

# NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SK8822870005

Date lit: 16/08/2022	Job description	Date & Time Completed	Done by
Ref No: 1/BA/2172290 7886/4	SAS e-filing		
Veh No: SMP 6973 P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/08/2022 15:40	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: 86 10897	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	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

1/A2202181	Invoice Preparation Checklist	AMT	AMT
Claimant's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); R/C (\$80)		
Contact No:	3) TF: Towing Fee \$30/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against R/C Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idio DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
C Checked by (Engr-In-Charge):	*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 (Non INC) against INC \$20		
	9) N12: Idio Mobile \$30		
	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 Actual 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	16/08/2022 17:42 (SGT)
Reported by	Owner
Date of Accident	15/08/2022 15:40 (SGT)
Exact Location of Accident	Cantonment Rd, Singapore
Additional Location Information	TOWARDS KEPPEL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6973P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEE TRANSPORT
Company Reg No	5XXXX707X
Email Address	diquishen1@gmail.com
Mobile Phone No	(Phone) +65-98186445
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00010612100

### DRIVER

Name of Driver	LEE CHYE KEAT (LI JIAJIE)
NRIC No	SXXXX008G
Date Of Birth	05/08/1979
Occupation	Outdoor

Date Of Driving Pass	12/01/2004
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98186445
Alt. Phone Number	-
Email Address	diquishen1@gmail.com
Address	BLK 102 BUKIT BATOK WEST AVENUE 6 #07-74
Address complement	-
Postcode	650102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220815/2171

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG1089J
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEE CHYE KEAT (LI JIAJIE)
Gender	Male
Phone No	(Phone) +65-98186445
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMP6973P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



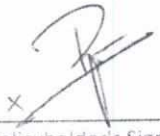
## SKETCH PLAN


### 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.

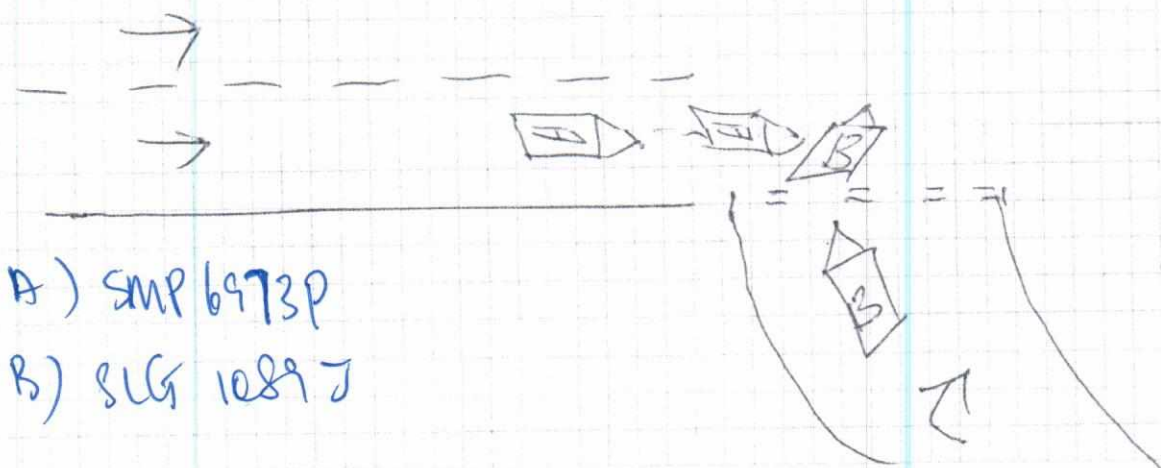
  
Policyholder's Signature Date  
& Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

Cantonment Rd.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along Cantonment Rd, suddenly vehicle (B) opposite direction and without stop at stop line and hit in my right portion.

