

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

SN 0920 CN 000A

Date In: 23 / 12 / 20 11:56	Job description	Date & Time Completed	Done by
Ref No: MA1 C77200, 14356/h4	SAS e-filing		
Veh No: GBK 3350 M	E-mail (within 3hrs, A/C 2hrs)		
IP: 22/12/20 09:29	I-Motor Claim Form		
IP: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: GBK 4929 M.	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 repolrer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

Injury: ( )
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Date Entry:	Action:

NA2100762	Invoice Description	Amount	Balance
Driver/Owner:	1) All: Accident Reporting (\$30)		30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bugr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For online status INC Only (w/c 10 Jan 2023)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Can INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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 Submission	23/12/2020 11:56 (SGT)
Date of Accident	22/12/2020 09:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS AYE B4 BRADDELL EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3350M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FIXWERKS PTE LTD
Company Reg No	2XXXXX010R
Email Address	ANGGORDON.X@GMAIL.COM
Mobile Phone No	(Phone) +65-98623874
Alternative Phone No	+65-98623874

#### VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00036162000
Cover Note Number	-

#### DRIVER

Name of Driver	LIM ZHEN WEI
NRIC No	SXXXX837B
Date Of Birth	08/10/1992
Occupation	Outdoor

Date Of Driving Pass .....	29/03/2011
Driving experience .....	9 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91093416
Alt. Phone Number .....	-
Email Address .....	ANGGORDON.X@GMAIL.COM
Address .....	BLK 424A YISHUN AVE 11 #05-256
Address complement .....	-
Postcode .....	761424
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	GBK4929M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.





Registration No: 201543010R  
Hotline: (65) 6765 8890 Emergency: 9388 4281

Email: admin@fixwerks.com

Policyholders Signature

Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



CTE Towards AYE Before Braddell Exit

Vehicle A - GBK3350M

Vehicle B - GBK4429M

The diagram shows a 6-lane road with arrows indicating traffic flow. From top to bottom, the lanes are: 1. Right-turn lane (arrow pointing right), 2. Through lane (arrow pointing left), 3. Through lane (arrow pointing left), 4. Through lane (arrow pointing left), 5. Through lane (arrow pointing left), 6. Left-turn lane (arrow pointing left). A box labeled 'A' is positioned in the 4th lane from the top, and a box labeled 'B' is positioned in the 5th lane from the top. Both vehicles are facing left.

On the stated date and time, I, vehicle A (GBK3350M) was travelling straight along at the stated location on lane 4. As vehicle in front of me came to a stop, I applied brake but could not stop in time and collided on to vehicle B (GBK4929M).

I will repairing my vehicle at JWG International PTE LTD.

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



Registration No: 201543010R  
 Policyholder's Signature \_\_\_\_\_  
 Email: admin@fixworks.com  
 Date & Time \_\_\_\_\_  
 www.fixworks.com

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S9235837B**

Name **LIM ZHEN WEI**


Birth Date **08 Oct 1992**  
 Valid Until **29 Mar 2011**

00195 1285C



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9235837B**



Name **LIM ZHEN WEI**

**林 振 威**

Race **CHINESE**

Date of Birth **08-10-1992** Sex **M**

Country of birth **SINGAPORE**

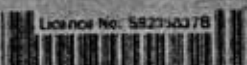
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

20 Mar 2011

NP 424A

Licence No. **S9235837B**



4114330



NRIC No. **S9235837B**



Date of issue **12-10-2007**

APT BLX 424A YISHUN AVENUE 11 #06-256  
 SINGAPORE 781424

NRIC No. **S9235837B**



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.

Motor Commercial

MZ300/C

N SN

AN0679A

Cov. Type:C

**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, 1958 (Malaysia)

CERTIFICATE No.

DMCVSNW00036162000

Engine No.: 10Q3BP0008006

Cha. No.: VR3EFYHYCKJ640042

1. Index Mark and Registration  
Number of Vehicle

GBK3350M

2. Name of Policy Holder

FIXWERKS PTE LTD

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

19/05/2020  
(00:00:00)

Excess Sect I. S\$450.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

18/05/2021

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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:-\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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: Ho Li Hwa Irene  
Authorised Officer

Authorised Signatory



Date of Accident : 22/12/2020 Accident Time: 0920hrs (24-HR-FORMAT)  
Accident Place : CTE Towards AYE Before Braddell Exit  
Vehicle Reg. No (Car plate No.) : GBK 3350M Vehicle Make/Model: Peugeot Partner  
Insurance Company : China Taiping Policy No. DMCVSNW00036162000  
Name of Registered Owner : Company Individual Fixwerks PTE LTD  
ID of Registered Owner : Co Reg No: 201543010R Owner's NRIC No: -  
: Co Contact No: 98623874 Owner's Contact No: -  
DRIVER'S Name : Lim Zhen Wei DRIVER'S NRIC No: S9235837B  
DRIVER'S Date of Birth : 08 Oct 1992 DRIVER'S License Pass Date 29 March 2011  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: -  
DRIVER'S Address : APT BIK 424A Yishun Avenue 11 #05-256 Singapore 761424  
DRIVER'S Contact No./ Alt No. : 1) 9109 3416 2) -  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an office)  
Email Address : Ang.gordon.x@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance  
Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F  
Was the accident reported to the police? YES NO Passenger Name: - Gender: M/F  
Was there any video Captured by car camera: YES NO Any Injuries: YES / NO Injured Name: -  
Injured Name: -  
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBK4929M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____