

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) SM 0921300006

Date In: 24/13/21 17:25	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 3812/64	SAS e-filing		
Veh No: SGY 36H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/13/21 16:00	i-Motor Claim Form		
OD: <u>TP</u> 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: XE 5078H 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

NA2102381	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
At 1:	TP (N11): TP (Non INC) against INC \$20		
At 2 / 3:	9) N12: Idao 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	24/03/2021 17:25 (SGT)
Date of Accident	23/03/2021 16:00 (SGT)
Exact Location of Accident	Mount Vernon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY36H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIAN PENG HUI (LIAN PINGHUI)
NRIC No	SXXXX998I
Email Address	DESMONDLIAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90072500
Alternative Phone No	+65-90072500

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B200
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00186642000
Cover Note Number	-

DRIVER

Name of Driver	LIEW YEENA
NRIC No	SXXXX288F

Date Of Birth	30/12/1986
Occupation	Indoor
Date Of Driving Pass	16/12/2006
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92338663
Alt. Phone Number	-
Email Address	YANNAHOME@GMAIL.COM
Address	42 MOUNT VERNON RD #03-33
Address complement	-
Postcode	368061
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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	XE5078H(TRD5968R)
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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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.:

hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Yi Heng Motor Workshop via email : yihengmotorworkshop@yahoo.com.sg

Signature : _____

SKETCH PLAN

MOUNT VERNON ROAD

CONSTRUCTION SITE

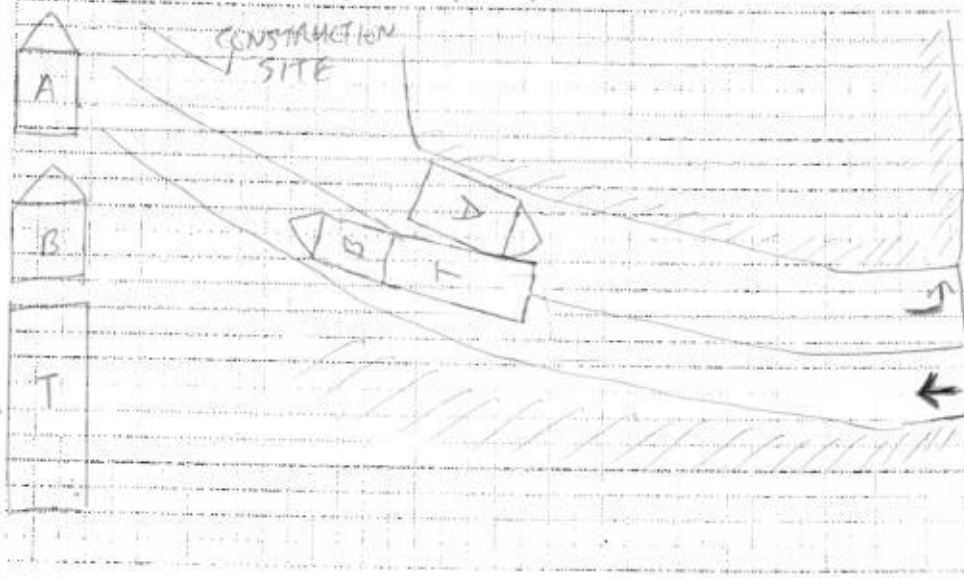
SGY36H



XE5078H



TRD5968R



BARTLEY ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/3/2021 AT ABOUT 4.00PM, I WAS DRIVING VEHICLE A BEARING SGY36H ON MOUNT VERNON ROAD TOWARD BARTLEY ROAD. WHILE I WAS APPROACHING THE JUNCTION, VEHICLE B BEARING XE5078H WAS TRAILING TRD5968R AND IS AN OVERSIZED VEHICLE. I STOPPED ALONG THE SIDE AS THE SPACE WAS TOO SMALL TO DRIVE THROUGH. VEHICLE B CONTINUED DESPITE THE SMALL SPACE AND THE TRAILING END OF TRD5968R COLLIDED WITH MY VEHICLE. AFTER WHICH, A TRAFFIC CONTROLLER FROM CONSTRUCTION SITE CAME TO GUIDE ME TO REVERSE MY VEHICLE. ONCE I WAS ABLE TO OPEN MY DRIVER DOOR, I ALIGHTED AND TOOK SOME PHOTOS AND CONTACTED THE NUMBER ON THE LORRY.

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.:



Motor Private Car

MX1E

N SN

BR0128A

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.

DMPCSNW00186642000

Engine No.: 27091030178107

Cha. No.: WDD2462432J169511

1. Index Mark and Registration
Number of Vehicle

SGY36H

AUTOSAFE
=====

2. Name of Policy Holder

LIAN PENG HUI (LIAN PINGHUI)

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

26/12/2020
(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

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\$1,000 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.: DICKSON CAPITAL 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:

G&M PTE LTD

Authorised Officer

Authorised Signatory

VEHICLE NO: 54Y36H

MAKE & MODEL : MERCEDES B200

AUTO/MANUAL

DATE OF ACCIDENT	23 / 3 / 2021	*C.C. 1600
TIME OF ACCIDENT	4.00 AM / (PM)	
LOCATION OF ACCIDENT	MOUNT VERNON ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) PRIVATE HIRE	
NAME OF OWNER	LIAN PENG HUI	Email: desmondlian@gmail.com
TELP NO.	Mobile: 90072500	Office: Home:
NRIC	57819998E	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	CHINA TAI PING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSN W00186642000	
NAME OF DRIVER	AS ABOVE / IF NO: LIEW YEE NA	
NRIC	S8670288F	
DATE OF BIRTH	30 / 12 / 1986	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO	
NAME OF PASSENGER	-NIL-	
GENDER OF PASSENGER	MALE / FEMALE -NIL-	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	16 / 12 / 2006	
GENDER	Male / <input checked="" type="checkbox"/> Female	
CONTACT NO.	Mobile: 92338663	Office: Home:
EMAIL	yannashome@gmail.com	
ADDRESS	42 MOUNT VERNON ROAD #03-33 S(368061)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: WIFE	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> 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.	XE 5078H	Any Passenger: 0
NAME	-NIL- TRAILING (TRD 5968R)	
CONTACT NO.	9857 7292	
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 / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

PLEASE EMAIL THE GIA REPORT TO : yihengmotorworkshop@yahoo.com.sg

AUTHORISE BY OWNER :