

# NATIONAL Assessment Centre Services

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In <b>09/12/2022</b>       | Job description  | Date & Time Completed | Done by |
| Ref No <b>NA/CT122012344/r3</b> | SAS e-filing   |                       |         |
| Veh No <b>SLR 8171A</b>         | E-mail (within 8hrs. A/C 2hrs)                         |                       |         |
| D.O.A <b>02/12/2022 2255</b>    | i-Motor Claim Form                                     |                       |         |
| OD / TP / <u>Reporting Only</u> | i-Motor W/O (Within: OD 2hrs. TP 4hrs)                 |                       |         |
| TP Insurer:                     | i-Photo Uploaded                                       |                       |         |
|                                 | Assessment/Survey Report                               |                       |         |
|                                 | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: <b>SMQ 3817Y</b>                                    | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:  | )                     |
| Policy No: (                             | Period: (   | Cover Type: (         |
| Confirmed by: (                          | Date:   | Time:                 |
| 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:-   | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA 2203416                      | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Engr-In-Charge): | 5) iT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Call 1:                         | 6) TR: Re-inspection \$75                       |             |          |
| Call 2/3:                       | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | OD:   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N1): TP (on INC) against INC \$20           |             |          |
|                                 | 9) N12: Idac Mobile \$0                         |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice noted                                   | Fee Charged |          |



# 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              | 09/12/2022 16:38 (SGT)         |
| Reported by                     | Driver                         |
| Date of Accident                | 02/12/2022 22:55 (SGT)         |
| Exact Location of Accident      | Singapore                      |
| Additional Location Information | ORCHARD ROAD NEAR CUPPAGE ROAD |
| Country/State of Loss           | Singapore                      |

## DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLR8171A                  |
| INSURED/POLICYHOLDER        |                           |
| Is company?                 | Yes                       |
| Name Of Registered Owner    | K.GAMBINO LEASING PTE LTD |
| Company Reg No              | 2XXXXX841M                |
| Email Address               | weelim.lee@gmail.com      |
| Mobile Phone No             | (Phone) +65-87675136      |
| Alternative Phone No        | -                         |

## VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Mazda               |
| Model  | 3                   |
| Variant  | -                   |
| Exact purpose for which vehicle was being used at time of accident           | Private hire        |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category   | Private hire        |
| Transmission   | Auto                |
| CC   | 1496                |

## INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00005822200                            |

## DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | LEE WEE LIM |
| NRIC No        | SXXXX184G   |
| Date Of Birth  | 27/09/1984  |
| Occupation     | Outdoor     |

|  |                        |
|--|------------------------|
| Date Of Driving Pass   | 04/01/2007             |
| Driving experience   | 15 YEARS AND 11 MONTHS |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-85458280   |
| Alt. Phone Number  | -                      |
| Email Address  | weelim.lee@gmail.com   |
| Address  | 308A PUNGGOL WALK      |
| Address complement   | # 15-398               |
| Postcode   | 821308                 |
| Is the driver the policyholder?                              | No                     |
| If No, Relationship of the Driver with the Insured           | Hirer                  |
| 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)   | 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACH STATEMENT

#### 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 | SMQ3817Y    |
| 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)     |  | - |



## 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

Wu

08 Dec 2022

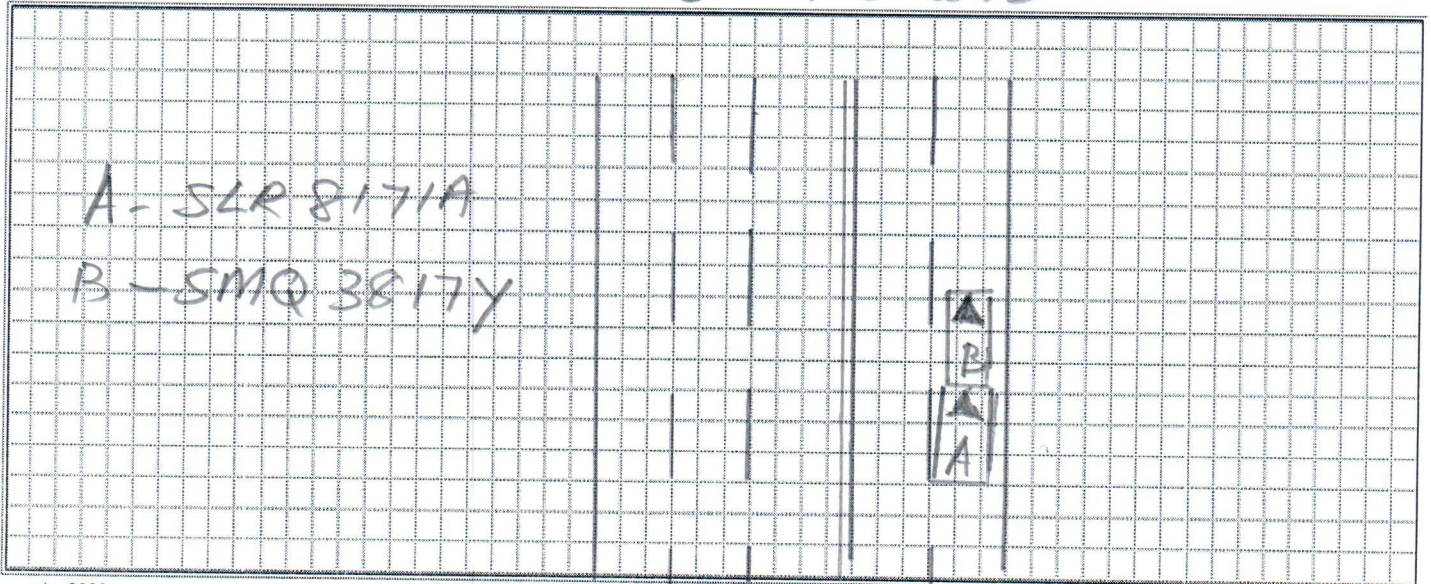
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

gumilur 09/12/2022

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

### Sketch Plan

ORCHARD ROAD





Describe Circumstance of the Accident

I was travelling straight along Orchard Road on the extreme right lane. Suddenly vehicle in front of me e-brake and I follow suit but my vehicle touch the rear portion of vehicle B.

The vehicle B driver agreed to Private Settle and I made Paynow for the amount that he had agreed.

Before make Paynow we checked there is no damages to both vehicle.

Then he claimed that he was Injured, then I told him I wanted to call Police but the vehicle B driver said he went to private settle.

Then the vehicle B driver asked for \$50.00 then I made Paynow on the spot. The vehicle B driver said he won't claim against Insurance. Yesterday my leasing company received a letter that the other party claim against my leasing company Insurance.

The Reason I did not report on the day itself because driver of vehicle B agreed to private settle.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

W/A 08 Dec 2022

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

grace 08/12/2022

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

# You've paid



+6596283810

PayNow: Max

**S\$50.00**

via

360 Account

XXX-XXXXXX0-001

## Notes

Loo Heng Yeong

Transaction Ref No.

2022120232502742



# ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 12 / 2022) (DD/MM/YYYY), TIME: (22 : 55) (HH:MM)  
 LOCATION: ORCHARD ROAD NEAR CUPPAGE ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 8171A  
 b) INSURANCE COMPANY: CHINA TAIPING  
 c) POLICY NUMBER: DMHCSNA00005822200  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MAZDA 3 1496CC (Auto / manual)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: K. GAMBINO LEASING PTE. LTD. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 8767 5136  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: LEE WEE LIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8431184G CONTACT: 8545 8280  
 c) ADDRESS: 308A PUNGGOL WALK # 15-398 (S821308)

\* d) DATE OF BIRTH: (27 / 09 / 1984) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 04/01/2007  
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRE  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ 3817Y MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = weelim.lee@gmail.com

Fax =

VIDEO = NO

No. of passenger  
 (including driver)  
 (1)

No. of passenger  
 (including driver)  
 ( )

No. of passenger  
 (including driver)  
 ( )





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 Hire Car

MZ406L/B

N SN

AN0695A

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.

DMHCSNA00005822200

Engine No.: P520454840

Cha. No.:JM6BN22A8H0162653

1. Index Mark and Registration  
Number of Vehicle

SLR8171A

2. Name of Policy Holder

K. GAMBINO LEASING PTE. LTD.

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

08/04/2022  
(16:18:08)

Excess Sect I . \$S2,000.00

Excess Sect. I (Outside Singapore) \$S4,000.00

Excess Sect. II \$S1,500.00

Excess Sect.II (Outside Singapore). \$S3,000.00

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

07/04/2023

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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:\*\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD

\* 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: Tan Xin Yi Josephine  
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