

NATIONAL Assessment Centre Services (081 220 0000) **SN022AB0004**

Date In: 11/10/2022 17:04	Job description	Date & Time Completed	Done by
Ref No: NBA/C7722018019/Y	SAS e-filing		
Vehicle No: SDJ 9600J	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 10/10/2022 21:00	i-Motor Claim Form		
GD: (TP) Reporting Only	i-Motor W/O (within 24hrs, 70 mins)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse?		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vehicle No: **SNE 4696Z** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () (Note: List Status (WO): N: 0-20%, P: 21-79%, R: 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 No: 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: ()

NA2202826 Inj/Partic Particulars: Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments:	Invoice Preparation Checklist		AMT
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100) INC (\$50)		
	3) TP: Towing Fee \$10/\$40		
	4) PF: Follow-Through Survey \$100		
	5) PE: Follow-Through Survey (Repairer) \$30		
	6) TR: Re-survey \$70		
	7) NI: New DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	*NI: Courtesy Car / Tot Allowance \$5 *NI: Repair Coordination \$10 *NI: Post Repair Inspection \$20 *NI: DV / Collect Excess Coordination \$5 *TP: (1) TP (Non-INC) against INC \$20 *TP: (2) TP (Non-INC) against INC \$0		
Insured driver Date received	Fee charged Date received		

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	11/10/2022 17:04 (SGT)
Reported by	Both
Date of Accident	10/10/2022 21:00 (SGT)
Exact Location of Accident	Woodlands Ave 5, Singapore
Additional Location Information	OUTSIDE CIVIC CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ9600J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE KOK WEE (LI GUOWEI)
NRIC No	SXXXX918A
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90220339
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00095492204

DRIVER

Name of Driver	LEE KOK WEE (LI GUOWEI)
NRIC No	SXXXX918A
Date Of Birth	28/06/1983
Occupation	Outdoor

Date Of Driving Pass	08/02/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90220339
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	28 WOODLANDS DR 16 #04-18
Address complement	-
Postcode	737768
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 - 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	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

PLEASE REFER TO POLICE REPORT T/20221011/7034

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	SNE4696Z
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 KOK WEE (LI GUOWEI)
Gender	Male
Phone No	(Phone) +65-90220339
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDJ9600J
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.
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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 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.

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

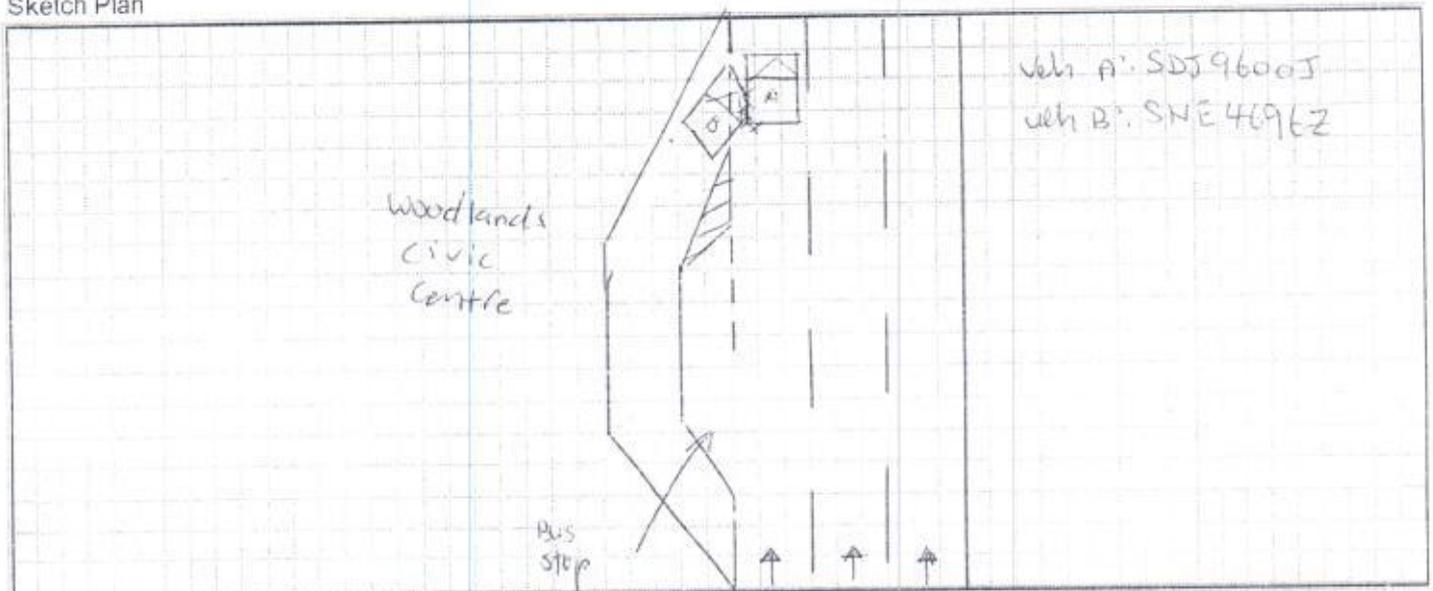


Driver's Signature (if driver is not the policyholder) / Date & Time


11/10/2022

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

Sketch Plan



Describe Circumstance of the Accident

refer to police report
7/202210117034

Declaration

I/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

11/10/2022

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



**SINGAPORE
POLICE FORCE**



T/20221011/7034

1 of 3

Report No. T/20221011/7034

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2022 15:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK WEE			Address: 28 WOODLANDS DRIVE 16 #04-18 SINGAPORE 737768		
ID Type / ID No.: NRIC NO / S8321918A			Contact No.:		Mobile: 90220339
Nationality: SINGAPORE CITIZEN			Email: NICKLEE1983NICKLEE@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 28/06/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: F&B			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2022 21:00	Type of Location: Straight Road
Location: WOODLANDS SQUARE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
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	Conditio	No of
SDJ9600J	Car	TOYOTA	C-HR HYBRID 1.8S CVT	White	Seriously Damaged	0
SNE4696Z	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221011/7034

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

2 of 3

Report No. T/20221011/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ9600J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000954 92204	24/04/2022	23/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE KOK WEE		ID No.	S8321918A
Related Vehicle	SDJ9600J (Car)		Contact No.	90220339
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/10/2022		Date	10/10/2022
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

On 10/10/2022 at around 2100hrs I was travelling along woodlands avenue 5 towards woodlands avenue 2 direction on the extreme left lane. Suddenly as I was driving pass woodlands civic centre, a vehicle from the pick up and drop off point exited out onto my lane and collided onto my vehicle left portion. I slowed down and stopped however the said vehicle did not stop and continue to hit me twice on my vehicle back portion. I felt multiple impacts prior to the accident. I alighted and question the driver on why she didn't not stop her vehicle and continue to come forward and colliding onto my vehicle multiple times. She mention that her shoe was stuck on the accelerator pedal. After the accident we took photos and exchange particulars and proceed to file to insurance. After the incident I felt pain and discomfort and consulted a doctor and was given 5 days mc.



**SINGAPORE
POLICE FORCE**



T/20221011/7034

3 of 3

Report No. T/20221011/7034

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

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 / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/10/2022 15:22
Classification Of Case:

Date of Accident : 10/11/2022 Accident Time: 2:00 (24-HR-Format)
 Accident Place : WOODLANDS AVENUE 5 outside Civic Centre
 Vehicle No. (Car Plate No.) : SDJ 9600J Make Model: TOYOTA CHR
 Insurance Company : China Taiping Policy No: DMPCLNW000A15492204
 Owner or Company Name / IC No. : Lee Kok wee (S8321918A)
 Owner or Company Contact No. : 9022 0339 Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : - Same as Above -
 DRIVER'S Date Of Birth : 28 Jun 1983 DRIVER'S License Pass Date 08 Feb 2002
 Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: owner
 DRIVER'S Address : 28 woodlands Drive 16 #04-18 (1) 7st 760
 DRIVER'S Contact No. / Alt No. : 1) - 2) -
 DRIVER'S Occupation : INDOOR | OUTDOOR (e.g. working inside or outside office)
 Email Address : abc4627e@gmail.com
 Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET
 Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES (NO)
 Exact purpose for which vehicle was being used at the time of accident: Pri(v)ate use | Work purpose
 Any Injury (If YES, Pls state): Driver (SDJ9600J)

Other Party Driver's Particular (if any)

Vehicle No:	<u>SNE 4696E</u>	Vehicle No:	_____
Vehicle Make Model:	_____	Vehicle Make Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver Contact:	_____	IC No. Driver Contact:	_____

* NEW - Passenger's name & gender:

Motor Private Car

MX1F

R SN

AN0478A

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. DMPCSNW00095492204

Engine No.: 2ZR8391896

Cha. No.:ZYX102109873

1 Index Mark and Registration
Number of Vehicle

SDJ9600J

AUTOSAFE

2 Name of Policy Holder

LEE KOK WEE(LI GUOWEI)

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

24/04/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$1,150.00

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

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.

Agent Assistance (IH)
Hotline: 6287 7077

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 losses 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

Issued By



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory