

NATIONAL Assessment Centre Services (with 12/2021) **SN0823660006**

Date In: 16/06/2023 18:06	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: XMA/C7223006109/Y	E-mail (with title, NIC 2013)		
Val No: SKK 88824	1-Motor Claim Form		
D.O.A: 30/06/2023 04:30	1-Motor W/O (with: OD, 2013, 2014)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wkop / INC Assign Wkop / OW: () Tel: () Fax: ()

TP Particulars: Val No: **8AC 6181K** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Inc Status (W/O): N: 0-30%, P: 21-79%, P: 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 repair.

() Total Loss Case / to e-mail Insurer URGENTLY.

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

Remarks	INC / Non-INC	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo [Repair Cost > \$3000] ()			

Injury: ()

XMA 301760 / XMA 2801761

Invoice / Preparation Charge	Amount
1) A/R: Accident Assistance (\$300)	
2) D.A: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$100
4) PE: Follow Through Survey	\$100
5) PE: Follow Through Survey (4/4/2023)	\$50
6) TR: Reimbursement	\$70
7) NI: No Day Shift Survey	\$100
8) NI: Additional Services	
9) NI: Additional Services	
10) NI: Additional Services	
11) NI: Additional Services	
12) NI: Additional Services	
13) NI: Additional Services	
14) NI: Additional Services	
15) NI: Additional Services	
16) NI: Additional Services	
17) NI: Additional Services	
18) NI: Additional Services	
19) NI: Additional Services	
20) NI: Additional Services	
21) NI: Additional Services	
22) NI: Additional Services	
23) NI: Additional Services	
24) NI: Additional Services	
25) NI: Additional Services	
26) NI: Additional Services	
27) NI: Additional Services	
28) NI: Additional Services	
29) NI: Additional Services	
30) NI: Additional Services	
31) NI: Additional Services	
32) NI: Additional Services	
33) NI: Additional Services	
34) NI: Additional Services	
35) NI: Additional Services	
36) NI: Additional Services	
37) NI: Additional Services	
38) NI: Additional Services	
39) NI: Additional Services	
40) NI: Additional Services	
41) NI: Additional Services	
42) NI: Additional Services	
43) NI: Additional Services	
44) NI: Additional Services	
45) NI: Additional Services	
46) NI: Additional Services	
47) NI: Additional Services	
48) NI: Additional Services	
49) NI: Additional Services	
50) NI: Additional Services	
51) NI: Additional Services	
52) NI: Additional Services	
53) NI: Additional Services	
54) NI: Additional Services	
55) NI: Additional Services	
56) NI: Additional Services	
57) NI: Additional Services	
58) NI: Additional Services	
59) NI: Additional Services	
60) NI: Additional Services	
61) NI: Additional Services	
62) NI: Additional Services	
63) NI: Additional Services	
64) NI: Additional Services	
65) NI: Additional Services	
66) NI: Additional Services	
67) NI: Additional Services	
68) NI: Additional Services	
69) NI: Additional Services	
70) NI: Additional Services	
71) NI: Additional Services	
72) NI: Additional Services	
73) NI: Additional Services	
74) NI: Additional Services	
75) NI: Additional Services	
76) NI: Additional Services	
77) NI: Additional Services	
78) NI: Additional Services	
79) NI: Additional Services	
80) NI: Additional Services	
81) NI: Additional Services	
82) NI: Additional Services	
83) NI: Additional Services	
84) NI: Additional Services	
85) NI: Additional Services	
86) NI: Additional Services	
87) NI: Additional Services	
88) NI: Additional Services	
89) NI: Additional Services	
90) NI: Additional Services	
91) NI: Additional Services	
92) NI: Additional Services	
93) NI: Additional Services	
94) NI: Additional Services	
95) NI: Additional Services	
96) NI: Additional Services	
97) NI: Additional Services	
98) NI: Additional Services	
99) NI: Additional Services	
100) NI: Additional Services	

Checked by (Engr-In-Charge):

Invoice #:

Invoice Date:

