

Date In	18/01/2023
Ref No	NAICT1230005951d4
Veh No	PC8256X
DOA	17/01/2023 15:30
OD / <u>TP</u> / Reporting Only	
TP Insurer:	

Job description	Time & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. Aft 2hrs,		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: <u>G BE 10829</u> INC () / Non-INC ()
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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:-

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 hotline: 6788 6616)	Date & Time Completed	Done by
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1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

[illegible]

NA2300186	Invoice Preparation Checklist	1st Bill
	1) A.P. - Accident Reporting (\$30);	

2) DA : Damage Assessment (\$100);	INC (\$80)
3) DA : Damage Assessment (\$100);	\$40/\$45

iver/Owner: _____ 3) IF: Towing Fee \$120
 4) FT: Follow-Through Survey \$30
 5) IF: Follow-Through Survey (Resurvey)

5) FT: Follow-through survey (2005-2006)
For claiming against INC Only (wef 10 Jan 2005) \$75

6) TR: Re-inspection	\$160
7) N1: Idac DA + SMRT Survey	
8) TR: Additional Services:-	

Checked by (Engr-In-Charge):	8) NTUC Additional Service	
	ON*	\$5
	* NS: Courtesy Car / Tpl Allowance	\$10

Auditors' Comments :-	* N6: Repair CB-continuation	\$25
	* N7: Post Repair Inspection	\$5
	* N8: DV / Collect Excess Coordination	\$20

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	18/01/2023 13:10 (SGT)
Reported by	Driver
Date of Accident	17/01/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLAN DATOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8256X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CY LEE TRANSPORT SERVICES
Company Reg No	5XXXX147L
Email Address	lee.sky1984@yahoo.com.sg
Mobile Phone No	(Phone) +65-96398472
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012202203

DRIVER

Name of Driver	LEE CHIN YAK
NRIC No	SXXXX124A

Date Of Driving Pass	13/09/1976
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96398472
Alt. Phone Number	-
Email Address	lee.sky1984@yahoo.com.sg
Address	APT BLK 419 HOUGANG AVENUE 8
Address complement	# 06-948
Postcode	530419
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	Side Swipe
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)	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	MARTINS CABRAL
Gender	Female

PASSENGER 2

Name	OW YEN HSIEN
Gender	Male

PASSENGER 3

Name	LINDAYA AMADEO
Gender	Male

PASSENGER 4

Name	GWEE CHENG LIAN
Gender	Female

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

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	GBE1082G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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.

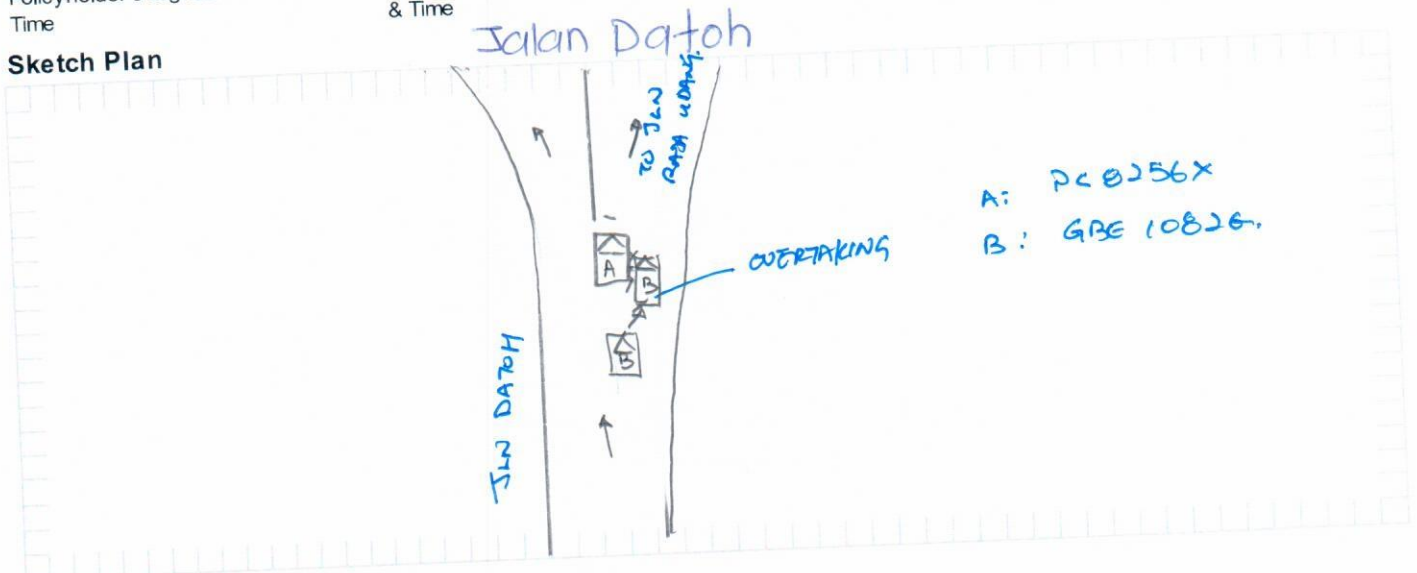
C Y LEE
TRANSPORT SERVICES
UEN NO: 53336147L

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: PC0256X
B: GBE 10826.

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG JLN DATON ON A SINGLE LANE ONE WAY ROAD. AS I WAS TRAVELLING STRAIGHT, ENTERING INTO JLN RAJA UDANG ONE M/VAN GBE10826 CAME FROM MY REAR AND SUDDENLY OVERTAKING MY VEHICLE ON THE RIGHT, SQUEEZING THROUGH AND THUS COLLIDED ONTO THE RIGHT SIDE OF MY VEHICLE. THE STATE M/VAN GBE10826 WAS TRAVELLING BEHIND MY VEHICLE BEFORE THE ACCIDENT

Declaration

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

C Y LEE
TRANSPORT SERVICES
UEN NO: 53336147L

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

18/01/2023

VEHICLE NO: PC 8256X

MAKE & MODEL: TOYOTA HACE

☒ AUTO ☐ MANUAL

CC 2754.

DATE OF ACCIDENT	17 / 01 / 2023
TIME OF ACCIDENT	1530 AM / PM
LOCATION OF ACCIDENT	JALAN DATON
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE
NAME OF OWNER	CY LEE TRANSPORT SERVICES
EMAIL	LEE.SKY1984@YAHOO.COM.SG.
NRIC	53336147L
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO ?
INSURANCE CO	CHINA TAIPING
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
POLICY NO	DMB1SNW00012202203
NAME OF DRIVER	AS ABOVE / IF NO: LEE CHIN YAK
NRIC	S1329124A
DATE OF BIRTH	19 / 09 / 1958
ANY PASSENGER	YES / NO: 04
NAME OF PASSENGER	MARTINS CABRAL (F) CHU YON HSIEN (M) LINDAYA AMADEO (M)
GENDER OF PASSENGER	MALE / FEMALE GWEI CHENG LIAN (F)
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor
DATE OF DRIVING PASS	13 / 09 / 1976
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
CONTACT NO	Mobile: 96398472
EMAIL	LEE.SKY1984@YAHOO.COM.SG.
ADDRESS	BLK 419 HOUGANG AVE 8 H06-948 S(530419)
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No:
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who?
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?
VEHICLE B NO.	GBE1082G. Any Passenger: NO
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO
Person Reporting	<input checked="" type="checkbox"/> Driver / <input type="checkbox"/> Owner / <input type="checkbox"/> Both
Original Language Used	English / <input checked="" type="checkbox"/> Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO

LEE.SKY1984@YAHOO.COM.SG.

Motor Bus

MZ601

R SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMB1SNW00012202203

Engine No.: 1GD8398619

Cha. No.:GDH2232001570

1. Index Mark and Registration
Number of Vehicle

PC8256X

AUTOSAFE
=====

2. Name of Policy Holder

CY LEE TRANSPORT SERVICES

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment27/08/2022
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

26/08/2023

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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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: ABS INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory