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Owner / Driver: (			Tel:	)
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SN08228N0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/08/2022 17:37 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/08/2022 17:37 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding 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 Reported by Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

23/08/2022 17:37 (SGT)

Both

01/06/2022 00:05 (SGT)

21 Woodlands Crossing, Singapore 738203

WOODLANDS CHECKPOINT

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMX3755E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** 

Mobile Phone No Alternative Phone No. No

LEE CHANG JOON

SXXXX923A

citizenpower555@gmail.com (Phone) +65-81337575

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

Mercedes S300I

Private use

No - Claiming third party

Private car

Auto 2997

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00083872200

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LEE CHANG JOON SXXXX923A 15/06/1963 Indoor



Date Of Driving Pass 25/08/1983 Driving experience 38 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-81337575 Alt. Phone Number Email Address citizenpower555@gmail.com Address BLK 239 BUKIT PANJANG RING ROAD #06-107 Address complement Postcode 670239 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? 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) 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? Police Station Name Woodlands Division Headquarters Police Station Phone No. (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT L/20220601/7072 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPER



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	1.
No. Of Passenger (Including Driver)	-

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 forw arded 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, acknow ledge, 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 accidentshall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 8	Driver's Signature (If o	driver is not the policyholder)		fitnessed by Reparsonnel	23/08/2072 porting Centre
Sketch Plan	21 MORDIDADO	Crossing (	MODELET	UD CHE	(Child)
			A=	SMX	3755E
		) <del>§</del> 1	13.7	56H	274 <i>5</i> x

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

& Time

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date &

Time



# L/20220601/7072

1 of 2

Report No. L/20220601/7072

### POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Vide Report No.			Station Diary No.
Address			
152 SERANGOON NORTH AVENUE 1 #03-336		1 #03-336	
SINGAPO	RE 5501	5.2	
10 mm 1 m		Mobile:	
		81337575	
Email Address		com	
Sex	Age	Date of Birth	Race
Female	51	18/04/1971	Chinese
Language English			
Location Of Incident			
21 WOODLANDS CROSSING WOODLANDS			
CHECKPOINT SINGAPORE 738203			
	Address 152 SERA SINGAPO Contact N Home/Off Email Add bernardns Sex Female Language English Location 0 21 WOOD	Address 152 SERANGOON SINGAPORE 5501 Contact No. Home/Office:  Email Address bernardnsb@gmail Sex Age Female 51 Language English Location Of Inciden 21 WOODLANDS O	Address  152 SERANGOON NORTH AVENUE SINGAPORE 550152 Contact No. Home/Office: Mobile: 81337575 Email Address bernardnsb@gmail.com Sex Age Date of Birth Female 51 18/04/1971 Language English Location Of Incident 21 WOODLANDS CROSSING WOOD

#### Brief details.

I, Lee Chang Joon of NRIC S1595923A was returning to Singapore from JB while waiting at Woodlands Checkpoint my car stopped and waited for about 3 mins in the queue and there was no other car behind my car. Suddenly, a car banged into my car from behind and the back of my car was dented. I got down from my car to check the damage and the driver also came out from his car and apologised to me. He then asked me to claim his insurance for the repair. I'm making this report for the purpose of claiming his insurance. His car model iss Honda Civic insured under Aviva, Certificate No.: 11106689, Vehicle No.:

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2022 23:07
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220601/7072

SGH2745X. My car model is Mercedes S300L, Car Plate No.: SMX3755E. No one was hurt in this incident.

Subjects Involve	d			
Suspect				
Person Name	Mok Chak Cheng			
Gender	Male	Race	Chinese	
Language	Chinese Mobile No		92349171	
Victim				
Person Name	Lee Chamg Joon			
ID Type	NRIC NO	ID No	S1595923A	
Gender	Male	Age	59	
Race	Chinese	Language	Chinese	
Occupation	Management consultant	Address	239 Bukit Panjang Ring Road	
			#06-107 SINGAPORE 670239	
	81337575			

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2022 23:07		
Officer In-Charge Of Case:	Classification Of Case:		

VEHICLE NO: SMX 3755E	MAKE & MODEL: MERC S300L A GTO MANUAL
DATE OF ACCIDENT	01 106 12022 40.0
TIME OF ACCIDENT	: 00.05 (AM) PM
LOCATION OF ACCIDENT	
EXACT FURPOSE USED AT TIME OF ACCIDEN	
NAME OF OWNER	LEE CHANG JOON
EMAIL: CITIZENPO	OWER 535@GMAZL-COMPIFICE: MOBILE: 8/33 757
NRIC	51595923 A
CLAIM TYPE	OD / PHIRD PARTY / REPORTING ONLY
FLEET POLICY.	YES / NO?
INSURANCE CO.	
TYPE OF COVERAGE	
POLICY NO.	The control of the co
	DMPCSNW000 838 72200
NAME OF DRIVER NRIC	AS ABOVE / IF NO.
DATE OF BIRTH	15/06/1962
ANY PASSENGER	
NAME OF PASSENGER	YES (NO)
GENDER OF FASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	25 1 08 1 1983
GENDER	Male / Female
CONTACT NO.	7/11/
EMAIL:	Mobile: / Office: Home,
ADDRESS	BLK 239 BUKTT PANJANG RING ROAD, # 06-107
DOES DRIVER OWN OTHER VEHICLES?	STA / 16 7
RELATIONSHIP	O , MYSOREK
WEATHER CONDITION	
ROAD SURFACE	Clear / Raining / Offer.  Diy / Wet / Other.
ANY INJURIES	No Dif yes: Who?
CONTACT NO.	
POLICE REPORT	No / Kyes): Where?
NOTICE OF INTENDED PROSECUTION GIVEN	NO/IF YIS, WHO?
EHICLE B NO.	SGH 2745 X Any Passenger:
VANAE	
The Court of the C	
EHICLE C NO.	Any Passenger:
EHICLE C NO. EHICLE D NO.	Any Passenger :  Any Passenger :
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EHICLE C NO. EHICLE D NO. EHICLE F NO.	Any Passenger:
EHICLE C NO. EHICLE E NO. EHICLE F NO. NY WITNESS	Any Passenger : Any Passenger :
EHICLE C NO. EHICLE D NO. EHICLE E NO. EHICLE F NO. NY WITNESS VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	Any Passenger: Any Passenger: Any Passenger:
WAS THERE ANY AUDIO RECORDED?	Any Passenger : Any Passenger :
PEHICLE C NO. PEHICLE D NO. PEHICLE E NO. PEHICLE F NO. PHICLE F NO. PY WITNESS PITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	Any Passenger: Any Passenger: Any Passenger: YES / NO

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E N

SN

ANO412A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00083872200

Engine No.: 27294632084793 Cha. No.:WDD2211542A522148

1. Index Mark and Registration

Number of Vehicle

SMX3755E

AUTOSAFE

2. Name of Policy Holder

LEE CHANG JOON

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

01/04/2022 (00:00:00)

Named Drivers Ex Sect. I

\$\$1,500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

31/03/2023

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26 553 000 00 \$\$500.00

\* Age as at date of accident EX ON WINDSCREEN

\$\$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 pollcy 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.

\*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: SAFE HARBOUR ENSURANCE Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q63896111

6222 1033

www.sg.cntalping.com