

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

SN0821140001

Date In: 01/01/2021 20:37	Job description	Date & Time Completed	Done by
Ref No: NBA/C7221000/11214	SAS e-illing		
Veh No: SMK 2033E	E-mail (by date 2hrs, AIO 2hrs)		
D.O.A: 30/12/2020 23:00	I-Motor Claims Form		
OID: TP 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/Whse		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SKA 6289J	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 rapair.
( ) 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 > \$9000] ( )		

Injury: ( )	
Damage: ( )	
Other: ( )	

NA2100530	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TT: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claimants only INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: I-Go DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Non INC) against INC	\$20
	2) NI: I-Go Mobile	\$0
	Invoice dated	
	Invoice dated	



## 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	04/01/2021 20:37 (SGT)
Date of Accident	30/12/2020 23:00 (SGT)
Exact Location of Accident	Duxton Hill, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2033E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON TAI
NRIC No	SXXXX196A
Email Address	14transporters@gmail.com
Mobile Phone No	(Phone) +65-98658001
Alternative Phone No	+65-88877748

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla45
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00155302001
Cover Note Number	-

#### DRIVER

Name of Driver	JOACHIM JAMES KHOO SHENG LIANG
NRIC No	SXXXX288F

Date Of Driving Pass	25/03/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88877748
Alt. Phone Number	-
Email Address	14transporters@gmail.com
Address	BLK 373 TAMPINES STREET 34 #05-34
Address complement	-
Postcode	520373
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200102/7032

#### 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	SKA6289J
Vehicle Manufacturer	BMW
Vehicle Model	M235i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	_____	-
Address complement	_____	-
Postcode	_____	-
Insurance Company Name	_____	-
Nature Of Damage	_____	-
Details of property damaged in accident	_____	-
No. Of Passenger (Including Driver)	_____	-

#### WITNESS DETAILS

##### WITNESS 1

Name	_____	YVONNE
Phone	_____	-
Email	_____	-



## 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:

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

V: A) SMK2033E

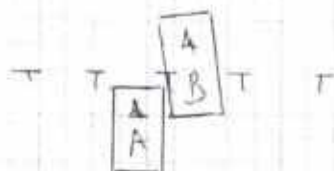
V: B) SKA6289J

T T T T

A A

Duxton Hill OPEN  
SPACE CAR PARK

V-B)SKA6289J



Duxton Hill OPEN  
SPACE CARPARK

refer to police report  
no. T/20210102/7032

refer to police report

NO. T/20210102/7032

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

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

Reporting Centre Personnel's Signature  
Name: Reda  
NRIC/FIN No: 1

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30/12/2020 (dd/mm/yy) Time of Accident: 23 : 00 (24-HR-FORMAT)

Vehicle No.: SMK 2033 E Vehicle Make & Model / Engine (cc): Merc cla45 amg 1991cc Private Hire: (Y/N) ☒

Exact location of Accident: DUXTON HILL OPEN SPACE CAR PARK

Policyholder's Name / IC No.: LIM BOON TAI S8915196A

Driver's Name / IC No.: JOACHIM JAMES KHOO SHENG LIANG S9321288F (As Above) ☐

Driver's Contact No.: 9865 8001 Company Contact No / Owner Contact No: 8887 7748

Driver's Address: 373 Tampines Street 34 #05-34 5520373

Owner Email address: 14transporters@gmail.com Insurance Company: China Taiping

Driver Email address: 14transporters@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Friend

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers (Including Driver): 00

→ Driver not inside

\*Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKA 6289 J

Driver's Contact No: \_\_\_\_\_ Insurance Company: B.M.W. / M235I

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20210102/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T/20210102/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2021 17:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JOACHIM JAMES KHOO SHENG LIANG			Address: 373 TAMPINES STREET 34 #05-34 SINGAPORE 520373		
ID Type / ID No.: NRIC NO / S9321288F			Contact No.: Home/Office: Mobile: 98658001		
Nationality: SINGAPORE CITIZEN			Email: 14TRANSPORTERS@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 14/06/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2020 23:00	Type of Location: Car Park
Location:  DUXTON HILL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA6289J	Car	BMW	M235I	Red		0
SMK2033E	Car	MERCEDES BENZ	MERC CLA45 AMG	Black		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210102/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20210102/7032

**CONTINUATION OF REPORT**

Driver			
Name	JOACHIM JAMES KHOO SHENG LIANG		ID No. S9321288F
Related Vehicle	SMK2033E (Car)		Contact No. 98658001
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

**Brief Details.**

ON THE 30TH DECEMBER 2020, I PARKED MY VEHICLE SMK2033E IN DUXTON HILL OPEN SPACE CAR PARK. BEFORE I LEFT THE PARKING LOT, EVERYTHING WAS INTACT AND THERE E NI DANAGES. THEREAFTER, I WENT TO PROCEED TO THE RESTAURANT "IZAYAKA". I WAS STANDING OUTSIDE THE RESTAURANT. I HEARD SOUND AND NOTICED A VEHICLE WAS COMING OUT FROM THE PARKING LOT BESIDE MY VEHICLE HAD COLLIDED AGAINST MY STATIONARY VEHICLE. I STOOD THERE AND WAIT FOR THE DRIVER IF HE WILL ALIGHT FROM HIS VEHICLE TO LEAVE A NOTE, HOWEVER THAT DRIVER HIT AND RAN INSTEAD. I THEN WALK TOWARDS MY VEHICLE AND NOTICE THERE WAS VISABLE DAMAGES ON MY VEHICLE FRONT RIGHT PORTION. A LADY BY THE NAME OF YVONNE APPROACHED ME AND MENTIONED SHE WITNESS THE WHOLE ACCIDENT TOO. IM FILING THIS REPORT AS A HIT AND RUN. PREVIOUSLY I FILED A REPORT UNDER T/20210102/7031 HOWEVER THE ACCIDENT DATE SHOULD BE 30TH DECEMBER 2020



**SINGAPORE  
POLICE FORCE**



T/20210102/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No: T/20210102/7032

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/01/2021 17:30

Classification Of Case:



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 Private Car

MX1E

R SN

AN0582A

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, 1959 (Malaysia)

CERTIFICATE No.	DMPCSA00155302001	Engine No. : WDD1173522N0B3505
		Chassis No. : 13398080010105
1. Index Mark and Registration Number of Vehicle	SMK2033E	AUTOSAFE *****
2. Name of Policy Holder	LIM BOON TAI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/10/2020 (10:37:00)	Named Drivers Ex Sect. I \$S750.00 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
4. Date of Expiry of Insurance	22/10/2021	
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 \$S1,000 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. : TOKYO CENTURY LEASING (S) PTE LTD

\* 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: Irene Hor  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com