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	16/06/2023 18:06 (SGT)
Reported by	Actual Driver
Date of Accident	30/04/2023 04:30 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	TOWARDS OPHIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8882U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH GEOK KEE
NRIC No	SXXXX392I
Email Address	koh-geokkee@hotmail.com
Mobile Phone No	(Phone) +65-90998882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A45
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00148592202

DRIVER

Name of Driver	LEE ZHI WEI
NRIC No	SXXXX791I
Date Of Birth	18/10/1989
Occupation	Indoor

Date Of Driving Pass	04/01/2011
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96236799
Alt. Phone Number	-
Email Address	zhiwei.lee89@live.com
Address	BLK 402 ANG MO KIO AVENUE 10 #21-615
Address complement	-
Postcode	560402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Major/Minor Rd
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230502/7040 (NO PHOTOS TAKEN CAR AT TP COMPOUND AND INSTRUCTED FROM JACQUELINE (CHINA TAIPING) CAN PROCEED WITH THE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6181K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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.

Ph

16/06/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

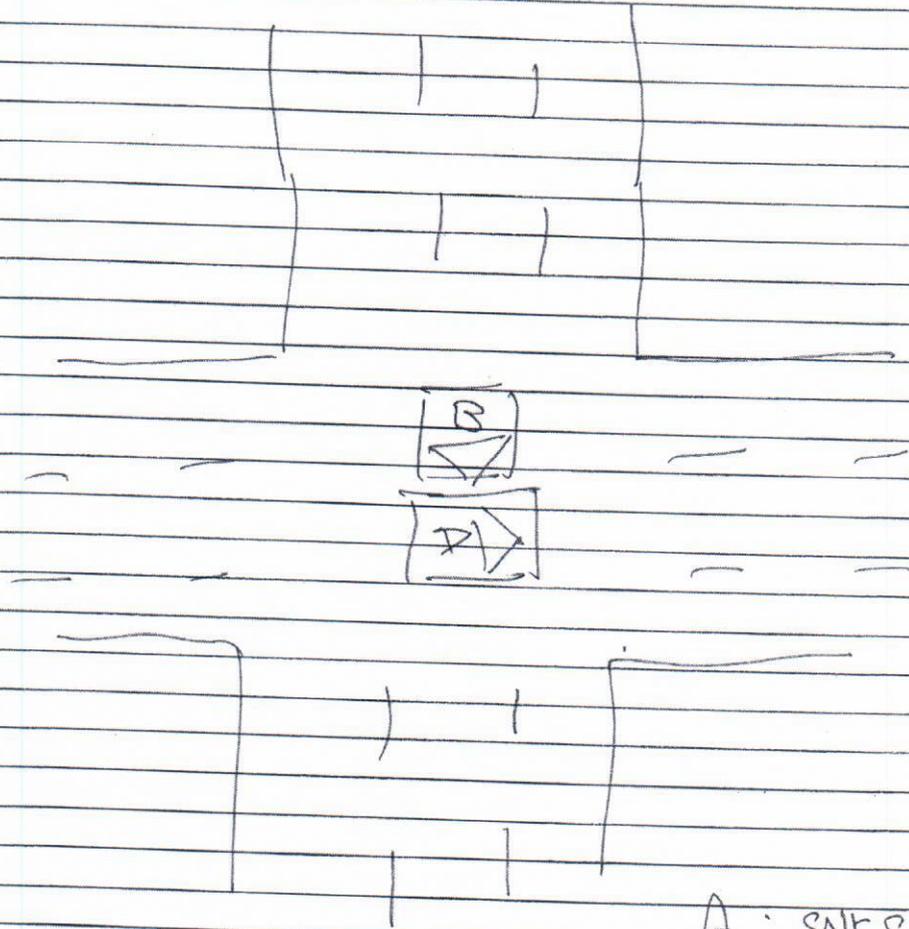
Sketch Plan

Refer To Police Report

G/20230502/7040

Describe Circumstances of the Accident

VICTORIA STREET TOWARDS OPTHE ROAD



A : SNK88824

B : SHC6181K

Declaration

We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date & Time

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

16/6/23

16/06/2023

Witnessed by Reporting Centre Personnel



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230502/7040

and wanted to bring me to Tan Tock Seng Hospital. I sit at the back of the car and they drove me. halfway my friend mention that the turn right is farrer park hospital and he fetch me there. I went in and the nurse told me that the waiting time is 1-2 hours and i left home to monitor the condition myself.

