

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NA19159892

Date In: 04/12/2009 11:12	Job description	Date & Time Completed	Done by
Ref No: NBA/CT2190245444	SAS e-filing		
Veh No: SMO 3665 L	E-mail (Adjuster, AIC, etc)		
DOA: 04/12/2009 09:20	1-Motor Claim Form		
OD / TP: Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLS 8999Z	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()
Date: ()
Time: ()
Location: ()
Other: ()

NA1909153	Invoice dated	Fee Charged
Driver/Owner:	Invoice dated	Fee Charged
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditor's Comments:		
Ref: 1:		
Ref: 2:		

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NG: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Coordination	\$3
TE (N1): TP (Non INC) against INC	\$20
9) N12: Idao Mobile	\$0

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 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. 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	04/12/2019 11:12
Date Of Accident	04/12/2019 09:20
Exact Location Of Accident	BLK 622C PUNGGOL CENTRAL CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3665L
Insured/Policyholder	
Name Of Registered Owner	LIM ZHEN HUI, STEPHANIE(LIN ZHENHUI)
NRIC No	S8801411A
Email Address	SHESONDUTY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96890045
Alternative Phone No	OTHERS-96890045

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	FETCH KID TO SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3061371900
Cover Note Number	

Driver

Name of Driver	LIM ZHEN HUI, STEPHANIE(LIN ZHENHUI)
NRIC No	S8801411A
Date Of Birth	13/01/1988
Occupation	INDOOR
Date Of Driving Pass	01/11/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96890045
Fax Number	
Contact Number	OTHERS-96890045
Email Address	SHESONDUTY@GMAIL.COM

Address	BLK 641A PUNGGOL DRIVE #14-333
Postcode	8216+41
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 (including own vehicle) involved in the accident	2
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: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

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	SLS8999Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	90070077
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 4/12/2019
10:55am

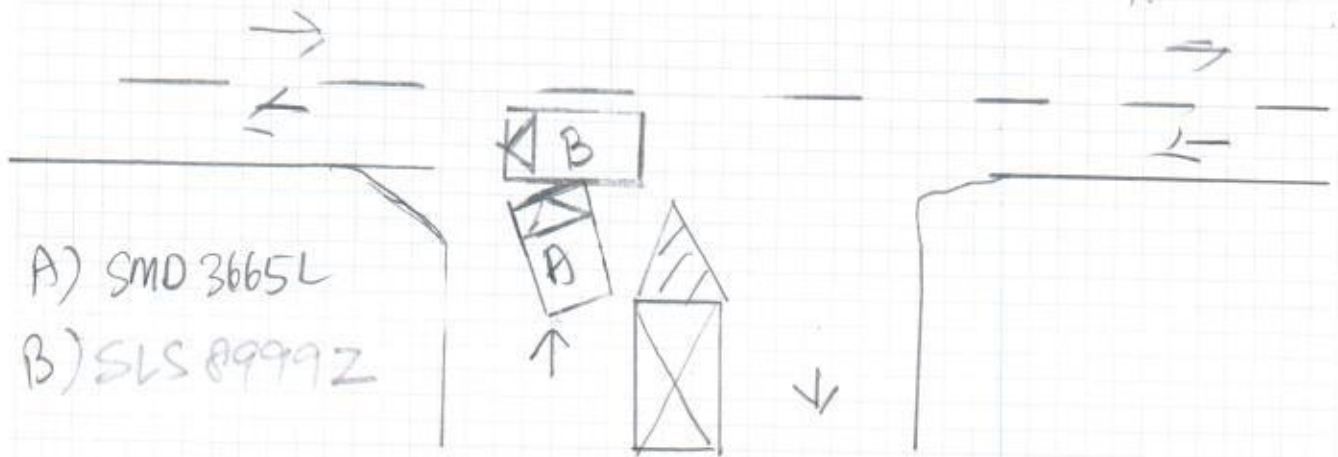


Driver's Signature

(If driver is not the policyholder)
Date & Time:


06/12/2019
Reporting Centre Personnel's Signature
Name: Res L. L. L.
NRIC/FIN No.:

SKETCH PLAN BLK 622C PUNGGOL CENTRAL CARPARK GALLERY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was DRIVING at the point of time at the said location. my vehicle hit 3rd party vehicle at the side at very low speed as I was exiting from the carpark. 3rd party vehicle only have damages on the 2 door and no where else as per ~~photos~~ photos, no one is injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

AB
Josephine Lim

Policyholder's Signature

Date & Time: 4/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06/12/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

3rd Party

ACCIDENT STATEMENT

ACCIDENT DATE: (04/12/2019) (DD/MM/YYYY), TIME: (9:20 am) (HH:MM)
 LOCATION: 622C Punggol Central Carpark gantry area

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 3665 L
 b) INSURANCE COMPANY: CHINA TAI
 c) POLICY NUMBER: DMPC SN 3061371900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai elantra
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Fetch kid to school
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Zhen Hui, Stephanie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8801411A CONTACT: 9689 0045
 c) ADDRESS: 641 A Punggol Drive #14-333
Singapore 821641

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (13/01/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1-11-2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 8999Z MODEL: _____
 b) DRIVER'S NAME: MA TAN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9007 0077

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: shesonduty@gmail.com
 VIDEO



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.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.ctaiping.com
Co. Reg. No. 200206384E

ORIGINAL

THE SCHEDULE

Agency: AWD0008A Class of Policy: MOTOR PRIVATE CAR Policy Number: DMPCSN3061371900
Account: AWD0008A Issued on: 14/08/2019 in SINGAPORE
Client: 2249135 Acceptance Date: 14/08/2019

Period of Insurance from 16/08/2019 to 15/08/2020, both dates inclusive

Insured's Name: LIM
Address: BLK 641A PUNGGOL DRIVE
#14-393
THE MEADOWS
SINGAPORE 821641

Business/Occupn: HOUSEWIFE

Premium	Base Annual Premium	\$S1,536.00		
	No Claim Discount 10.00%	\$S153.60-		
	Windscreen @ \$2,000.-	\$S100.00		
	Total Annual Premium	\$S1,482.40	Premium Due	\$S1,482.40
			Premium GST	\$S103.77
			Total Due	\$S1,586.17

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 16-08-2018
1. Registration SMD366SL Make/Model: HYUNDAI ELANTRA 1.6 (A)
Type of Cover Comprehensive No. of seats: 5 Body Type: SALOON
Engine No. G4FGJU234272 Capacity cc's: 1591 Yr of Manuf/Regn: 2018/2018
Chassis No. KGHDS41CMJU727150

Certificate Ref: MX1F

Sum Insured: Market value at the time of loss
Named Drivers Ex Sect. I: \$S500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25: \$S3,000.00
Ex Sect. I - Age >= 26: \$S500.00
* Age as at date of accident
EX ON WINDSCREEN: \$S100.00
Named Drivers THE INSURED

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(\$2,000.-).

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00

Notwithstanding anything contained to the contrary, we will waive up to the first \$S500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorized Workshops as per Certificate of Insurance Card attached.

Subject otherwise to the terms and conditions of this Policy.

Waiver of Windscreen Excess Clause (repair at Glass-Fix Pte Ltd)

It is hereby declared and agreed that in the event of a windscreen claim, an excess of \$100.00 will be waived should the policyholder chooses to repair instead of replacement.

Following the settlement of a claim, the benefit under this extension shall be reinstated at no

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