A: SMP 6973 P


B: SLG 1089 J

Police Report T/20220815/2171

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X    
Policyholder's Signature Date  
& Time:

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

 16/09/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20220815/2171

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20220815/2171

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2022 19:12	Vide Report No.:	Station Diary No.: 46
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<b>Informant's Particulars</b>			
Name of Informant: LEE CHYE KEAT		Address: APT BLK 102 BUKIT BATOK WEST AVENUE 6 #07-74 SINGAPORE 650102	
ID Type / ID No.: NRIC NO / S7990008G		Contact No.: Home/Office: Mobile: 98186445	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 05/08/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2022 15:40	Type of Location: Straight Road
Location: CANTONMENT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG1089J	Car				Seriously Damaged	0
SMP6973P	Car				Seriously Damaged	3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220815/2171

2 of 3

Report No. T/20220815/2171

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE CHYE KEAT	ID No.	S7990008G
Related Vehicle	SMP6973P (Car)	Contact No.	98186445
Hospital/Clinic	THE CHONG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2022	Date Discharge	15/08/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM KIAN SEEN, KELVIN	ID No.	S7805332A
Related Vehicle	NIL	Contact No.	91166886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/08/2022 at about 1540hrs, I was driving my vehicle (SMP6973P) on a straight road along Cantonment Road when suddenly another vehicle (SLG1089J) from the filter lane of Cantonment Link came out and hit my vehicle (SMP6973P) on the right side.

My vehicle (SMP6973P) suffered damages on the front right headlight and bumper as well as my front right side door is unable to open. I had was given 4 days MC due to my back and right hand pain.





**SINGAPORE  
POLICE FORCE**



T/20220815/2171

3 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20220815/2171

**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:

D/

SGT 2 Zainurul Shamira Binte

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Signature Of Informant:

Date/Time:

15/08/2022 19:12

Classification Of Case:

NP168

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.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 08 / 2022 (dd/mm/yy)

Time of Accident: 15 : 40 (24-HR-FORMAT)

Vehicle No.: SMP 6973P Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Cantonment Road Towards Keppel

Policyholder's Name: Lee Transport I/C / UEN: 53403707X

Driver's Name / IC No.: Lee Chye Keat (Li JiaJie) 87990008G (As Above) ☐

Driver's Contact No.: 98180445 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: DIQIUSHEN1@GMAIL.COM Insurance Company: CHINA Taiping

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

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female \*Passanger

Name: \_\_\_\_\_ Gender: Male / Female

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

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: 3LG 1089J

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





Motor Hire Car

MZ407

N SN

AN0576A

Gov. 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.

DMHCSNW00010612100

Engine No.: ZZR0D68094

Cha. No.: ZWR800387668

1. Index Mark and Registration  
Number of Vehicle

SMP6973P

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

LEE TRANSPORT

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment10/10/2021  
(00:00:00)

Excess Sect. I . \$S1,250.00

Excess Sect. I (Outside Singapore) \$S2,500.00

Excess Sect. II \$S1,250.00

4. Date of Expiry of Insurance

09/10/2022

Excess Sect. II (Outside Singapore). \$S2,500.00

EX ON WINDSCREEN . \$S100.00

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.: GENIE FINANCIAL SERVICES 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:

I MARKETING AGENCY

Authorised Officer

Authorised Signatory

IDENTITY CARD NO. S7990008G



Name

LEE CHYE KEAT  
(LI JIAJIE)

李家杰

Race

CHINESE

Date of birth

05-08-1979 M

Country of birth

MALAYSIA



Licence Number S7990008G

Name

LEE CHYE KEAT  
(LI JIAJIE)

Birth Date 05 Aug 1979

Issue Date 12 Jan 2004



### VOCATIONAL LICENCE

Licence No : S7990008G

Name : LEE CHYE KEAT

Issue Date : 19/12/2016

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

PDVL/TDVL  
33 888 88888  
275478



NRIC No S7990008G



Date of issue

13-08-2009

Address

APT BLK 102 BUKIT BATOK WEST AVENUE 6  
#07-74  
SINGAPORE 650102

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 0 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE  
12 Jan 2004

NP 428A



Licence No: S7990008G

This card is not transferable and is the property of the Land Transport  
Authority (LTA). It must be surrendered to the LTA on request. If found,  
please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	19/12/2016

