

Date In: 14/1/18-18:09	Job description	Date & Time Completed	Done by
Ref No: NA/C7218008762/24	SAS e-filing		
Veh No: SLX 4910D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/5/18-21:25	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLN 23034	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:-	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

NA1803064	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	14/05/2018 18:09
Date Of Accident	13/05/2018 21:25
Exact Location Of Accident	SLIP RD PIE(CHANGI) TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4910D
Insured/Policyholder	
Name Of Registered Owner	MR TONG KIM LIM
NRIC No	S7268190H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97763993
Alternative Phone No	OFFICE-97763993

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	DMPCSN3029261800
Cover Note Number	

Driver

Name of Driver	TONG KIM LIM
NRIC No	S7268190H
Date Of Birth	11/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97763993
Fax Number	
Contact Number	OFFICE-97763993
Email Address	NOEMAIL

Address	BLK 101 TECK WHYE LANE #03-412
Postcode	680101
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 - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : CHUA LAI WAN GENDER: : FEMALE
Passenger 2	NAME: : TONG ZHEN KUAN GENDER: : MALE

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	SLN2303Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THIRUGANANAMURTHY RAJKUMAR
NRIC/Passport Number	S7662547F
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TONG KIM LIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX4910D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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:



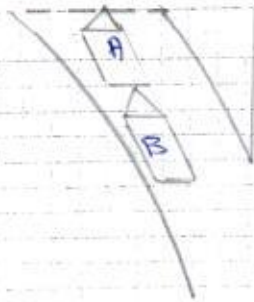
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE SLIP RD → BT BATOK ✓

A) SLX 4910D

B) SLN 2303Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/05/2018 at about 2125 hrs I was driving along PIE Slip road towards Bukit Batok. While I stationary to check for the incoming vehicle on my right. Suddenly vehicle B hit on my rear. I had 2 days medical leave due to the impact.

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.:

PLEASE COMPLETE FORM IN **FULL**.

Date of Accident : 13/05/2018
 Accident Time : 21.25 HRS
 Accident Place : RE/SLIP RD TOWARDS BUKIT BATOK Rd
 Vehicle Reg. No. : SLX4910D No. of Passengers (Including Driver): 3
 Vehicle Make/Model : MERCEDES BEN C180
 Insurance Company : CHINA TAI PING INS (S) P.L.
 Policy Number : DMPCSN 3029261800
 Name of Owner : TONG KIM LIM IC No.: S7268190-H
 Contact No. of Owner: 9776 3993 (HP) - (ALT No.) → MANDATORY
 Name of Driver : AS ABOVE IC No.: -
 Contact No. of Driver : - (HP) - (ALT No.) → MANDATORY
 Driver's Date of Birth : 11/10/1972 Driver's License Pass Date: 12/03/2000
 Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others:
 Driver's Address : BLK 101 TECK WHEE LANE #02-412 (S) 680101
 Occupation : Indoor \ Outdoor (e.g. Indoor: work in a building)
 Fax No. \ Email Add : yfix auto @ gmail . com
 Weather & Road Surface : Clear \ Raining \ Wet \ Dry
 Reporting Type : Reporting Only \ ~~Claiming Other Party~~ \ Claim Own Ins.

Was there any video captured by car camera : Yes (No)

Exact purpose for which vehicle was being used at the time of accident: Private \ Official

Other Party Driver's Particulars (if any)

Vehicle Reg. No. : <u>SLN 2303Y</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : <u>THIRUGANANAMURTHY RAJKUMAR</u>	Name DRIVER : _____
IC no. DRIVER : <u>87662547 F</u>	IC no. DRIVER : _____
DRIVER'S contact & add : _____	DRIVER'S contact & add : _____

NEW - Passenger's name & gender:

Chua Kai Wan (F)
TONG Zhen Kuan (M)

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S7268190H**
 Name
TONG KIM LIM
 Birth Date **11 Oct 1972**
 Issue Date **15 Jun 2011**

001967744C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7268190H




 Name
TONG KIM LIM
 唐 榮 霖
 Race
CHINESE
 Date of birth
11-10-1972
 Country/Place of birth
MALAYSIA

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	18 Mar 2002
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Mar 2002

NP 428A



5635856



NRIC NO. **S7268190H**



DATE OF ISSUE
05-08-2016

Address
APT BLK 101 TECK WHYE LANE
#03-412
SINGAPORE 680101

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. IMPCHN2019161800 Engine No: 27195291002094
Chassis No: WDD2040462A121059

1. Index Mark and Registration Number of Vehicle SLX4910D

2. Name of Policy Holder MR TONG KIM LIM

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 13 APRIL 2018 (08:45 HOURS)
12 APRIL 2019

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive *

NAMED DRIVERS EX SECT. 1.....\$37507.00
IN ADDITION TO NAMED DRIVERS EX:
EX SECT. 1 - AGE <= 25.....\$63,000.00
EX SECT. 2 - AGE >= 26.....\$6500.00
* AGE AS AT DATE OF ACCIDENT
EX ON MINDSCREEN.....\$5100.00

(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 TOUTION 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.

OUR TIME WAIVER OF EXCESS FOR THE FIRST \$51,000 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 AS HP OWNER

* Limitations rendered inoperative by Section 6 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.



Countersigned By:

Authorised Officer

Authorised Signatory