

Date In: <b>15/03/2021</b> <b>10:21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/117210033154</b>	SAS e-Milling		
Veh No: <b>SJS 2654D</b>	E-mail (by date time, A/C time)		
D.O.A: <b>13/03/2021</b> <b>11:30</b>	I-Motor Claim Form		
OD <b>TP</b> Reporting Only	I-Motor W/O (winder: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Kind/Category: ( ) Veh No: **SGF 6528D** INC ( ) / Non-INC ( ) Tel: ( )

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 Refor of repolion.

( ) 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: ( )

( )

( )

( )

**NH210/930**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

1) All Accident Reporting (30)	INC (10)	
2) DA: Damage Assessment (\$100)	INC (10)	
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) PT: Follow-Through Survey (Resurvey) (over 10 in 100)	\$75	
7) PT: Follow-Through Survey (Resurvey) (over 10 in 100)	\$160	
8) NTUC Additional Services		
9) NTUC Additional Services		
10) NTUC Additional Services		
11) NTUC Additional Services		
12) NTUC Additional Services		
13) NTUC Additional Services		
14) NTUC Additional Services		
15) NTUC Additional Services		
16) NTUC Additional Services		
17) NTUC Additional Services		
18) NTUC Additional Services		
19) NTUC Additional Services		
20) NTUC Additional Services		

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 Submission	15/03/2021 10:31 (SGT)
Date of Accident	13/03/2021 11:30 (SGT)
Exact Location of Accident	226G Ang Mo Kio Ave 1, Singapore 567226
Additional Location Information	CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2654D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM GEOK MUI
NRIC No	SXXXX186I
Email Address	mag7388@hotmail.com
Mobile Phone No	(Phone) +65-92707322
Alternative Phone No	+65-92707322

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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	DMPCSNW00046402100
Cover Note Number	-

### DRIVER

Name of Driver	LIM GEOK MUI
NRIC No	SXXXX186I
Date Of Birth	26/12/1973
Occupation	Indoor

Date Of Driving Pass .....	25/08/1973
Driving experience .....	47 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92707322
Alt. Phone Number .....	+65-92707322
Email Address .....	mag7388@hotmail.com
Address .....	BLK 108 YISHUN RING ROAD #09-303
Address complement .....	-
Postcode .....	760108
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 .....	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

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 .....	SGF6523D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHUA POH HENG
NRIC No .....	SXXXX691A
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.


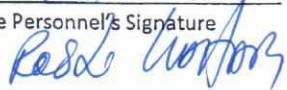
#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

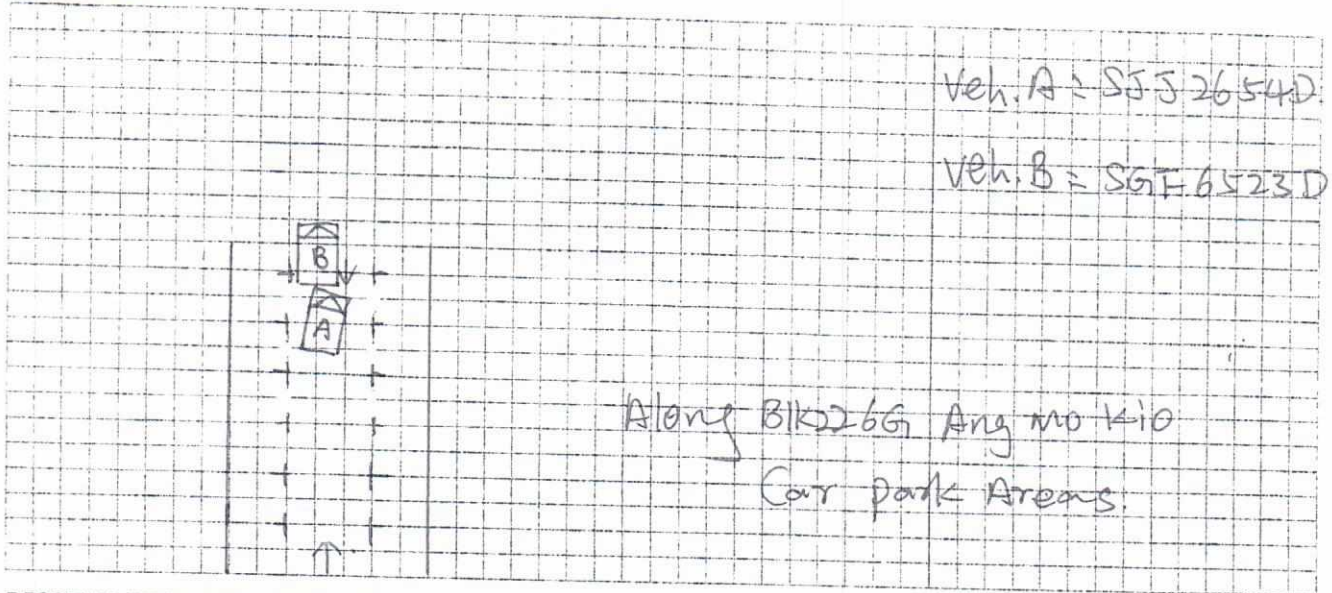
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature  
Date & Time:

