

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 09213H 0008

Date In: 17/13/21 15:24	Job description	Date & Time Completed	Done by
Ref No: NA1 CTZ 2100 3488/44	SAS e-filing		
Veh No: SLW 4342 Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/13/21 12:30	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: GBF 6234Y 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 repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 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	Actions

NA2102347	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (N-on INC) against INC \$20		
Dat. 2/3:	9) N12: Idac Mobile 30		
	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	17/03/2021 15:24 (SGT)
Date of Accident	16/03/2021 12:30 (SGT)
Exact Location of Accident	Woodlands Industrial Park E9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4342Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM AH HOY
NRIC No	SXXXX038J
Email Address	LIMHOY@GMAIL.COM
Mobile Phone No	(Phone) +65-90233995
Alternative Phone No	+65-90233995

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	DMPCSNW00033362100
Cover Note Number	-

DRIVER

Name of Driver	LIM AH HOY
NRIC No	SXXXX038J
Date Of Birth	27/09/1956
Occupation	Indoor

Date Of Driving Pass	15/02/1982
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90233995
Alt. Phone Number	+65-90233995
Email Address	LIMHOY@GMAIL.COM
Address	BLK 408 CHOA CHU KANG AVE 3 #04-311
Address complement	-
Postcode	680408
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

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	GBF6234Y
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)	-

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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:



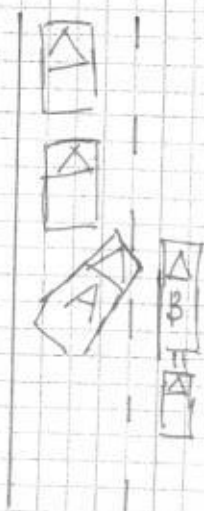
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

A = SLW 43422

B = GBF 6034 Y



Woodlands Industrial Park E9

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS REVERSING MY VEHICLE INTO PARALLEL PARKING LOT. WHEN MY VEHICLE WAS ALMOST IN THE LOT, VEHICLE B HIT ONTO MY VEHICLE

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.:



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

MX1F

E SN

AN0444A

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, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00033362100

Engine No.: G4FGHU128573

Cha. No.: KMHD841CMJU626412

1. Index Mark and Registration
Number of Vehicle

SLW43422

AUTOSAFE

2. Name of Policy Holder

LIM AH HOY

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

12/02/2021
(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

11/02/2022

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.: HONG LEONG FINANCE LTD AS LENDERS

* 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



Issued By: Chua Suat Lay Sally
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

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

VEHICLE NO: SLW 43422

MAKE & MODEL: HYUNDAI ELANTRA

AUTO MANUAL

DATE OF ACCIDENT	16 / 03 / 2021	c.c. 1600.
TIME OF ACCIDENT	1230.	AM / PM
LOCATION OF ACCIDENT	WOODLANDS INDUSTRIAL PARK E9	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LIM AH HOY	
EMAIL	LIMHOY@GMAIL.COM	Office: MOBILE 9033 3995
NRIC	S2551038J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	CHINA TAIPIING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPC8NW00033362100 (12/02/21 - 11/02/2022)	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	-	
DATE OF BIRTH	27 / 09 / 1956.	
ANY PASSENGER	YES / NO.	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 02 / 1982.	
GENDER	Male / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL		
ADDRESS	BIK 408 CHOA CHU KANG AVE 3 #04-311 S(2368)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other.	
ROAD SURFACE	Dry / 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.	Any Passenger.	
NAME	GBF 6234 Y	
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
6509 5524 = TEL NO.		
Lee Brothers Automotive Pte. Ltd = SALES@LEEBOthers.com-SG		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		
YES / NO		