

Date In: 2/2/18-15:32	Job description	Date & Time Completed	Done by
Ref No: NA/C9218002146/24	SAS e-filing		
Veh No: SLJ1957M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/2/18-08:10	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD8309R	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

NA1800731	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Driver/Owner:	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
Contact No:	6) TR: Re-inspection \$75		
Damaged Portion:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Lat. 1:	9) N12: Idao Mobile 30		
Lat. 2 / 3:	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 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 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	02/02/2018 15:32
Date Of Accident	02/02/2018 08:10
Exact Location Of Accident	CARPARK ENTRANCE OF JELlicoe ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1957M
Insured/Policyholder	
Name Of Registered Owner	LIM HUI LAM (LIN HUIGAN)
NRIC No	S7622234G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96307080
Alternative Phone No	OFFICE-96307080

Vehicle Particulars

Manufacturer	AUDI
Model	A41.8T SLINE
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
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	DMPCSN3125551600
Cover Note Number	

Driver

Name of Driver	LIM HUI LAM (LIN HUIGAN)
NRIC No	S7622234G
Date Of Birth	26/07/1976
Occupation	INDOOR
Date Of Driving Pass	08/05/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96307080
Fax Number	
Contact Number	OFFICE-96307080
Email Address	NOEMAIL

Address	BLK 519A TAMPINES CENTRAL 8 #08-11
Postcode	521519
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	XD8304R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XU JIAN FENG
NRIC/Passport Number	
Contact Number	84097681
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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:



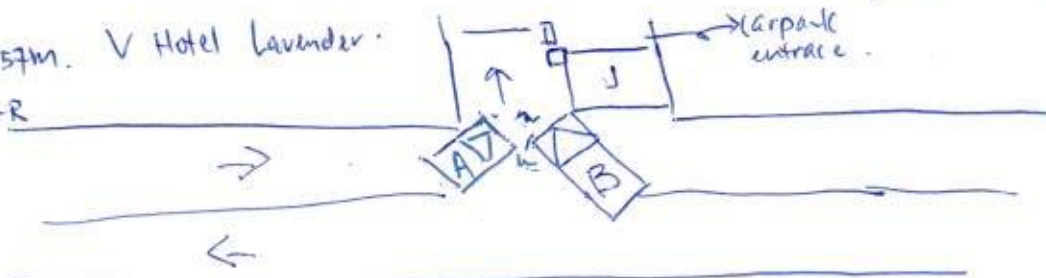
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

carpark driveway of
Jellicoe Road

Veh A: SLJ 1957M. V Hotel Lavender.
Veh B: XD8304R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along carpark driveway of carpark entrance of Jellicoe Road on a single lane road of a 2-way road. As I was about to enter carpark of Jellicoe Road, vehicle B suddenly move forward and collided into my vehicle. After the accident, I alighted from my vehicle and saw that the front right hand portion was damaged by vehicle B's front left hand portion. I wish to state that vehicle B was making a illegal 3-point turn to change his direction of travel and not entering the carpark.

Veh A: SLJ 1957M.
veh B: XD 8304R.

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 Person's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLJ 1957M.	Model / Make	Audi A4
Date of Accident	2 Feb 2018.		
Time of Accident	0810hrs.	HRS	
Location of Accident	carpark entrance of Jellicoe Road.		
Exact purpose use during accident	On the way to carpark.		
Name of Owner	Lim Hui Lam.		
Telephone No.	H/P: 9630 7080	Home:	Office:
NRIC	S76222346.		
Address	B1K 519A, Tampines Central 8 #08-11 S(521519).		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Taiping.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPCSN 3125551600.		
Name of Driver	As Above If No,		
NRIC	S76222346	Any Passengers:	—
Date of birth	26.17.76.	Gender:	male / female
Occupation	Outdoor / Indoor	manager.	
Driving License Pass Date	06 may 1995.		
Gender	Male / Female		
Contact No.	H/P: 9630 7080	Home:	Office:
Address	as above.		
Driver have any own vehicle	No.	If yes, Reg No.	
Relationship	Employee,	If no, state Owner.	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	—		
Name And Contact No.	—		
Police Report	No,	If Yes, Where?	
Vehicle B No.	XD 8304 R	Any Passengers:	—
Name of Driver	Xu Jian Feng.	Contact No.:	8409 7681
Vehicle C No.	—	Any Passengers:	—
Vehicle D No.	—	Any Passengers:	—
Vehicle E no.	—	Any Passengers:	—
Vehicle F No.	—	Any Passengers:	—
Vehicle G No.	—	Any Passengers:	—
Witness Name	—	Witness Contact:	—
Accident Portion	front right hand portion.		
Camera Recorder	Yes / No		
Email Address	hui lam@yahoo.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	Motor Intel Auto Pte. Ltd.		
CONTACT NO.	8838 3318 / 6281-0087.		
CONTACT PERSON	WILSON ONG		
FAX NO	6281-0187		
WORKSHOP EMAIL ADDRESS	sales@mia.com.sg / ong-wilson3@hotmail.com.		

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

PASS DATE

08 May 1995

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



Licence No. S7622234G

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7622234G

Name

LIH HUI LAM
(LI HUIGAN)

Birth Date: 26 Jul 1976

Issue Date: 08 Apr 2003



0003607628

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7622234G



Photo



LIM HUI LAM
(LIN HUIGAN)

林 輝 淦

Race

CHINESE

Date of birth

26-07-1976

Country of birth

SINGAPORE

Sex

M

3920214



NRIC No. S7622234G



Date of issue

18-08-2006

Address

APT BLK 513A TAMPINES CENTRAL 3 918-11

SINGAPORE S2 513

NRIC No. S7622234G

Date

30/05/2015

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)

PLM 301553

ORIGINAL

CERTIFICATE No.

DMPCSN3125551600

Engine No : BFB162870

ChaNo: WAUZZZ8B98A126748

1. Index Mark and Registration

SLJ1957M

Number of Vehicle

2. Name of Policy Holder

LIM HUI LAM (LIN HUIGAN)

AutoSafe

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

30 December 2017

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

4. Date of Expiry of Insurance

30 March 2018

Ex Sect. I - Age >= 26 S\$500.00

* 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\$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. : SING INVESTMENTS & FINANCE LTD 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:

Authorised Officer.

Authorised Signatory