

NATIONAL Assessment Centre Services

Date: 19/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CI23004058/d4	E-mail (within 8hrs, Aft 2hrs):		
Yeh No: SND 5435J	i-Motor Claim Form:		
DOA: 17/04/2023 09:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tol: Fax:

TP Particulars: Vch No: SLX 7069M INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: Title: ()

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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2301137	Invoice Preparation Checklist	Amnt (\$)	Amnt
		Est. Bill	Add
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cont. 1:	6) TR: Re-inspection \$75		
Cont. 2/3:	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice date/	Fee Charged	
	Invoice dated	Fee Charge/	

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 19/04/2023 18:21 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 17/04/2023 09:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PIE BEFORE THOMSON FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND5435J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE WAN LING , MARY-ANNE
NRIC No SXXXX455H
Email Address maryanneleewl@gmail.com
Mobile Phone No (Phone) +65-90672957
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW0019932200

DRIVER

Name of Driver LEE WAN LING , MARY-ANNE
NRIC No SXXXX455H

Date Of Driving Pass	30/03/2013
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90672957
Alt. Phone Number	-
Email Address	maryanneleewl@gmail.com
Address	36 JALAN PARAS
Address complement	-
Postcode	418900
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 - 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?	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 THE ATTACHED STATEMENT - T/20230419/7006

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	SLX7069M
Vehicle Manufacturer	Toyota
Vehicle Model	

Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	ONG
Contact Number	(Phone) +65-87871200
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 WAN LING , MARY-ANNE
Gender	Female
Phone No	(Phone) +65-90672957
Address	36 JALAN PARAS
Address Complement	-
Post Code	418900
Approximate Age Years Old	-
Injuries Sustained	LEFT KNEE PAIN
Injured person in which vehicle?	SND5435J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ 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 ~~use~~ use 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~~ 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~~ 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.

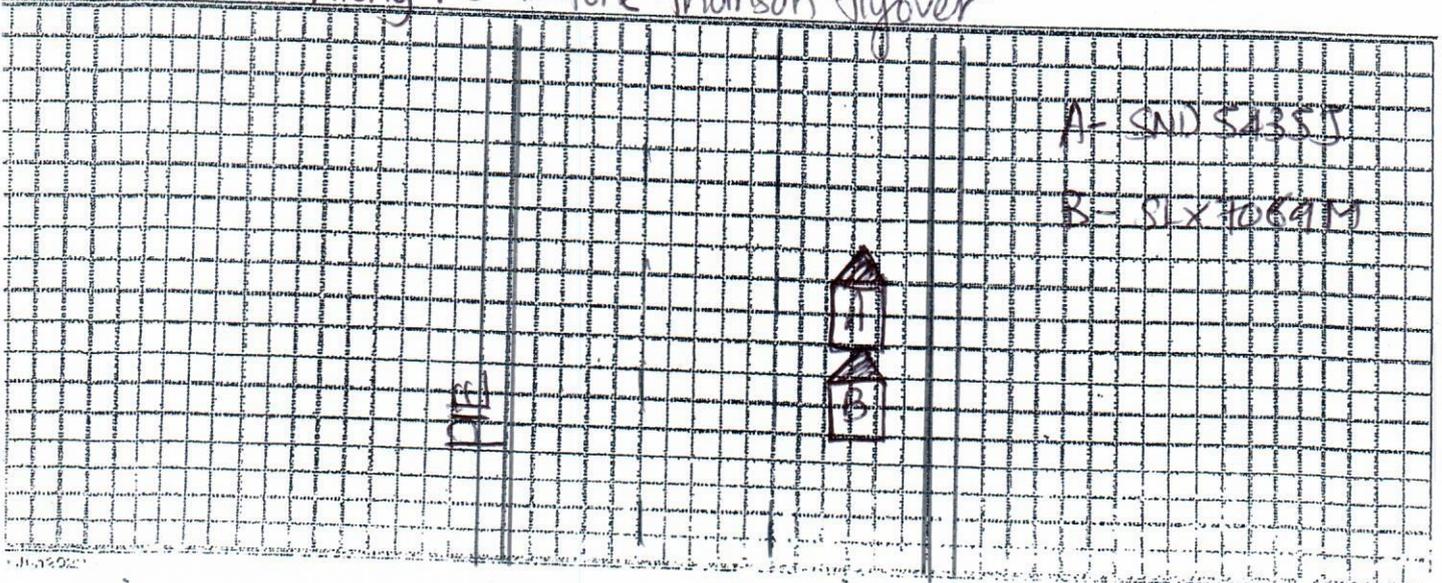
May 19/4/23
Policyholder's Signature / Date & Time

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

19/4/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Along PIE before Thomson flyover



Describe Circumstance of the Accident

(A large diagonal line is drawn across the top half of the lined area.)

Please Refer to the attached police Report

— T/20230419/7006 —

(A large diagonal line is drawn across the bottom half of the lined area.)

Declaration

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

Manjiv 19/4/23

Policyholder's Signature / Date & Time

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

Manjiv 19/4/2023

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



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND5435J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000199 32200	11/01/2022	28/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG		ID No.	NIL
Related Vehicle	SLX7069M (Car)		Contact No.	87871200
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	LEE WAN LING, MARY-ANNE		ID No.	S8947455H
Related Vehicle	SND5435J (Car)		Contact No.	90672957
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

Brief Details.

I was on the PIE just before the Thompson road flyover, heading towards Tuas. There was a sudden slowly in the express lane due to a 3 car collision ahead. The car in front of me braked in time and did not hit that pile up. I braked in time and stopped a safe distance before the car in front of me. Vehicle SLX7069M, driver named Ong, phone number 87871200, collided with the back of my car and caused an accident. We exchanged numbers and he agreed to a private settlement since the damage appeared to be very minor at that time. While driving off from the accident my left knee started hurting so I visited a TCM practitioner. The accident also damaged my rear camera and SLX7069M acknowledged when I told him I needed to see a doctor and replace my rear camera.

When i received all costs and was ready to settle, Ong backtracked on his agreement and only wanted to pay half, claiming he had no money. Thereafter my left knee began to hurt more and I realised I needed to file an insurance claim to cover my medical expenses.



**SINGAPORE
POLICE FORCE**



T/20230419/7006

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

3 of 4

Report No. T/20230419/7006

CONTINUATION OF REPORT

Ong claims to have a video of the collision. I do not have a copy of that. I have screenshots of his agreement to private settlement + photos of the collision. He moved his car back before I was able to take the photo.



**SINGAPORE
POLICE FORCE**



T/20230419/7006

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

4 of 4

Report No. T/20230419/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:

19/04/2023 09:46

Classification Of Case:

6742 8275

6547 8275

ADK AUTO ACCESSORIES CENTRE



ADK AUTO ACCESSORIES CENTRE

Bartley Biz Centre, 13 Kaki Bukit Road 4

#01-28 S417807

UEN: 53165421D

INVOICE

16672

Customer:

Car Plate No:

KIA

SND5425J

Contact:

Date:

18/4/23

Item Description	Quantity	Unit Price	Amount
1) REPLACE REVERSE CAMERA	1		\$120/-

Deposit:

Balance:

Total: \$120/-

新跃中医诊所
XIN YUE TCM THERAPY CLINIC

No: 6009

Blk 1 Tanjong Pagar Plaza #02-54 Singapore 082001 TEL: 6444 5063

OFFICIAL RECEIPT

Reg. NO: 53373692K

日期 17/4/23
Date: _____

兹收到
Received from Mary-Anne Lee

登记号码 889474571
I/C No.: _____

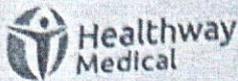
来银 \$130
The sum of dollars _____

系还
Being payment of Medical Treatment

\$ 130
CASH / CHEQUE NO.



经手人 ISSUED BY _____



HEALTHWAY MEDICAL

BLK 110 LENGKONG TIGA #01-231,
SINGAPORE 410110
TEL 67494062 / FAX 67476487

NAME: LEE WAN LING MARY-ANNE

IDENTIFICATION: S8947455H

18-April-2023

To: Whom It May Concern

Dear Sir/Madam,

Please note that this patient was involved in a road traffic accident on 17 Apr 2023.

Her car was rear-ended during the accident. The jerking motion resulted in persistent left knee pain.

On examination, there was anterior tenderness below the patella of the left knee. The range of motion was within normal limits.

Thank you for your kind attention.

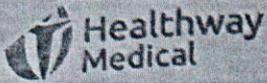
Regards,

DR. LOCUM
DOCTOR

HEALTHWAY MEDICAL CLINIC

Blk 110 Leng Kong Tiga
#01-231
Singapore 410110
Tel: 6749 4062 Fax: 6747 6487

OFFICIAL RECEIPT



HEALTHWAY MEDICAL

COMPANY REGISTRATION NO: 199400795H / GST REGISTRATION NO: M201219809
BLK 110 LENGKONG TIGA #01-231, SINGAPORE 410110
TEL 67494062 / FAX 67476487

NAME: LEE WAN LING MARY-ANNE
ATTENDING DR: DR. LOCUM

IDENTIFICATION: *****455H
VISIT DATE: 18-04-2023

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICAL SERVICES			\$10.65
MEMO (HMGMEMO)	1	\$10.65	
CONSULTATION			\$32.41
CONSULTATION	1	\$32.41	
SUBTOTAL CHARGE			\$43.06
GST TOTAL			\$3.44
TOTAL AMOUNT			\$46.50

PAYMENT

PAY BY MASTER CARD

18-04-2023 20:35

\$46

Case No: 2023108

All drugs sold are non-exchangeable and non-refundable
This is a computer generated document that does not require a signature

ACCIDENT STATEMENT

ACCIDENT DATE: 17/04/2023 (DD/MM/YYYY), TIME: 09:35 (HH:MM)

LOCATION: Mong PIE Before Thomson Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SND 5435J
- b) INSURANCE COMPANY: China Taiping
- c) POLICY NUMBER: DMPCSNW0019932200
- d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: _____
- f) TYPE: (AUTO) / MANUAL
- g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: private
- 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: Lee Wan Ling, Mary-Anne (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 88947458H CONTACT: 9067 2957
- c) ADDRESS: 36 Jalan Pangsari 418900

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- a) DRIVER NAME: As Above
- b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
- c) ADDRESS: _____ CONTACT: _____

d) DATE OF BIRTH: 20/12/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/03/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITIONS: (DRY / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) left knee pain

7. c) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLX 7069M MODEL: toyota (gray)

b) DRIVER'S NAME: ong

c) NRIC/FIN/PASSPORT: _____ CONTACT: 8787 1200

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

was I a passenger
() including driver
(OL)

was I a passenger
including driver
()

was I a passenger
including driver
()

Email = manyannelaw1@gmail.com

Fax = _____

Mobile = NO



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)

MX1F

E SN

AN0695A

Cov. Type:C

CERTIFICATE No.	DMPCSNW00019932200	Engine No.: G4FCAH387358	
		Cha. No.:KNAFW611LA5229751	
1. Index Mark and Registration Number of Vehicle	SND5435J	AUTOSAFE	=====
2. Name of Policy Holder	LEE WAN LING , MARY - ANNE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/01/2022 (00:00:00)	Named Drivers Ex Sect. I	\$S\$1,500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S\$3,000.00
		Ex Sect. I - Age >= 26	\$S\$500.00
4. Date of Expiry of Insurance	28/04/2023	* 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\$500 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. : MAYBANK

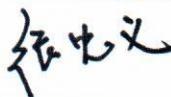
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____
Chai Huilin Lynn
Authorised Officer

_____ 
Authorised Signatory