

Date: 02/08/22

Job description:

Ref No: NM/CT22008040/13

SAS e-filing

Ref No: SCA 40854

E-mail (vehicle form, AIO form)

Ref: 19/08/22 1800

i-Motor Claim Form

TP (TP) Reporting Only

i-Motor W/O (vehicle form, AIO form)

i-Photo Uploaded

TP Insurer

Assessment/Survey Report

Ass't Report by: Fax / Hand to Owner/ Waiver

Tel:

Fax:

Preferred Wkst / INC Assign Wkst / QW:

TP Particulars:

Vehicle No:

SMD7288A

INC () / Non-INC

Tel:

Owner / Driver:

Cover Type:

Policy No.:

Period:

Date:

Time:

Confirmed by:

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 Reservey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Actions:

MOBILE REPORTING (AARIAN)

ADVANCE AUTO GARAGE

03 KAKI BUKIT AVE 4

#04-01 VICOM KAKI BUKIT INSPECTION CENTER

415933

NA2202278

NA2202279

Claimant's Particulars:

Driver Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1

Ref: 2/3

Invoice Preparation Checklist:

- 1) AR: Accident Reporting (\$100)
- 2) DA: Damage Assessment (\$100) INC/NTUC
- 3) TP: Towing Fee \$4,545
- 4) FT: Follow-Through Survey \$100
- 5) FT: Follow-Through Survey (Resurvey) \$100
- 6) TR: Re-inspection \$100
- 7) N1: Idac DA - SMPT Survey \$100
- 8) NTUC Additional Services:
 - Q1:
 - *N5: Courtesy Car / Tpt Allowance \$100
 - *N6: Repair Co-ordination \$100
 - *N7: Post Repair Inspection \$100
 - *N8: DV / Collect Excess Coordination \$100
 - *N9: DV / Collect Excess Coordination \$100
 - *N10: DV / Collect Excess Coordination \$100
 - *N11: TP (N1) + INC against INC \$100
 - *N12: Idac Mobile \$100

Invoice dated:

Fee Charges:

Invoice dated:

Fee 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 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	22/08/2022 19:03 (SGT)
Reported by	Driver
Date of Accident	19/08/2022 18:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE-CITY AFT JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4085G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE LI XIN
NRIC No	SXXXX177G
Email Address	mingyang2327@gmail.com
Mobile Phone No	(Phone) +65-93840491
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Teana
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	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00055492201

DRIVER

Name of Driver	LEE MING YANG
NRIC No	SXXXX364D
Date Of Birth	23/08/1999
Occupation	Indoor

Date Of Driving Pass	26/02/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93840491
Alt. Phone Number	-
Email Address	mingyang2327@gmail.com
Address	BLK 543 WOODLANDS DR 16
Address complement	#05-09
Postcode	730543
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TEO XIN YEE
Gender	Female

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/20220819/7051

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	SHD7288A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SLU1769G
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 MING YANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA4085G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TEO XIN YEE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA4085G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

- 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 Traffic Police Department for investigation.**
 6. This report will be forwarded by the insurers to 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.

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")

(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.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A vertical strip of land is shown, divided into three sections labeled C, H, and B from top to bottom. To the right of this strip is a vertical line labeled A17 - CITY. To the right of the strip, there are three equations:

$$A = SLA 4085 G$$
$$B = SHD 7288 A$$
$$C = SL4 1764 G$$

Describe Circumstance of the Accident

Refer to Police Report

T/20220819 17051

Declaration

(We declare the foregoing particulars are true in every respect)

Lixin

Policyholder's Signature / Date & Time

fu

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

shym

22/08/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220819/7051

1 of 4

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

Report No. T/20220819/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2022 21:00	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: LEE MING YANG			Address: 543 WOODLANDS DRIVE 16 #05-09 SINGAPORE 730543		
ID Type / ID No.: NRIC NO / S9926364D			Contact No.: Home/Office:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2022 18:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD7288A	Car				Seriously Damaged	0
SLA4085G	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220819/7051

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

2 of 4

Report No. T/20220819/7051

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU1769G	Car				Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TEO XIN YEE	ID No.	S9924794J
Related Vehicle	SLA4085G (Car)	Contact No.	96580296
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2022	Date	19/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LEE MING YANG	ID No.	S9926364D
Related Vehicle	SLA4085G (Car)	Contact No.	93840491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2022	Date	19/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along AYE towards City, I drove pass Jurong Town Hall Exit, I slow down and stop due to the front car has stopped, suddenly a Taxi (SHD7288A) did not manage to stop and collided onto the rear of my car, the impact pushes my car forward and collided onto the front car (SLU1769G).

I'm involved in an 3 car chain collision accident.

I have a passenger Teo Xin Yee (S9924794J) in my car during the accident, we both feel uncomfortable at our neck and body area after the accident, we visited Unihealth 24-hr clinic and were both given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220819/7051

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20220819/7051

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220819/7051

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

4 of 4

Report No. T/20220819/7051

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 /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
19/08/2022 21:00

Classification Of Case:

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: 17/08/2022 (dd/mm/yy) Time of Accident: 18:00 (24-HR-FORMAT)

Vehicle No: SA40856 Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y/N) (N)

Exact location of Accident: ATE-CITY (Aster Surang Town Hall)

Policyholder's Name / IC No.: LEE Li Xin S95111776 ROC/UEN (Company): _____

Driver's Name / IC No.: LEE Ming Yang S(9926364D) (As Above) ☐

Driver's Contact No.: 93840491 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 543 Woodlands Drive 16 #05-09 S(730543)

Owner Email address: _____ Insurance Company: _____

Driver Email address: CS8558CS@gmail.com

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): 2

Passenger Name: TEO Tin Yee S99247945 Gender: Male / Female ()

Passenger 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 Remarks: _____

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

Injuries Sustain: Neck, Body Injured Person in Which Vehicle: _____

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

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHD 7288A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SL4 1769G

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 NDF

R SN

AN0435A

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	DMPCSNW00055492201	Engine No. QR25391890L	Cha. No. MNTBCAL3320003632
1. Index Mark and Registration Number of Vehicle	SLA4085G	AUTOSAFE	*****
2. Name of Policy Holder	LEE LI XIN (NON-DRIVER)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/03/2022 (00 00 00)	Named Drivers Ex Sect. I	S\$1,000.00
		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
4. Date of Expiry of Insurance	28/02/2023		
5. Persons or Classes of Persons entitled to drive*	Any 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 loss 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.		

* 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: YETTA INSURANCE AGENCY PTE LTD
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