

NATIONAL Assessment Centre Services. (part 1 Jan'03) MMA 1200 67135

Date In: 8/8/20 15:26	Job description	Date & Time Completed	Done by
Ref No: NA1 CTZ 2000 8210164	SAS e-filing		
Veh No: SMA 49405	E-mail (petrol 3hrs, AIC 2hrs)		
IPCA: 718/20 18:35	I-Motor Claim Form		
TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksj		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMH 99406	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 Comments:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Repair ( ) (INC 100000 6708 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	Location

NA 2004095	Invoice Preparation Checklist	Amount (\$)	YAM (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + EMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repairs Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$9		
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 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	08/08/2020 15:26
Date Of Accident	07/08/2020 18:35
Exact Location Of Accident	ALONG PAYA LEBAR RD TWDS UBI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4940S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JING WEI (LIN JINGWEI)
NRIC No	SXXXX789G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393491
Alternative Phone No	OFFICE-81393491

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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?	YES
If No, Please state action to be taken	
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	DMPCSNW00004452000
Cover Note Number	

### Driver

Name of Driver	LIM JING WEI (LIN JINGWEI)
NRIC No	SXXXX789G
Date Of Birth	15/08/1979
Occupation	INDOOR
Date Of Driving Pass	15/12/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81393491
Fax Number	
Contact Number	OFFICE-81393491
EEmail Address	NOEMAIL

Address	9 DAIRY FARM HEIGHTS #15-21
Postcode	677670
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 (including own vehicle) 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)	2
Passenger 1	NAME: : LEE HUI WEN 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

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	SMH9940G
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.
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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: 8/8/20  
1427h



Driver's Signature

(If driver is not the policyholder)  
Date & Time: 8/8/20  
1427h

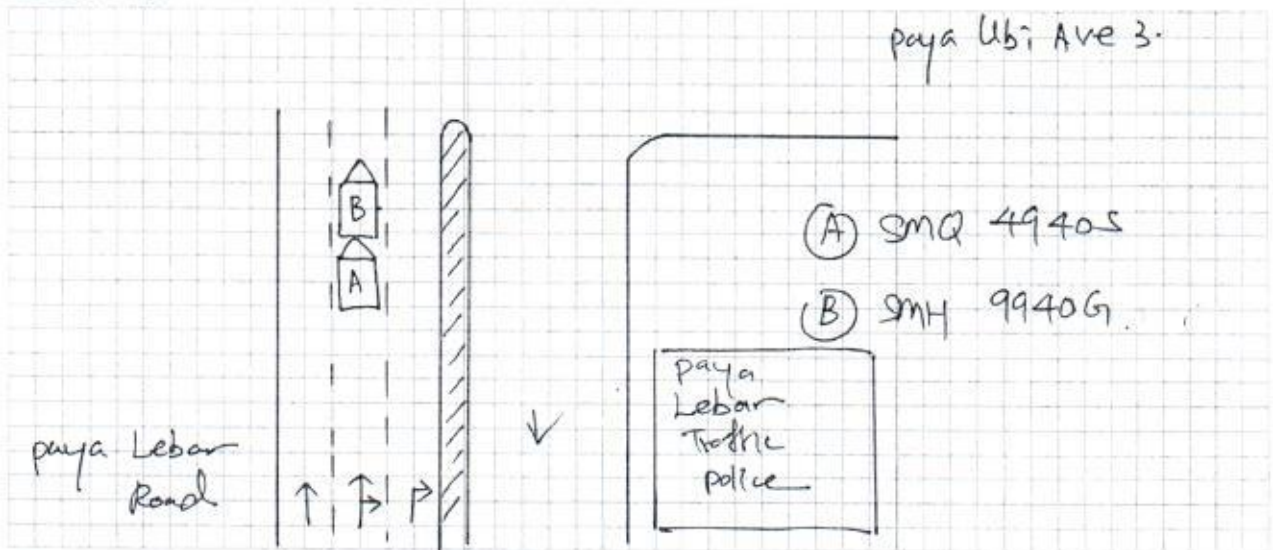


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07-08-2020 @ about 1835hrs, I was driving my car (SMQ 4940S) along Paya Lebar Road in middle lane. Veh B (SMH 9940G) stationary in front of me and i did not have enough time to apply brake and accidentally collided onto rear portion of Vehicle B. I hereto lodge this report for my insurance claim purpose. No one injury in this case.

## DECLARATION

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



Policyholder's Signature

Date & Time: 8/8/20  
1427h





Driver's Signature

(If driver is not the policyholder)  
Date & Time: 8/8/20  
1427h



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



Motor Private Car

MX1E

N SN

AN0006A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00004452000

Engine No.: 27091031065102

Cha. No.: W002462422J419392

1. Index Mark and Registration  
Number of Vehicle

SMQ4940S

2. Name of Policy Holder

LIM JING WEI(LIN JINGWEI)

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

06/01/2020  
(08:46:56)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$5500.00

\* Age as at date of accident

EX ON WINDSCREEN

\$5100.00

4. Date of Expiry of Insurance

17/01/2021

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 \$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.: OCB BANK 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:

ALFA CREDIT PTE LTD

Authorised Officer

Authorised Signatory

VEHICLE NO : SMQ 4940S

MAKE &amp; MODEL : MYB B180

Date of Accident	07 / 08 / 2020		
Time of Accident	1835 AM / PM		
Location of Accident	Along Paya Lebar Road Towards Ubi Ave 3.		
Exact Purpose Usage	<input checked="" type="checkbox"/> Personal / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	Lim Jing Wei (Lin Jingwei).		
Contact No.	81393491.		
Nric No	S7922789G.		
Type Of Claim	Third Party / <input checked="" type="checkbox"/> Own Damage / Reporting only		
Insurance Co.	China Taiping Insurance		
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft		
Policy No	DMPCSNW00004452000		
NAME OF DRIVER :	As above / If No :		
Nric No	A3 Above.	Any Passenger: +1.	
Date Of Birth	15 / 08 / 1979.	Name: Lee Hai Wen	
Occupation	Outdoor / Indoor.	Gender: Female	
Date Of Driving Pass	15 / 12 / 2010.	Hp: 9089211	
Gender	<input checked="" type="checkbox"/> Male / Female		
Contact no	81393491	Office :	Home : —
Address	9 Dairy Farm Heights #15-21 S(677670).		
Driver Have Any Own Vehicle	<input checked="" type="checkbox"/> NO / If Yes (Reg no) :		
Relationship	Employee / <input checked="" type="checkbox"/> If No: Owner.		
Weather Condition	<input checked="" type="checkbox"/> Clear / Raining / Other :		
Road Surface	<input checked="" type="checkbox"/> Dry / Wet / Other :		
Any Injuries	<input checked="" type="checkbox"/> NO / If Yes Who?		
Name		Contact :	
Name		Contact :	
Police Report	<input checked="" type="checkbox"/> No / If Yes : Where?		
Vehicle B No :	SMH 9940G.	Any Passenger: —.	
Name Of Driver	S Gunasagar		
Contact No :	97692765.		
Vehicle C No :		Any Passenger:	
Vehicle D No :		Any Passenger:	
Vehicle E No :		Any Passenger:	
Vehicle F No :		Any Passenger:	
Any Witness			
Witness Contact No			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?			
YES / <input checked="" type="checkbox"/> NO			
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email :	jingwei.lin@gmail.com	Tel : 6745 7367	Fax : 6841 3390



**Annex**

Transaction ref 20200106171921454625

Please check that the owner and vehicle details are correct:

1. Name	: LIM JING WEI (LIN JINGWEI)
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: SXXXX789G
4. Country/Region	: -
5. Vehicle Registration No.	: SMQ4940S
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 06 Jan 2020
8. Original Registration Date	: 18 Jan 2017
9. First Registration Date	: 18 Jan 2017
10. Vehicle Type	: P10 - Passenger Motor Car
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: MERCEDES BENZ
16. Vehicle Model	: B180 STYLE (R16 LED)
17. Year of Manufacture	: 2016
18. Primary Colour	: Blue
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: WDD2462422J419392 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: 27091031065102 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1595 / -
25. Maximum Power Output(kW/bhp)	: 90.0 / 120
26. Unladen Weight(kg)	: 1425
27. Maximum Laden Weight(kg)	: 1950
28. Open Market Value	: \$26,692.00
29. PARF Eligibility	: Yes
30. PARF Eligibility Expiry Date	: 17 Jan 2027
31. Minimum PARF Benefit	: \$12,184.00
32. No. of Transfers	: 1