

# NATIONAL Assessment Centre Services: (Unit 1 23/001) **Sheet 229 00004**

Ref No: <b>26/09/2022 16:28</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NRA/C122009444</b>	SAS e-filing		
Ref No: <b>PA 9816J</b>	E-mail (within this, AND this)		
Ref No: <b>24/09/2022 04:20</b>	1-Motor Claim Form		
	1-Motor W/O (within OD, this, TP, this)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Ref No: <b>SH 73887</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Cover Type: ( )
Policy No: ( )	Period: ( )
Confirmed by: ( )	Date: ( ) Time: ( )
Insured/Driver Liability: ( )	Warranty: YES ( ) / NO ( )
Year of Registration: ( )	Excess: ( \$ )
Excess: ( \$ )	Loading: \$1,000 ( ) / \$2,000 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/ Post Repair Inspection ( )

3) Upload Re-survey Photo (Repair Cost > \$3,000) ( )

Injury: ( )

Action: ( )

Ref No: <b>NA2202639</b>	Invoice Preparation Checklist
Driver/Owner: ( )	1) AR: Accident Report Log (\$30)
Contact No: ( )	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion: ( )	3) TFI: Towing Fee (\$120)
C. Checked by (Engr-In-Charge): ( )	4) FT: Follow-Through Survey (\$30)
Writers: ( )	5) FT: Follow-Through Survey (Post-repair) (\$30)
2/3:	6) TR: Re-inspection (\$150)
	7) NI: NI: DA + SMART Survey (\$150)
	8) NTUC Additional Services: ( )
	9) NI: NI: Mobile ( )
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## 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	26/09/2022 16:29 (SGT)
Reported by	Driver
Date of Accident	24/09/2022 04:20 (SGT)
Exact Location of Accident	Oxley Rd, Singapore
Additional Location Information	TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9816J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MR LIMOUSINE SERVICES
Company Reg No	5XXXX949M
Email Address	ahxing1984@hotmail.com
Mobile Phone No	(Phone) +65-91187754
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Vito
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	Commercial vehicle
Transmission	Auto
CC	2148

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00013612100

### DRIVER

Name of Driver	LEE WEE HENG
NRIC No	SXXXX651E
Date Of Birth	23/02/1984
Occupation	Outdoor

Date Of Driving Pass	28/05/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97385749
Alt. Phone Number	-
Email Address	ahxing1984@hotmail.com
Address	BLK 932B HOUGANG AVENUE 9 #03-98
Address complement	-
Postcode	532932
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	5
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	MR. SAMBUDI
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

## 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 WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7388T  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi  
 Name of Driver -  
 Contact Number -  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name AXA Insurance Pte Ltd  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person LEE WEE HENG  
 Gender Male  
 Phone No (Phone) +65-97385749  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT INJURY  
 Injured person in which vehicle? PA9816J  
 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 willful 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.

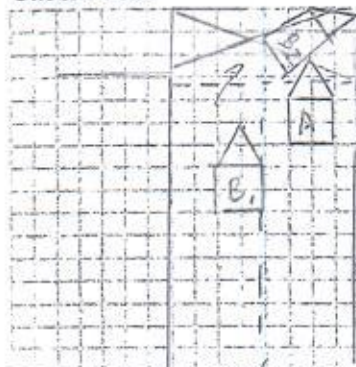


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



OXLEY ROAD TOWARDS ORCHARD ROAD

A-PA-98163

B-SH-73881

**Describe Circumstances of the Accident**

On 24.09.2022 about 04:20, I ~~at~~ was stationary due the  
front traffic, Suddenly vehicle B turn Right and hit my front portion.

**Declaration**

We 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

*[Signature]*  
26/09/2022



Date of Accident : 24.04.2022 Accident Time : 04:20 (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Oxley road towards Orchard Road

Vehicle No (Car Plate No) : PA 98163 Make/Model: MERCEDES BENZ

Insurance Company : CHINA TAIPING Policy No: DMB12NAJ 00013612100

Fleet Policy : YES/NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : MR LIMOUSINE SERVICES (53230949M)

Owner Contact No : 9118 7754 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

Driver Name / IC No : LEE WEE HENG (88404651E)

Driver's Date of Birth : 23 Feb 1984 Driver's License Pass Date: 28 May 2004

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: \_\_\_\_\_

Driver's Address : BLK 932B HOUGANG AVENUE 9 #03-98 S (532932)

Driver's Contact No : 1) 9738 5749 2) \_\_\_\_\_

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : AHXING1984@Hotmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 5 person (1 driver, 4 passenger)

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : YES

**Other Party Driver's Particular (if any)**

VEH B : <u>SH 7380T (AXA)</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

\*NEW - Passenger's Name & Gender:

MR. SAM BUDI M





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 Bus

MZ601

N SN

AN0729A

Cov. Type:F

### 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.

DMB1SNW00013612100

Engine No.: 64698051840568

Cha. No.: WDF63970523597624

1 Index Mark and Registration  
Number of Vehicle

PA9816J

2 Name of Policy Holder

MR LIMOUSINE SERVICES

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

02/11/2021  
(00:00:00)

Excess Sect. II S\$3,000.00

4 Date of Expiry of Insurance

01/11/2022

5 Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

\* 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: ACCORD MOTOR PTE LTD  
Authorised Officer

Authorised Signatory