

Date In: 19/12/17 14:34	J-b description	Date Action Completed	Done by
Ref No: MNA/CTZ 17024026/h4	SAS e-filing		
Veh No: SJG 519R	E-mail (within 3hrs. Aft. Insp)		
DGA: 14/12/17 17:50	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within 24hrs. TP form)		
	I-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: BHJ 3936	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%, 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1703817	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		In Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	3000	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$90)		
Contact No:	3) TF: Towing Fee \$40 \$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming against JNC Only (waived Jan 2018)		
	6) TR: Re-inspection \$75		
	7) N1: JNC DA + SMRI Survey \$450		
	8) NTUC Additional Services:-		
	OT:-		
	*N6: Courtesy Car / Tpt Allowance	\$2	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$24	
	*N8: DV / Collision Express Coordination	\$2	
	TP/N11: TP (Non-INC) against JNC	\$24	
	9) N12: JNC Mobile	\$1	
	Invoice date:	Fee charged:	
	Invoice date:	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 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 ability.
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 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 Report	19/12/2017 14:34
Date Of Accident	14/12/2017 17:50
Exact Location Of Accident	GEYLANG BAHRU KALLANG DISTRICT PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG519R
Insured/Policyholder	
Name Of Registered Owner	MR LIM SEOK HONG
NRIC No	S1557481Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90999460
Alternative Phone No	OFFICE-90999460

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3020751707
Cover Note Number	-

Driver

Name of Driver	MR LIM SEOK HONG
NRIC No	S1557481Z
Date Of Birth	21/09/1962
Occupation	INDOOR
Date Of Driving Pass	14/11/2000
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90999460
Fax Number	
Contact Number	OFFICE-90999460
EMail Address	NOEMAIL

Address	BLK 518D TAMPINES CENTRAL 7 #12-46
Postcode	524518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BHJ3836 (COMMERCIAL VEHICLE)
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BHJ3836
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHD AZLIM BIN SALLEH
NRIC/Passport Number	680920015187
Contact Number	98561534
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



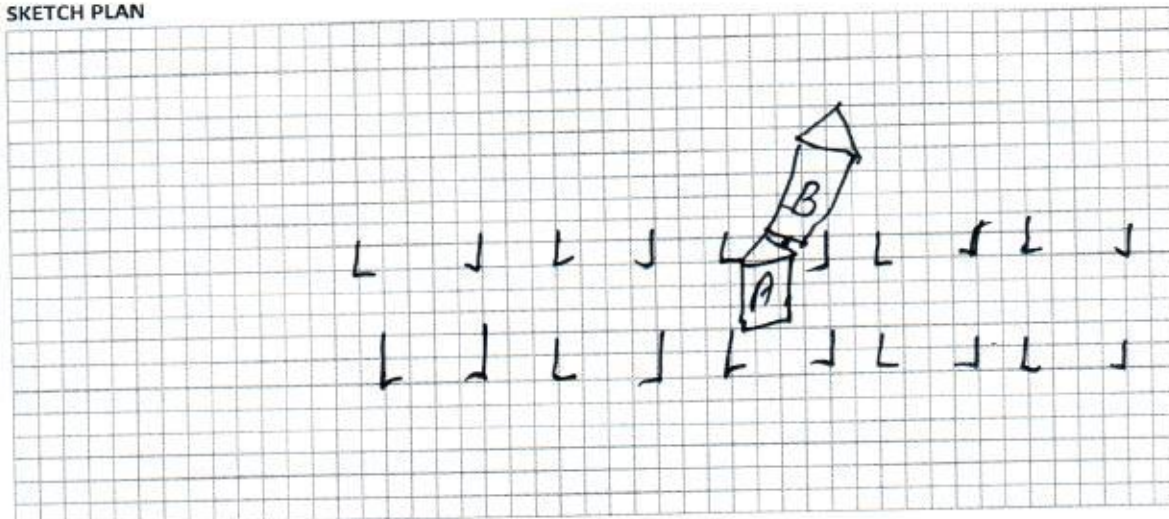
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report 2017/2142174