Subjects Involved			
Victim			
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	LEE ZHI WEI		
ID Type	NRIC NO	ID No	S89377911
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Appraiser/Valuer (excluding intangible asset valuer)	Address	184 BISHAN STREET 13 #03-317 SINGAPORE 570184
Mobile No	96236799	Is Informant A Victim?	Yes
Person Name	LEE ZHI WEI (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 02/05/2023 14:39
Classification Of Case:

This report is lodged at Traffic Police Kiosk 1

LETTER OF AUTHORISATION

13-Jun-2023

To: Accident Reporting Centre (ARC)

I hereby approved LEE ZHI WEI NRIC S8937791I

my friend to drive my vehicle bearing vehicle no. SNK8882U

and to file the accident report for the accident

which occurred on 30/04/2023 at 0430hrs along Victoria Street.

Thank you.

Regards,



Name of Owner: Koh Geok Kee

(Jul)

Date of Accident: 30/4/23 Accident Time: 0430 (24-HR-FORMAT)

Accident Place: Victoria Street Turning toward Ophir Road.

Vehicle Reg. No (Car plate No.): SNX 8882 U Vehicle Make/Model: Mercedes A4S

Insurance Company: China Taiping Policy No. DMPCSNA00148592202

Name of Registered Owner: Company / Individual KOH GEOK KEE

ID of Registered Owner: Co Reg No: _____ Owner's NRIC No: ST136392I

Co Contact No: _____ Owner's Contact No: 9099 8882

DRIVER'S Name: LEE ZHI WEI DRIVER'S NRIC No: S8937791I

DRIVER'S Date of Birth: 18/10/1989 DRIVER'S License Pass Date: 4/1/2011

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

DRIVER'S Address: Blk 402 Ang Mo Kio Ave 10 #21-615 (S) 560402

DRIVER'S Contact No / Alt No: 1) 96236799 2) _____

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

Email Address: Zhiwei.lee89@live.com (Driver)
koh-geokkee@hotmail.com (owner)

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: _____

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: SHC6181K 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: _____

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: _____

Motor Private Car

 MX1E
 E SN
 AN0752A
 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.	DMPCSNA00148592202	Engine No.: 13398080002970	
		Cha. No.: WDD1760522J176252	
1. Index Mark and Registration Number of Vehicle	SNK8882U		
2. Name of Policy Holder	KOH GEOK KEE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/01/2023 (00:00:00)	Named Drivers Ex Sect. I	\$S3,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	30/06/2023	* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
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. : MAYBANK SINGAPORE 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: _____
 Hong Jia Ling Agnes
 Authorised Officer



 Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08236G0006 Vehicle Registration No: SNK8882U

Name (as shown in NRIC): LEE ZHI WEI NRIC/FIN/Passport No: S8937791I

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: B1K184 Bishan Street 13 #03-317 Singapore (570184)

Contact (Tel): _____ Mobile No.: 9623 6799

Email Address: Zhiwei.lee89@live.com

Date of Accident: 30-04-2023 Time of Accident: 0430 hrs

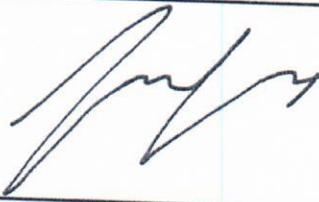
Place of Accident: Victoria Street towards Ophir Road

Insurance Company: CHINA TAIPING

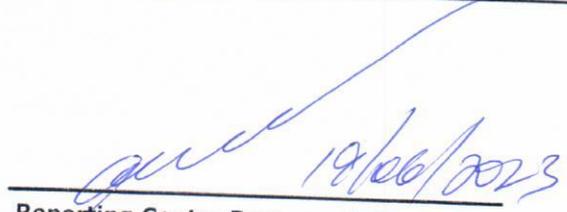
(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend date of accident to 30-04-2023 @ 0430 hrs



Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: