

NATIONAL Assessment Centre Services (Ref: 12-121) **Sub 22A P0008**

Case No: **22/10/2022 16:35** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NBA/C722010584** E-mail (with date, A/C No):

Vel No: **SMY 4100Y** E-Motor Claim Form

DOA: **22/10/2022 12/12** E-Motor W/O (with date, A/C No)

QC (TP) **Reporting Only** E-Photo Uploaded

Assessment/Survey Report

Asst Report by Fax: Hand to Owner/Whom

Preferred Wreck / INC Assign Wksp / CW: Tel: Fax:

TP Particulars: Vch No: **SND 7152E** INC () / Non-INC ()

Owner / Driver () Tel:

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

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

Insured Driver's License: () (Note: Lic Status (WC) Y 0-2011 P 01-2011 R 00-1001)

Year of Registration: () Warranty: YES () / NO ()

Excess: \$ () Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Sent: NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () Towed-In () Invoice: YES () / NO () Towing Cost:

Remarks: () (Note: Date & Time Completed: Done by)

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

() QC Check / Post Repair Inspection ()

() Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Int. Turn: Action: ()

NBA2202974

Information Particulars: ()

Owner/Driver: ()

Policy No: ()

Assigned Portion: ()

Checked by (Eng-In-Charge): ()

Comments: ()

Invoice Preparation Checklist			Amount	Ass'd
1) AR - Accident Report	(500)			
2) DA - Damage Assessment	(51,000)	INC (550)		
3) TP - Towing Fee		\$0 / \$40		
4) RT - Follow-Up Survey (Repair)		\$100		
5) RT - Follow-Up Survey (Insurance)		\$00		
6) TR - Reproduction		\$00		
7) INITIAL DA FORM - Survey		\$100		
8) INITIAL DA FORM - Towing		\$100		
9) TR - Reproduction		\$00		
10) TR - Reproduction		\$00		
11) TR - Reproduction		\$00		
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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	25/10/2022 16:35 (SGT)
Reported by	Both
Date of Accident	22/10/2022 12:17 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4180Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HOCK JOO JIM
NRIC No	SXXXX151D
Email Address	hengggweiii@gmail.com
Mobile Phone No	(Phone) +65-97360254
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00216792100

DRIVER

Name of Driver	LEE HOCK JOO JIM
NRIC No	SXXXX151D
Date Of Birth	06/01/1969
Occupation	Indoor

Date Of Driving Pass	10/11/1992
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97360254
Alt. Phone Number	-
Email Address	hengggwell@gmail.com
Address	BLK 14 BEDOK SOUTH AVENUE 2 #22-578
Address complement	-
Postcode	460014
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	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)	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/20221022/7062

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	SND7752E
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ7045G
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 HOCK JOO JIM
Gender	Male
Phone No	(Phone) +65-97360254
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU4180Y
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 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.

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
(Name as in NRIC/ID card)

