

Date In: 2018/18 15:54	Job description	Date & Time Completed	Done by
Ref No: MA1 CTZ18015101164	SAS e-filing		
Vch No: SJU 7793U	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 181818 21:15.	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vch No: 58Y 333J. 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Adv Bill
MA1805273	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iFT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: 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	20/08/2018 15:54
Date Of Accident	18/08/2018 21:15
Exact Location Of Accident	1 MARINE SQUARE HARBOURFRONT CENTRE LOT 6118
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU7793U
Insured/Policyholder	
Name Of Registered Owner	LIM JU HONG(LIN YUFENG)
NRIC No	S7915215C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96420087
Alternative Phone No	OFFICE-96420087
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD 2.4L
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	DMPCSN3029721801
Cover Note Number	-
Driver	
Name of Driver	LIM JU HONG(LIN YUFENG)
NRIC No	S7915215C
Date Of Birth	25/05/1979
Occupation	INDOOR
Date Of Driving Pass	10/01/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96420087
Fax Number	
Contact Number	OFFICE-96420087
Email Address	NOEMAIL

Address	1 FLORA DRIVE #07-08
Postcode	507009
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?	NO
Number of vehicles involved in the accident	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SBY333J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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:

19/08/18
1715

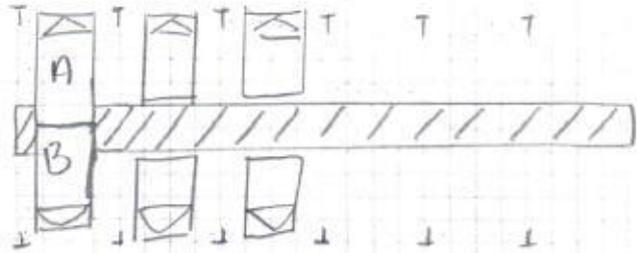


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SJU7793U

B: SBY 333J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached: G/20180818/2139

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: 19/08/18
1715


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

From : Premium Carz Services Pte Ltd

Tel : 6636 9100 Fax : 6636 9113

Email : aunteng@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	18/8/2018
Time	1:15 PM 9:15 PM
Location	1 Maritime Square Harbourfront Centre, nearby
VEHICLE (A)	SJ477934 MODEL: Honda Accord Carport lot 6118
Name of owner	Lim Juhong
NRIC no	57915215C
Date of birth	25/5/1979
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	HP: 96420087 Tel: Fax:
Address	1 Florida Drive, #07-08, Singapore 507009
Driving Passed date	10/11/2001
Email Address	NO EMAIL
Type of claim	Own Damaged / Third Party / Reporting Only
Insurance Company	China
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	DMPCSN302972801
Name of driver	} as above
NRIC no	
Date of birth	
Occupation	
Gender	
Contact	
Address	
Driving Passed date	
Email Address	
Relationship with the Insured	
Does the driver own any other vehicle	(No) if Yes : Vehicle no: Ins. Co:
Type of Collision	
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others
Any Police Report lodged	No / Yes Where?
Notice of Intended Prosecution Given?	No / Yes : Against who?
Anybody injured in the accident ?	No / Yes : Who / Vehicle no?
Any other material or property damaged?	No / Yes
Any foreign vehicle involved ?	No / Yes : Vehicle no:
Any video captured by car camera ?	No / Yes
Number of passengers (including driver)	F: - M: -
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICLE (B) - THIRD PARTY	SBY3333
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Number of passengers (including driver)	
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name: HP: Email:
Other Vehicles	(C) (D)
Number of passengers (including driver)	



POLICE REPORT (NP299)

Report No. G/20180818/2139

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 18/08/2018 23:03		Vide Report No.		Station Diary No. 178	
Name Of Informant LIM JU HONG		Address 1 FLORA DRIVE #07-08 SINGAPORE 507009			
ID Type / ID No. NRIC NO / S7915215C		Contact No. Home/Office		Mobile 96420087	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation ENGINEER		Sex Male	Age 39	Date of Birth 25/05/1979	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 18/08/2018 18:00 - 18/08/2018 21:15		Location Of Incident 1 MARITIME SQUARE HARBOURFRONT CENTRE SINGAPORE 099253 Nearby lot 6118			

Brief details.

On 18/08/18 at about 1800hrs I parked my vehicle bearing registration number SJU7793U, behind lot number 6118 and left. On the same date at about 2115hrs, I returned back to my vehicle and discover that vehicle bearing registration number SBY333J, Bentley/Grey parked at lot number 6118 had hit onto the rear bumper of my vehicle. The rear bumper of my vehicle had a dent and scratch marks. I wish to state that the owner vehicle was not at scene as such I contacted the security officer. I am lodging this report for my insurance claims purposes.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD HADIZ AMINURACID BIN JOHAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2018 23:03
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS Contact No.: 62440000	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



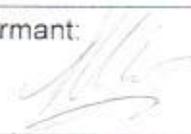
G/20180818/2139

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180818/2139

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD HADIZ AMINURACID BIN JOHAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2018 23:03
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS Contact No.: 62440000	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7915215C**
 Name: **LIM JU HONG (LIN YUFENG)**
 Birth Date: **25 May 1979**
 Issue Date: **30 Aug 2003**

000788735A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7915215C**



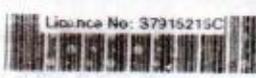

Name: **LIM JU HONG (LIN YUFENG)**
林 裕 丰
 Race: **CHINESE**
 Date of birth: **25-05-1979** Sex: **M**
 Country of birth: **SINGAPORE**

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

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	16 Sep 1999
Class 2A	Motorcycles between 201 cc and 400 cc	07 Nov 2000
Class 2	Motorcycles exceeding 400 cc	19 Feb 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jan 2001

NP 438A

Licence No: S7915215C



4412010



NRIC No: **S7915215C**



Date of issue: **02-06-2009**

1 FLORA DRIVE #07-08 SINGAPORE 507009

NRIC No: **S7915215C** Date: **25/12/2016**

Issuing Agency:
COWE Insurance Agency
Pte Ltd | tel: 6339 2592
TOWER @ B Burn Road #03-09
contactus@cowe.com.sg

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.	DMPCSN3029721801	Engine No :K24Z22950549 Chassis No:MRHCP26309P020072
1. Index Mark and Registration Number of Vehicle	SJU7793U	
2. Name of Policy Holder	LIM JU HONG {LIN YUFENG}	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28 JUNE 2018	NAMED DRIVERS EX SECT. IS\$1,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	27 JUNE 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>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.</p> <p>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\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.</p>	

* 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.



Countersigned By:

Authorised Officer

Authorised Signatory