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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MLS

motor stop pte ltd

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 12 2017 (dd/mm/yy) Time of Accident: 17 : 50 (24-HR-FORMAT)

Vehicle No.: SSG 519 R Vehicle Make & Model: Honda Civic

Exact location of Accident: Geyland Bahru vicinity of 1765 and 1769 District Parking lot

Policyholder's Name / IC No.: Lim Seok Hong 515574812

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 90999460 Company Contact No: _____

Driver's Address: _____

Insurance Company: China Taping Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 0

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: BHJ 3836

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20171214/2174

1 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20171214/2174

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 19:23	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: LIM SEOK HONG	Address: APT BLK 518D TAMPINES CENTRAL 7 #12-46 SINGAPORE 524518
ID Type / ID No.: NRIC NO / S1557481Z	Contact No.: Home/Office: Mobile: 90999460
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 55 Date of Birth: 21/09/1962	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: WHOLESALE DISTRIBUTOR	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/12/2017 17:50	Type of Location: Car Park
Location: Along Road 1 GEYLANG BAHRU				
In the vicinity of 1765 and 1769 Kallang District Park parking lot				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BHJ3836	Lorry	UD TRUCKS	Nissan	White		0
SJG519R	Car	HONDA	CIVIC 1.8L A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG519R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30207517 07	19/06/2017	18/06/2018



**SINGAPORE
POLICE FORCE**



T/20171214/2174

2 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20171214/2174

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Mohd Azlim Bin Salleh	ID No.	680920015187
Related Vehicle	BHJ3836 (Lorry)	Contact No.	98561534
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SEOK HONG	ID No.	S1557481Z
Related Vehicle	SJG519R (Car)	Contact No.	90999460
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/12/2017 at about 1630 hrs, I parked my car (SJG519R) at a parking lot in between 1765 and 1769 Kallang District Park. I locked my vehicle and went off.

At about 1750 hrs, I went to my car. That is when I saw my car has suffered a few damages. A male subject approached me and told me that he was about to park his lorry (BHJ3836) and that is when he accidentally reverse on to my car. I told him that we should go to the nearest NPP to lodge a police report. He agreed.

My car suffered a few damages. The front hood was dented and the front windscreen suffered a minor cracked. I was not injured as I was not in the car at that point of time.

I am lodging this report for my own record, for insurance claims and to assist in the investigation if any.



**SINGAPORE
POLICE FORCE**



T/20171214/2174

3 of 3

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20171214/2174

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 MOHAMAD SHAFUDIN BIN KADER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/12/2017 19:23

Officer In Charge Of Case:

TP / AEIT /

SSI GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168



Signature: _____

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1557481Z



Name

LIM SEOK HONG



Race

CHINESE

Date of birth

21-09-1962

Country/Place of birth

SINGAPORE

Sex

M

S1557481Z

5806442



NRIC No. S1557481Z



Date of issue

26-09-2017

Address

APT BLK 518D TAMPINES CENTRAL 7
#12-46
SINGAPORE 524518

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1557481Z**
 Name: **LIM SEOK HONG**
 Birth Date: **21 Sep 1962**
 Issue Date: **22 Oct 2003**



000945896H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

14 Nov 2000

PASS DATE

108



Licence No: S1557481Z

NP 428A



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.

Cn. Reg. No. 200208384E

MX1E

R SN

AN0498A

Cov. Type: C

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)

ORIGINAL

CERTIFICATE No.	DMPCSN3020751707	Engine No : R18A13035591
		ChaNo: JHMPD16308S216140
1. Index Mark and Registration Number of Vehicle	SJG519R	AUTOSAFE
2. Name of Policy Holder	MR LIM SEOK HONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 June 2017	Named Drivers Ex Sect. I S\$1,350.00
		Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	18 June 2018	Ex Sect. I - Age <= 25 S\$3,000.00
		Ex Sect. I - Age >= 26 S\$500.00
		* Age as at date of accident
5. Persons or Classes of Persons entitled to drive*		EX ON WINDSCREEN S\$100.00

(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. : UNITED OVERSEAS BANK 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: NEO. & COMPANY INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory