorised Officer

杨亚美
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