

NATIONAL Assessment Centre Services. (wef 1 Jan'05) SN 0921450005

Date In: 5/4/21 11:54	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 2100 4261/44	SAS e-filing		
Veh No: SLC 4400 U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 3/4/21 14:20	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: SLX 685E	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

NA 210 2514	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:				
Cat. 1:				
Cat. 2 / 3:				



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	05/04/2021 11:54 (SGT)
Date of Accident	03/04/2021 14:20 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4400U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SOON YONG TRADING PTE LTD
Company Reg No	1XXXXX857Z
Email Address	HR@SOONYONG.COM.SG
Mobile Phone No	(Phone) +65-63823935
Alternative Phone No	+65-63823935

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Tivoli
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	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	DMPCSNW00045202000
Cover Note Number	-

DRIVER

Name of Driver	LIM CHOO BENG
NRIC No	SXXXX163A

Date Of Birth	13/06/1970
Occupation	Outdoor
Date Of Driving Pass	15/04/2000
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-98256650
Alt. Phone Number	-
Email Address	LIM.ZHUMING@GMAIL.COM
Address	BLK 101A CANBERRA ST #13-05
Address complement	-
Postcode	751101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX685E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN FEN
NRIC No	SXXXX524D
Contact Number	(Phone) +65-93361352

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.

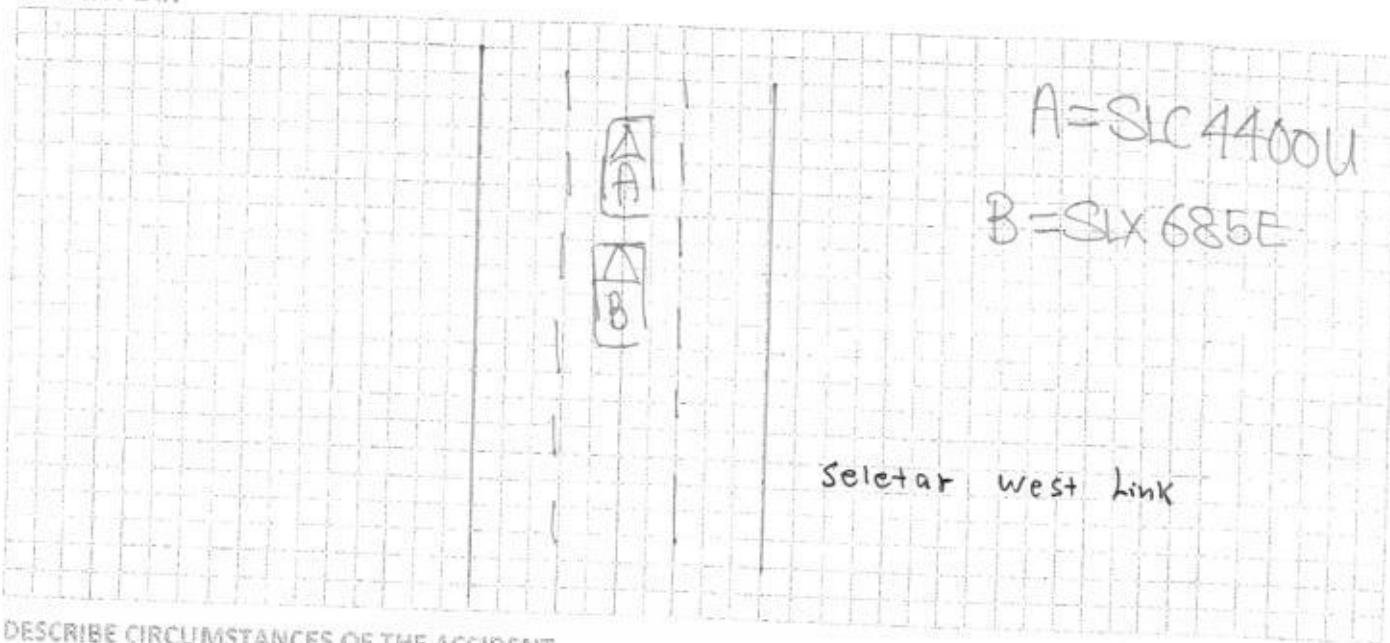


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ALONG SELETAR WEST LINK, SuddenlY VEHICLE B
HIT ONTO my VEHICLE REAR.

DECLARATION

I hereby declare the foregoing particulars to be true and correct.



Policyholder's Signature
Date & Time:

Driver's Signature
In driver is not the policyholder:
Date & Time:

Reporting Police Personnel's Signature
Name:
No. 123456789

Motor Private Car

MX4F

N SN

AN0196A

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, 1969 (Malaysia)

CERTIFICATE No.

DMPCSNW00045202000

Engine No.: 173910C2043924

Cha. No.:KPT30B1VSGP076785

1. Index Mark and Registration

SLC4400U

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

SOON YONG TRADING PTE LTD

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

13/05/2020

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*

Any person who is driving on the Policyholder's order or with their 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.: MOTOR-WAY CREDIT PTE LTD AS HP OWNER

* 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: NSH INSURANCE AGENCY
Authorised Officer
Authorised Signatory

VEHICLE NO: SLC 4400U

MAKE & MODEL: SSANGYONG TIVOLI

AUTO / MANUAL

DATE OF ACCIDENT	03 / 04 / 2021	C.C. 1600.
TIME OF ACCIDENT	1430	AM / PM
LOCATION OF ACCIDENT	SELATAR WEST LINK (LAMP-POST 151/1)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	SOON YONG TRADING PTE LTD	
EMAIL: HR@SOONYONG.COM.SG	Office: 6382 3935	MOBILE:
NRIC	1988018572	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00045202000 (13/05/20-12/05/2021)	
NAME OF DRIVER	AS ABOVE / IF NO: LIM CHOO BENG	
NRIC	S7020163A	
DATE OF BIRTH	13 / 06 / 1970	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 04 / 2000	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9825 6650 Office: Home:	
EMAIL	Lim: ZHUMING@GMAIL.COM	
ADDRESS	BIK 101A CANBERRA ST #13-05 S(751101)	
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.	SLX 685E Any Passenger:	
NAME	CHEN FEN (S9377524D)	
CONTACT NO.	9336 1352	
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:	SALES@LEEBROTHERS.COM.SG	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	