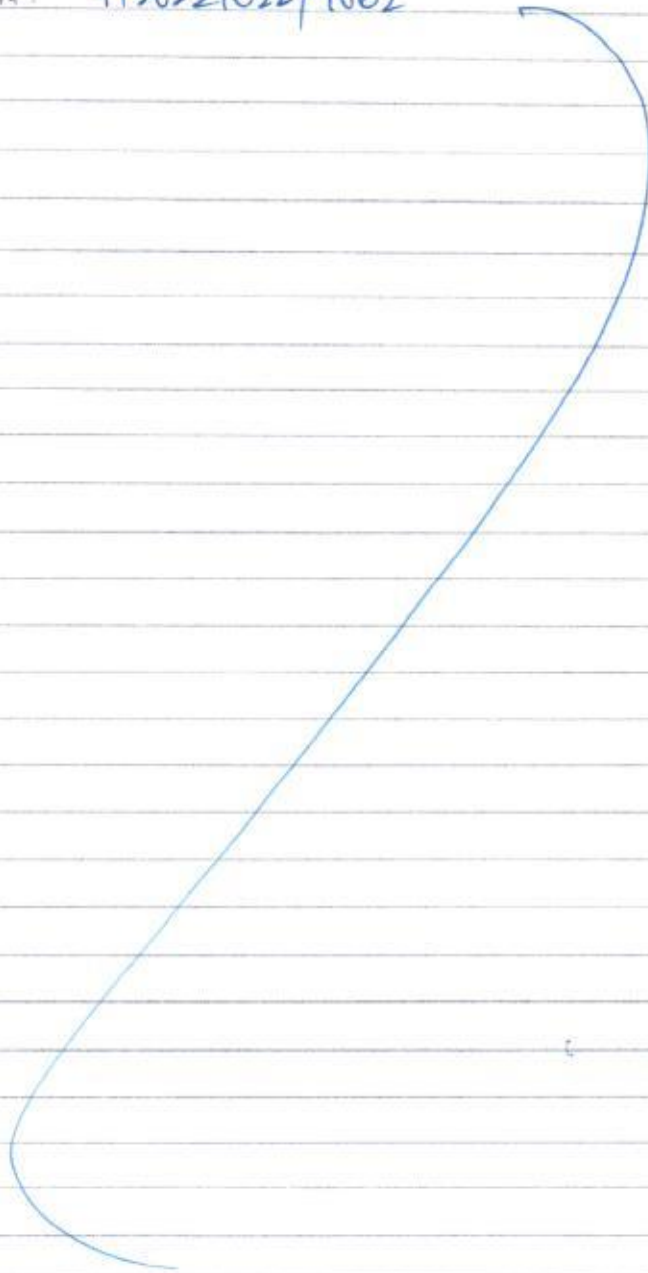
Sketch Plan

GAMBAS AVENUE

A: SND7752E
B: SMJ41804
C: SMQ70456

Describe Circumstance of the Accident

Refer to police report. T/20221022/7062



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

25/10/2022

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



**SINGAPORE
POLICE FORCE**



T/20221022/7062

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

1 of 3

Report No. T/20221022/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 22:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE HOCK JOO JIM			Address: 14 BEDOK SOUTH AVENUE 2 #22-578 SINGAPORE 460014		
ID Type / ID No.: NRIC NO / S6902151D			Contact No.: Home/Office: Mobile: 97360254		
Nationality: SINGAPORE CITIZEN			Email: hengggweiii@gmail.com		
Sex: Male	Age: 53	Date of Birth: 06/01/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 00:15	Type of Location: Straight Road
Location: GAMBAS WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMQ7045G	Car					0
SMU4180Y	Car	NISSAN	SYLPHY 1.6 CVT	Blue	Seriously Damaged	0
SND7752E	Car					0



**SINGAPORE
POLICE FORCE**



T/20221022/7062

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

2 of 3

Report No. T/20221022/7062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU4180Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002167 92100	16/10/2021	22/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HOCK JOO JIM		ID No. S6902151D
Related Vehicle	SMU4180Y (Car)		Contact No. 97360254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/10/2022		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the 22nd Oct 2022 @ 1217 Hrs. I was driving along Gambas Avenue. When I saw Vehicle A (SND7752E) jam brake at that moment of time as I was driving a safe distance from Vehicle A I make in time to brake but suddenly Vehicle C (SMQ7045G) hit on my vehicle (SMU4180Y) with an big impact that cause my vehicle to move in front and hit onto Vehicle A. I went out of my vehicle and look at my car damage it was badly damage and I ask for Vehicle A and Vehicle C details. We all exchange particular and took photo of accident damage. My vehicle is unable to shift to the side of the road, so I call towing to tow my vehicle to the workshop.



