

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>11/09/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CII12016536/13</b>	SAS e-filing		
Veh No: <b>CB6343A</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>11/09/18</b> <b>08.45</b>	i-Motor Claim Form		
OD: <b>(IP)</b> 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: ( **VISION AUTOWORK** Tel:      Fax: )

TP Particulars:	Veh No: <b>SGEJ56U</b>	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	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);      INC (\$80)			
Damaged Portion:	3) TF: Towing Fee      \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey      \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)      \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection      \$75			
Cat. 2/3:	7) N1: 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      \$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 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	11/09/2018 14:34
Date Of Accident	11/09/2018 08:45
Exact Location Of Accident	SLIP ROAD OF CTE EXIT 15 TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6343A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEW KHIANG
NRIC No	S1627039C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96881679
Alternative Phone No	OTHERS-96881679

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN1725681801
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD IWAN BIN SALLEH
NRIC No	S7507688F
Date Of Birth	21/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87485614
Fax Number	
Contact Number	
EMail Address	TAGHEUER75@HOTMAIL.COM

Address BLK 691B WOODLANDS DRIVE 73  
#14-37  
Postcode 732691  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
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? 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) 2  
Passenger 1  
NAME: : NANCY  
GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED 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 SGE256U  
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

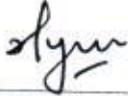
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

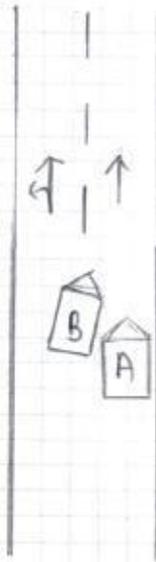
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 11/09/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A = CB6343A

B = JGE256U

C7E Exit 15  
towards SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 11.09.18 at about 08:45 hours along Slip Road of CTE Exit 15 towards SLE. I was travelling straight on my lane, suddenly from left cut into my lane and collided onto front left hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): CB 6343A

Vehicle (B): SGE 256U

A handwritten signature in blue ink, appearing to read 'Ofell', is positioned to the right of the vehicle information.

# SINGAPORE ACCIDENT STATEMENT

Accident Date:	11/09/2013	Time:	08-45	(hh:mm) 24 hr format
Location	Slip Road of CTE Exit 15 towards SLE			
Vehicle Number	CB6343A			
Insured Name	Lim Jiew Kheng			
NRIC / FIN	51627039C	Contact Number	96881679	
Make	Toyota	Model	Hiace	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company	Ching Tai ping			
Type of Policy	( ) Comprehensive	( <input checked="" type="checkbox"/> ) Third Party Fire & Theft	( ) TP Only	
Policy Number	DMB15N1725681801			
Name of Driver	Mohammad Iwan bin Salleh - ( ) Same as Insured			
NRIC / FIN	57507688F	Contact Number	87485614	
Date of Birth	21/03/1975			
Driving Pass Date	30/08/2007			
Occupation	( ) Indoor	( <input checked="" type="checkbox"/> ) Outdoor		
Gender	( <input checked="" type="checkbox"/> ) Male	( ) Female		
Email Address	dagheuer.fs@hotmail.com		( ) NO EMAIL	
Address of Driver	BLK 691B Woodlands Drive 73 # 14-37 Singapore 732691			
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B	SGE 256U			
Veh C				
Veh D				
Veh E				
Veh F				

Driver + 1 passenger -

Passenger = ~~Alan (M)~~  
Nancy (F)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7507688F



Name

MOHAMMAD IWAN BIN SALLEH

محمد إيوان بن صالح

Race

MALAY

Date of birth

21-03-1975

Sex

M

Country of birth

SINGAPORE

3731851

CB 6342A

driver

3731851



NRIC No. S7507688F



Date of issue

06-06-2005

APT BLK 691B WOODLANDS DRIVE 73 #14-37  
SINGAPORE 732691

NRIC No: S7507688F

Date: 20/02/2018

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: S7507888F

Name: MOHAMMAD IWAN BIN SALLEH

Issue Date: 22/6/2016

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



(B 6343A

Driver.

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	22/06/2016
04	BUS ATTENDANT	22/06/2016



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7507688F  
Name: MOHAMMAD IWAN BIN SALLEH

Birth Date: 21 Mar 1975  
Issue Date: 05 Oct 2016

002616443B



CB 6343A

Driver

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

	EFFECTIVE DATE
Class 1 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	30 Aug 2007

NP 426A

Licence No: S7507688F



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1627039C



Name  
LIM YEW KHIANG  
林友擘

Race  
CHINESE

Date of Birth  
11-05-1964

Sex  
F

Country of Birth  
SINGAPORE

S1627039C



REPUBLIC OF SINGAPORE  
DRIVING LICENCE



LIM YEW KHIANG

Exp. Date: 11 May 1964  
Issue Date: 29 Jan 2003

S1627039C

000169623H

Land Transport Authority



VOCATIONAL LICENCE

Licence No. S1627039C  
Name: LIM YEW KHIANG

Class Issue Date: 19/02/2018

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this Vocational Licence

3023031



Barcode

MPIC No. S1627039C

Group  
A

Date of issue  
04-05-1998

Address  
APT BLK 148 WOODLANDS STREET 13 #11-839  
SINGAPORE 730148

MPIC No. S1627039C Date: 31-03-2004 No: 4878684

YOU ARE PERMITTED TO DRIVE VEHICLES WITH REGISTRATION NO. 3023031

Class 3  
Major Cars and Motor Transport of weight of 0.25 tonnes which includes over not exceed 2500 cc engine

NP 42EA

Licence No. S1627039C

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	19/02/2018
03	BUS VL	08/12/1997
04	BUS ATTENDANT	08/12/1997

Barcode

CB6342A (copy)



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME601/PR SN  
AN0580A  
Cov.Type: F

**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.	DMB1SN1725601801	Engine No :1KD1753279 Chassis No:KDH2010012990
1. Index Mark and Registration Number of Vehicle	CB6343A	
2. Name of Policy Holder	LIM YEW KHIANG	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	16 APRIL 2018	EXCESS SECT. II .....S\$750.00
4. Date of Expiry of Insurance	15 APRIL 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER. (B) ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S 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.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE. THE POLICY DOES NOT COVER (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</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 Signatory

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com