

# NATIONAL Assessment Centre Services.

Print 1 Jan 2021

SN0821240003

Date In: 17/01/2021 17:08	Job description	Date & Time Completed	Done by
Ref No: NBS/1721002278/1	SAS e-Milling		
Veh No: CB 6343A	E-mail (by John 3hrs, AIG 3hrs)		
D.O.A: 17/01/2021 12:55	1-Motor Claim Form		
OID: (TP) Reporting Only	1-Motor W/O (With: OD 3hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK/SP		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Rptg/Sp/SP	Veh No: SGA 9987E	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 reporter.

( ) 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 > \$5000) ( )		

Injury: \_\_\_\_\_

Driver/Owner:	1) All Accident Reporting (30)	
Contract No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$120	
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey \$30	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Day DA + EMRI Survey \$160	
	8) NIUC Additional Services	
	9) NI: Day DA + EMRI Survey \$30	
	10) NI: Day DA + EMRI Survey \$30	
	11) NI: Day DA + EMRI Survey \$30	
	12) NI: Day DA + EMRI Survey \$30	
	13) NI: Day DA + EMRI Survey \$30	
	14) NI: Day DA + EMRI Survey \$30	
	15) NI: Day DA + EMRI Survey \$30	
	16) NI: Day DA + EMRI Survey \$30	
	17) NI: Day DA + EMRI Survey \$30	
	18) NI: Day DA + EMRI Survey \$30	
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	27) NI: Day DA + EMRI Survey \$30	
	28) NI: Day DA + EMRI Survey \$30	
	29) NI: Day DA + EMRI Survey \$30	
	30) NI: Day DA + EMRI Survey \$30	

2/2

Fee Charged

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	17/02/2021 17:08 (SGT)
Date of Accident	17/02/2021 12:55 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	(18) OPEN CARPARK BARRIER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6343A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YEW KHIANG
NRIC No	SXXXX039C
Email Address	ishareauto@gmail.com
Mobile Phone No	(Phone) +65-96881679
Alternative Phone No	+65-96881679

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	No - Claiming third party
Vehicle Category	Bus

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00003172003
Cover Note Number	-

#### DRIVER

Name of Driver	LIM YEW KHIANG
NRIC No	SXXXX039C

Date Of Driving Pass	07/02/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-96881679
Alt. Phone Number	+65-96881679
Email Address	ishareauto@gmail.com
Address	BLK 148 WOODLANDS STREET 13 #11-839
Address complement	-
Postcode	730146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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

#### PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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	SGA9987E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE


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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 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.


### 8. Consent under the Personal Data Protection Act (PDPA)

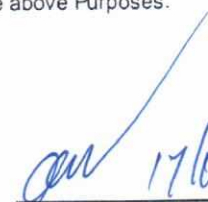
I understand, acknowledge, agree and consent that:

(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:

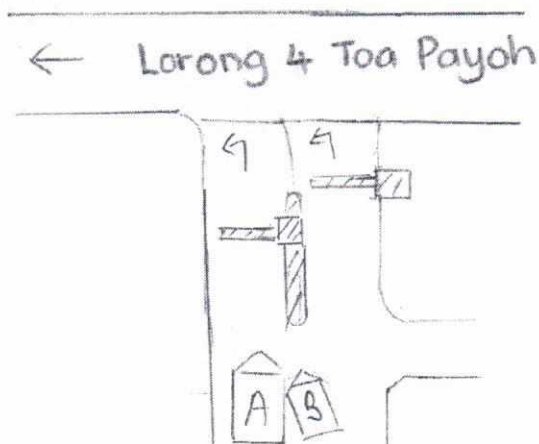
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
Policyholder's Signature / Date & Time

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

 17/02/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



A = CB 6343A

B = SGA 9987E

Barrier of Open Carpark  
of Toa Payoh 18

On 17.02.2021 at about 12:55 hours at Barrier of Open Carpark of Toa Payoh 18. I was travelling straight on left exit lane to exit the carpark and when I was about to reach the barrier, suddenly I heard a bang and felt an impact. After a few seconds, I realised it was vehicle (B) that squeeze into my lane from the right exit lane hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): CB 6343A

Vehicle (B): SGA 9987E

*Car*

*17/02/2021*



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/02/21		Time: 12:55		(hh:mm) 24 hr format	
Location Barrier of Open Carpark of Toa Payoh 18					
Vehicle Number CB6343A					
Insured Name Lim Jew Khian					
NRIC/FIN 51627039C		Contact Number 9688 1679			
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 China Taiping					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number DMB15NW00003172003					
Name of Driver					
( <input checked="" type="checkbox"/> ) Same as Insured					
NRIC/FIN		Contact Number			
Date of Birth 11/05/1964					
Driving Pass Date 07/02/1985					
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor					
Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female					
Email Address ishareauto@gmail.com ( ) NO EMAIL					
Address of Driver Blk 148 Woodlands Street 13					
#11-039, Singapore 730148					
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If No, Relationship of the Driver with the Insured					
( <input checked="" type="checkbox"/> ) 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		SGA9987E			
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only



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 Bus

MZ601/P

R 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.

DMB1SNW0003172003

Engine No.: 1KD1753279

Cha. 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

16/04/2020

Excess Sect. II \$S\$1,050.00

4. Date of Expiry of Insurance

15/04/2021

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

(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.

6. Limitations on use -

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.

\* 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

ODDS & EVENS  
Authorised Officer



杨亚美

Authorised Signatory

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

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6222 1033

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