**SINGAPORE
POLICE FORCE**



T/20221022/7062

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

3 of 3

Report No. T/20221022/7062

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
22/10/2022 22:45

Classification Of Case:

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	22.10.22	Time of Accident:	12.17 HRS.
Exact Location:	Gomeng Avenue		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMU 41804	NRIC / FIN / Passport no:	SGA02151D
Name of Registered Owner:	Lee Hock Joo Jim		
Owner's Email:	hengggweiii@gmail.com		
Owner's Address:	Blk 14 Bedok South Ave 2 #22-578 (460014)		
Vehicle Make:	Nissan	Vehicle Model:	Sydney 1.6 CVT
Engine Capacity (cc):	1600	Transmission:	<input checked="" type="radio"/> Auto / <input type="radio"/> Manual
Type of Claim:	Own Damage / <input checked="" type="radio"/> Third Party / Reporting Only		
Vehicle Category:	<input checked="" type="radio"/> Private / <input type="radio"/> Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	China Taiping		
Type of Policy:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party, Fire & Theft		
Policy Number:	IMPCSW00216792100		

DRIVER			
Name of Driver:	<input checked="" type="checkbox"/> same as owner		
NRIC / FIN / Passport no:		Date of Birth:	06.01.1969
Occupation:	Indoor / Outdoor	Driving Pass Date:	10.11.1992
Contact Number:	9736 0254	Gender:	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Address:			
Relationship with Owner:	<input checked="" type="radio"/> Owner / <input type="radio"/> Employee / <input type="radio"/> Spouse / <input type="radio"/> Child / <input type="radio"/> Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	<input checked="" type="radio"/> Chain collision / <input type="radio"/> Side Swipe / <input type="radio"/> Front to Rear / Others:		
Weather Condition:	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / Others:	Road Surface:	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet
Video available:	Yes / <input checked="" type="radio"/> No		
Was anybody injured?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Police Report Made?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
No. of passenger onboard (including driver):	One		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SND 7752E	SMQ 7045G	
Vehicle Make / Model:	Toyota Corolla Altis		
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

Motor Private Car

MX3F

E SN

AN065A

Gov Type 2

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 192)
 Motor Vehicles (Third Party Risk and Compensation) Rules, 1980
 Road Transport Act, 1981 (Malaysia)
 Motor Vehicles (Third Party Risk and Compensation) Rules, 1980 (Malaysia)

CERTIFICATE No.

DMPC5NW00316792100

Engine No. HK16936108C

Chassis No. MNT88AR1220032715

 1. Make Mark and Registration
 Number of Vehicle

SM04180V

AUTOSAFE

0000000000

2. Name of Policyholder

LEE HOCK LIOO JIM

 3. Effective date of the Certificate of Insurance
 (Commenced from the date of issue to the
 expiry date of the policy)

26/10/2021

05/06/2022

Named Drivers Excess

S\$100,000

Maximum Excess for Named Drivers

Excess 1 / Age 25-29

S\$20,000.00

Excess 2 / Age 30-34

S\$20,000.00

Age 35 and above (per person)

S\$20,000.00

Excess for Unnamed Drivers

S\$20,000.00

4. Remarks (Please attach a copy of the policy to this certificate)

a. The Policyholder

b. Any other person who is driving on the Motor Vehicle's licence or with his endorsement

c. Provided that the policyholder is permitted to drive the Motor Vehicle on the road

d. The Motor Vehicle is not used for hire or reward or for any other purpose

e. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

f. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

g. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

h. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

i. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

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bk. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

bl. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

bm. The Motor Vehicle is not used for any purpose other than the Motor Vehicle

WIDE PURCHASE CO. LIMITED OVERSEAS BANK LIMITED

 WIDE PURCHASE CO. LIMITED OVERSEAS BANK LIMITED
 100, Robinson Road, Singapore 068973
 Tel: 6733 8888 Fax: 6733 8889
 Email: info@widepurchase.com.sg

I/We hereby Certify

 that the Motor Vehicle is insured under the Motor Vehicle Insurance Policy No. AN065A
 issued by China Taiping Insurance (Singapore) Pte. Ltd. on 26/10/2021

Motor Vehicle No.

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(Stamp Here)

 Lee Hock Lioo Jim
 Authorized Officer

Authorized Officer