

NAITC/NAIT Assessment Centre Services

Date In 02/02/2023	Job description	Date & Time Completed	Done by
Ref No NAICT123001042 H4	SAS e-filing		
Veh No SMJ 2777Y	E-mail (within 8hrs. AP 2hrs)		
DOA 01/02/2023 12:15	i-Motor Claim Form		
OD/ (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: FBS 4700M	Tel:	Fax:
Owner / Driver: (INC () / Non-INC ()		
Policy No: (Period: (Tel: (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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: (

Time: (

Actions: (

NA2300339	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Client's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
et No:	3) TP: Towing Fee \$40/\$45		
ed Portion:	4) FT: Follow-Through Survey \$120		
hecked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
rs' Comments: (For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$20		
	* N8: DV / Collect Repair Coordination \$5		

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 02/02/2023 08:38 (SGT)
Reported by Driver
Date of Accident 01/02/2023 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information RAFFLES BLVD TOWARDS TEMASEK AVE AFTER TEMASEK BLVD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2777Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KWOK CHEE
NRIC No SXXXXX076C
Email Address benzlee30@ymail.com
Mobile Phone No (Phone) +65-87776648
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A180
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 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00244542200

DRIVER

Name of Driver BENZ LEE YI BO
NRIC No TXXXX689H
Date Of Birth 10/07/2002

Occupation	Indoor
Date Of Driving Pass	30/07/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87776648
Alt. Phone Number	-
Email Address	benzlee30@ymail.com
Address	28 ST.ANNE'S WOOD
Address complement	-
Postcode	545244
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED 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	FBS4700M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	BENZ LEE YI BO
Gender	Male
Phone No	(Phone) +65-87776648
Address	28 ST.ANNE'S WOOD
Address Complement	-
Post Code	545244
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMJ2777Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

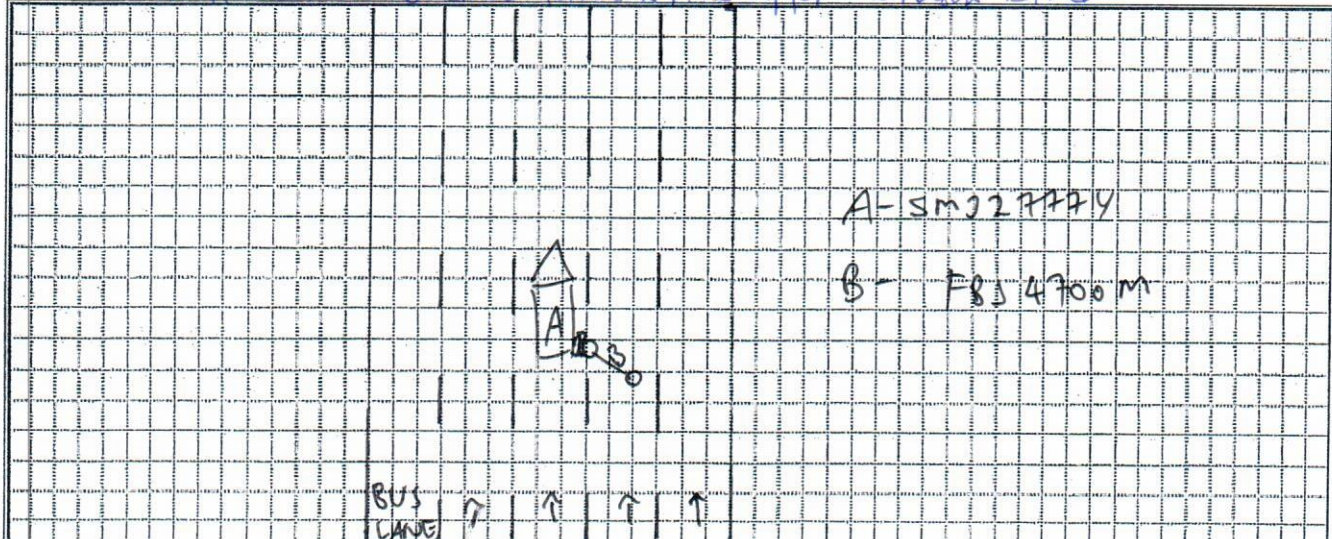
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Raffles Blvd towards Temasek Ave after Temasek Blvd



Describe Circumstance of the Accident

On the stated date and time I was travelling
along Raffles Blvd towards Temasek Ave after Temasek
Blvd on lane 3. Suddenly I saw vehicle B cutting from
lane 1 towards lane 2. Suddenly I felt a huge
impact coming from my rear right portion of my
vehicle.

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

 2/2/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 31/02/2023 Accident Time: 12 15 (24-HR-FORMAT)
Accident Place : Raffles Blvd tw Temasek Ave after Temasek Blvd
Vehicle Reg. No (Car plate No.) : SMJ2777 Y CC: 1300 Vehicle Make/Model: Merc A180
Insurance Company : China Taipei Policy No. DMPCSNW0024542200
Name of Registered Owner : Company / Individual Lee Kwok Chee
ID of Registered Owner : Co Reg No: / Owner's NRIC No: S7115076C
OWNER EMAIL ADDRESS: / Co Contact No: / Owner's Contact No: 91447700

DRIVER'S Name : Benz Lee Yi Bo DRIVER'S NRIC No: T0219689H

DRIVER'S Date of Birth : 10 Jul 2002 DRIVER'S License Pass Date 30 Jul 2021

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: /

DRIVER'S Address : 28 St Anne Wood S (545244)

DRIVER'S Contact No./ Alt No. : 1) 8777 6648 2) /

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : BENZLEE30@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): 1 Name & Gender: /

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO File too big

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) Benz Lee Yi Bo

Other Party Driver's Particulars (if any)

Vehicle Reg No: FBS 470 M Vehicle Reg No: /

Vehicle Make/Model: / Vehicle Make/Model: /

Name DRIVER: / Name DRIVER: /

IC No. DRIVER: / IC No. DRIVER: /

DRIVER'S Contact & add: / DRIVER'S Contact & add: /

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: /

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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 Private Car

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)

MX1E

N SN

AN0743A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00244542200

Engine No.: 28291480052973

Cha. No.: WDD1770842J059142

1. Index Mark and Registration
Number of Vehicle

SMJ2777Y

AUTOSAFE

2. Name of Policy Holder

LEE KWOK CHEE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

25/10/2022

Named Drivers Ex Sect. I

S\$500.00

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.

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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : DICKSON CAPITAL 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: PLACE4YOU AGENCY PTE LTD

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