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

  
15/03/2021  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN



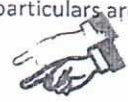
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



On the said date & time of accident, I was driving my vehicle A (SJJ 2654D) along Blk 226G Ang Mo Kio Car Park Areas. When I stop my vehicle to waiting reserve into parking lot. Suddenly, the vehicle B (SGF 6523D) just reserve that vehicle collided of my vehicle for front portions. Hence, I hereto lodge this report claim against vehicle B's insurance of my accident damages.

## DECLARATION

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

  
 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.:



VEHICLE NO: S552654 D

MAKE &amp; MODEL : Honda Airwave.

AUTO / MANUAL

DATE OF ACCIDENT	13 / 03 / 21	*C.C. 1496cc
TIME OF ACCIDENT	11:30	AM / PM
LOCATION OF ACCIDENT	BLK 226G Ang Mo Kio Car Park Areas.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Lim Geok Mui Email: mag7388@hotmail.com	
TELP NO	Mobile: 92707322 Office: Home:	
NRIC	S7347186I	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW 00046402100	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	26 / 12 / 1973	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	25 / 08 / 2004	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 92707322 Office: Home:	
EMAIL:	mag7388@hotmail.com	
ADDRESS	BLK 108 Yishun Ring Road #09-303 SC760108	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SGF 6523D. Any Passenger: <u>Chua Poh Heng (S7243691A)</u>	
NAME		
CONTACT NO.		
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.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Support @ Prakashan. SG.

PRECISE AUTO SERVICE

1 KAKI BUKIT AVENUE 6  
 #02-34/36 AUTOBAY @ KAKI BUKIT  
 SINGAPORE 417833  
 TEL: 6745 7367 FAX: 6841 3390



Motor Private Car

MX1F

N 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, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.

DMPCSNW00046402100

Engine No.: L15A5204863

Cha. No.: GJ11304059

1. Index Mark and Registration  
Number of Vehicle

SJJ2654D

AUTOSAFE  
=====

2. Name of Policy Holder

LIM GEOK MUI

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

05/03/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

04/03/2022

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 S\$500 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.: KENSO LEASING 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: COSMO INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory



## Vehicle Details

Vehicle No.	Make / Model
<b>SJJ2654D</b>	<b>HONDA / AIRWAVE 1.5M A</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P11 - Passenger Station Wagon/Jeep/Land Rover</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>GJ11304059</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>L15A5204863</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>1496 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>81.0 kW (108 bhp)</b>
Maximum Laden Weight :	Unladen Weight :
<b>1435 kg</b>	<b>1160 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2008</b>	<b>05 Sep 2008</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>A - Car (1600cc &amp; below)</b>
PQP Paid :	COE Expiry Date :
<b>\$16,170.00</b>	<b>04 Sep 2023</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>04 Sep 2021</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>04 Sep 2021</b>	<b>13 Mar 2021</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>-</b>	<b>-</b>
CO Emission :	HC Emission :