

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23007741/d4	SAS e-filing		
Yeh No: SNJ 7819R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2023 08:20	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: XE 396Y	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; 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 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2302278	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idao 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: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 First Submission	31/07/2023 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2023 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ7819R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEASE2OWN.SG
Company Reg No	5XXXX207C
Email Address	leezhiy@gmail.com
Mobile Phone No	(Phone) +65-81000999
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00066922302

DRIVER

Name of Driver	LEE ZHI YUAN
NRIC No	SXXXX840E
Date Of Birth	09/04/1980
Occupation	Indoor

Date Of Driving Pass	26/07/2000
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-94883667
Alt. Phone Number	-
Email Address	leezhiy@gmail.com
Address	APT BLK 2 QUEEN'S ROAD
Address complement	# 08-181
Postcode	260002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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)	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	XE396Y
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 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:

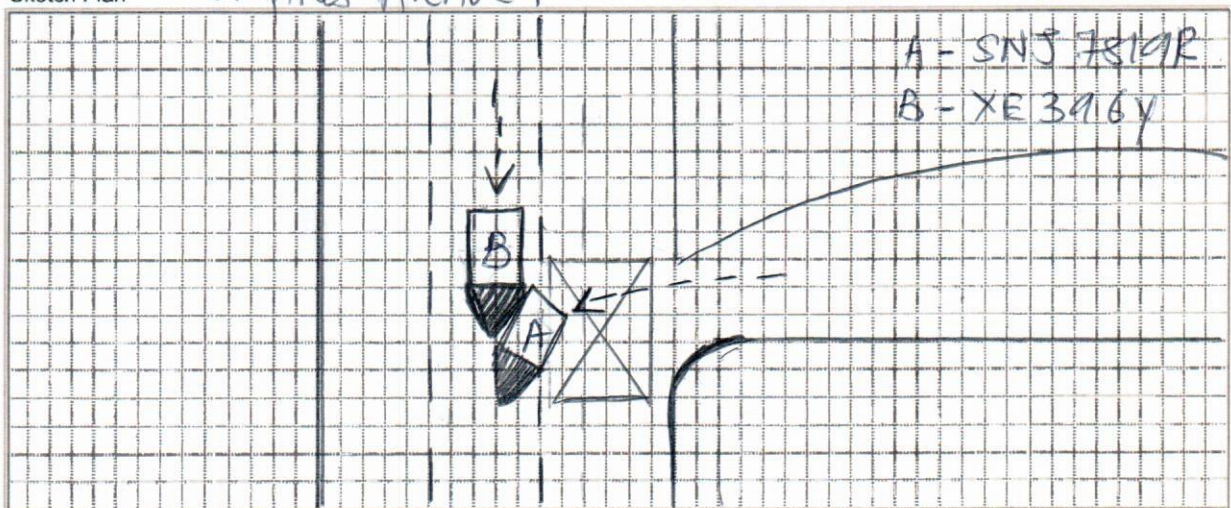
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

8.20am

Cars had stopped at red light,
I was trying to cut 3 lines
to reach U-turn.

1st lane - yellow box
2nd lane - gap in front of
lorry which I believed was
intentional to allow me to
go across.

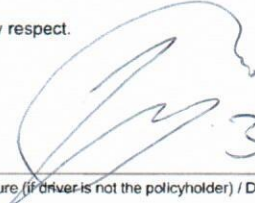
The lorry and I moved into
the second lane at the
same time, at very low
speed from stationary

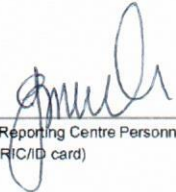
Declaration

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

Policyholder's Signature / Date & Time

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

 31/7/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 28/07/2023		TIME OF ACCIDENT : 08:30 am	
VEHICLE NO : SNJ 7819R		TRANSMISSION : <u>AUTO</u> / MANUAL	
MAKE & MODEL : Toyota corolla		LOCATION : Tampines Avenue 1	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		CLAIM TYPE: <u>OD / THIRD PARTY</u> / <u>REPORTING ONLY</u>	
INSURANCE COMPANY : China Taiping		POLICY NO : DMPCSNIA00066922302	
TYPE OF COVERAGE : <u>COMPREHENSIVE / THIRD PARTY</u> / THIRD PARTY & THEFT		VEHICLE TYPE : <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
NAME OF OWNER : Lease 2 own - sg		NRIC : 53387207C	
ADDRESS :		CONTACT NO : 81 000999	
EMAIL ADDRESS : leezhiy@gmail.com		VIDEO RECORDING : YES / <u>NO</u>	
NAME OF DRIVER : AS ABOVE / IF NO : Lee zhi yuan		NRIC : 88009840E CONTACT NO : 9488 3667	
DRIVER OWNER RELATIONSHIP : Rental-leasing		PASSENGER : <u>0</u> MALE () FEMALE ()	
DATE OF BIRTH : 09 / 04 / 1980		DRIVING PASSING DATE : 26 / 07 / 2000	
OCCUPATION: <u>INDOOR</u> / OUTDOOR		ADDRESS : Apt Blk 2 Queen's Road # 08-181, S 260002	
ANY INJURIES: <u>NO</u> , IF YES :		POLICE REPORT : <u>NO</u> / IF YES WHERE ?	
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:		ROAD SURFACE: <u>DRY</u> / WET / OTHERS	
VEHICLE B REG NO : <u>XE 396Y</u>		VEHICLE C REG NO : _____	
DRIVER NAME : _____		DRIVER NAME : _____	
NRIC : _____		NRIC : _____	
CONTACT : _____		CONTACT : _____	
VEHICLE D REG NO : _____		ANY WITNESS? <u>NO</u> , IF YES :	
DRIVER NAME : _____		NAME : _____	
NRIC : _____		CONTACT : _____	
CONTACT : _____			
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :		WERE SEAT BELTS WORN ? : <u>YES</u> / NO	
		WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>			
VEHICLE NUMBER:		HANDLING INSURER:	

Motor Private Car

MX4

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)

R SN

AN0695A

Cov. Type:T

CERTIFICATE No.

DMPCNA00066922302

Engine No.: 1NZD116443

Cha. No.: NZE1416088856

1. Index Mark and Registration
Number of Vehicle

SNJ7819R

2. Name of Policy Holder

LEASE2OWN.SG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (17:55:48)
Ordinance or Enactment

21/04/2023

4. Date of Expiry of Insurance

20/04/2024

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.* 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~~ **TERVISE CREDIT PTE LTD**

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287595

Tel: 6465 0020 Fax: 6465 0017

Email: info@tervise.com.sg

Issued By: _____

Ho Li Hwa Irene

Authorised Officer

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

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