

NATIONAL Assessment Centre Services (Call 1-800-555-5555) **SMJ 23590005**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 09/05/2023 16:45 | Job Description | Date & Time Completed | Done by |
| Ref No: NBM/C123004728/4 | SAS e-illing | | |
| Val: No: 828 8076 J | E-mail (within 24hrs, A/C 24hrs) | | |
| D.O.A: 09/05/2023 07:50 | I-Motor Claim Form | | |
| OC TP Reporting Only | I-Motor W/O (within 24 hrs, TP 48hrs) | | |
| TP Insured: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Yell No: **SMJ 82904** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note: Use Status (W/O): N: 0-30%, F: 21-70%, 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 & Supply NO info of repair.

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

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

Remarks: **RUNE Location: 6788-0015**

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

Injury: ()

Date of Incident: ()

Location: ()

Time: ()

Weather: ()

Other: ()

NA2301364 / NA2301365

| | | |
|------------------------------|--|-------------|
| Customer's Particulars | Invoice Preparation Checklist | |
| Owner/Driver | 1) A/R: Accident Reporting (\$300) | |
| Driver No: | 2) D/A: Damage Assessment (\$1000) | INC (\$50) |
| Damaged Portion: () | 3) T/F: Towing Fee | \$100/\$150 |
| | 4) P/C: Follow-Up Survey | \$150 |
| | 5) T/F: Follow-Up Survey (Basic Fee) | \$30 |
| | 6) T/R: Re-inspection | \$75 |
| | 7) N/I: New D/A + CHART Survey | \$150 |
| | 8) N/I: Additional Fee (Basic) | |
| Checked by (Engr-In-Charge): | Q/R | |
| | *N/I: Courtesy Car / Tel Allowance | \$5 |
| | *N/I: Repair Coordination | \$15 |
| | *N/I: Post Repair Inspection | \$25 |
| | *N/I: DV / Collect Excess Coordination | \$1 |
| | *N/I: TP (N/I) / TP (N/I) / TP (N/I) | \$10 |
| | *N/I: Other Items | \$0 |
| | Invoice Total | \$1000 |
| | File Charge | \$100 |



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 | 09/05/2023 16:45 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 09/05/2023 07:50 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | AFTER EXIT 40 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJP3076J |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LEE SOW WONG |
| NRIC No | SXXXX590A |
| Email Address | junmin147@icloud.com |
| Mobile Phone No | (Phone) +65-96257792 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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 | 1497 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00032032302 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | LEE WEI HAO |
| NRIC No | SXXXX012B |
| Date Of Birth | 05/07/1998 |
| Occupation | Outdoor |

| | |
|--|--|
| Date Of Driving Pass | 25/01/2021 |
| Driving experience | 2 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94748398 |
| Alt. Phone Number | - |
| Email Address | junmin147@icloud.com |
| Address | BLK 682C JURONG WEST CENTRAL 1 #15-118 |
| Address complement | - |
| Postcode | 643682 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | 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 POLICE REPORT T/20230509/7052

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 | SMJ8290U |
| 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 | SJW7766M |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| 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 WEI HAO |
| Gender | Male |
| Phone No | (Phone) +65-94748398 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SJP3076J |
| 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 Authorised 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. 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.

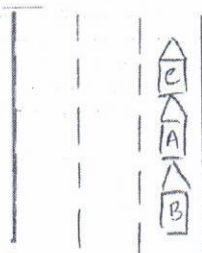
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE AFTER FEET 40



Vehicle A: SJP3076J
Vehicle B: SMJ8290U
Vehicle C: SJW7766M

[illegible]

We declare the foregoing particulars are true in every respect.

Safu.

1104.

09/05/2023



SINGAPORE POLICE FORCE



T/20230509/7052

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

1 of 3

Report No. T/20230509/7052

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|------------------|
| Date/Time Report Made: 09/05/2023 15:59 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE WEI HAO | | | Address: 682C JURONG WEST CENTRAL 1 #15-118 SINGAPORE 643682 | | |
| ID Type / ID No.: NRIC NO / S9823012B | | | Contact No.: Home/Office: | | Mobile: 94748398 |
| Nationality: SINGAPORE CITIZEN | | | Email: wei-hao98@hotmail.com | | |
| Sex: Male | Age: 24 | Date of Birth: 05/07/1998 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: ARMY REGULAR | | | Driving Licence Information: Class: 3A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|------------------------------------|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/05/2023 07:50 | Type of Location: Straight Road |
| Location: PIE AFTER EXIT 40 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SJP3076J | Car | | | | | 0 |
| SJW7766M | Car | | | | | 0 |
| SMJ8290U | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20230509/7052

2 of 3

Report No. T/20230509/7052

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

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|-----------------------------------|----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEE WEI HAO | ID No. | S9823012B |
| Related Vehicle | SJP3076J (Car) | Contact No. | 94748398 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3A Date of Expiry: NIL |
| Date | 09/05/2023 | Date | NIL |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE 3 LANES ROAD OF PIE AFTER EXIT 40.

THE VEHICLE INFRONT OF ME CAME TO A STOP, I FOLLOW SUIT. SUDDENLY, I FELT AN IMPACT ON THE REAR PORTION OF MY VEHICLE.

VEHICLE NO. SMJ8290U HAVE COLLIDED ONTO MY VEHICLE'S REAR PORTION. THE IMPACT WAS SO HUGE THAT IT CAUSE MY VEHICLE TO SURGED FORWARD AND COLLIDED ONTO SJW7766M.

AFTERWHICH, I STARTED FEELING SORENESS AND ACHES OVER MY WRIST, NECK, SHOULDER, LOWERBACK.

I WENT TO SEEK TREATMENT AT UNIHEALTH (JURONG EAST) AND WAS AWARDED 05 DAYS MEDICAL LEAVES.



**SINGAPORE
POLICE FORCE**



T/20230509/7052

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

3 of 3

Report No. T/20230509/7052

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:
09/05/2023 15:59

Classification Of Case:

JWL

Date of Accident : 09/05/2023 Accident Time: 0750 (24-HR-FORMAT)
 Accident Place : PIE After Exit 40
 Vehicle Reg. No (Car plate No.) : SJP 3076J Vehicle Make/Model: _____
 Insurance Company : CHINA TAIPING Policy No. DMPLSNW00032032302
 Name of Registered Owner : Company / Individual Lee Sow Wong
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S1321590A
 : Co Contact No: _____ Owner's Contact No: 9625 7792
 DRIVER'S Name : Lee Wei Hao DRIVER'S NRIC No: S9823012B
 DRIVER'S Date of Birth : 05/07/1998 DRIVER'S License Pass Date 25/01/2021
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 682C Jurong West Central 1 #15-118 S(643682)
 DRIVER'S Contact No./ Alt No. : 1) 9474 8398 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : JUNMIN147@ICLOUD.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 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: Lee Wei Hao
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|--|--|
| Vehicle Reg No. <u>SMJ 8290U</u> | Vehicle Reg No. <u>SJW 7766M</u> |
| Vehicle Make/Model. <u>Toyota AHIS</u> | Vehicle Make/Model: <u>Honda Vezel</u> |
| Name DRIVER. _____ | Name DRIVER. _____ |
| IC No. DRIVER. _____ | IC No. DRIVER. _____ |
| DRIVER'S Contact & add. _____ | DRIVER'S Contact & add. _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No. _____ | 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. _____ |



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

MX1F

R SN

AN0613A

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.

DMPCSNW00032032302

Engine No.: 1NZX877936

Cha. No.:MR053HY9305104942

1. Index Mark and Registration
Number of Vehicle

SJP3076J

AUTOSAFE

=====

2. Name of Policy Holder

LEE SOW WONG

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

19/03/2023

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

4. Date of Expiry of Insurance

18/03/2024

* 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.

* 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: AUTO WORLD 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