

NATIONAL Assessment Centre Services

Date In: 06/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21004322/13	SAS e-filing		
Veh No: SLH31816	E-mail (w/ins, SAs, APC 2hrs)		
D.O.A: 05/04/21 1510	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: SMP10734	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%; F: 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

NA2102545	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) rT: 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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments :-	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idac Mobile	\$0	
Cat. 1:	Invoice dated	Fee Charged	
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	06/04/2021 14:00 (SGT)
Date of Accident	05/04/2021 15:10 (SGT)
Exact Location of Accident	10 Paya Lebar Road, PLQ Mall, Paya Lebar Quarter, Singapore 409057
Additional Location Information	DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3181G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB CAR DAVE LIM
Company Reg No	5XXXX417C
Email Address	linfeng.lim@gmail.com
Mobile Phone No	(Phone) +65-84688468
Alternative Phone No	+65-84688468

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V13519/VPL/R02
Cover Note Number	-

DRIVER

Name of Driver	LIM LIN FENG
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NRIC No	SXXXX025H
Date Of Birth	31/08/1989
Occupation	Outdoor
Date Of Driving Pass	30/12/2009
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84688468
Alt. Phone Number	-
Email Address	linfeng.lim@gmail.com
Address	BLK 215A COMPASSVALE DRIVE
Address complement	#14-502
Postcode	541215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Opening Door of Vehicle
Weather Conditions	Raining
Road Surface	Wet

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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

PASSENGER 4

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

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	SMP1073U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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 willful 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 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")

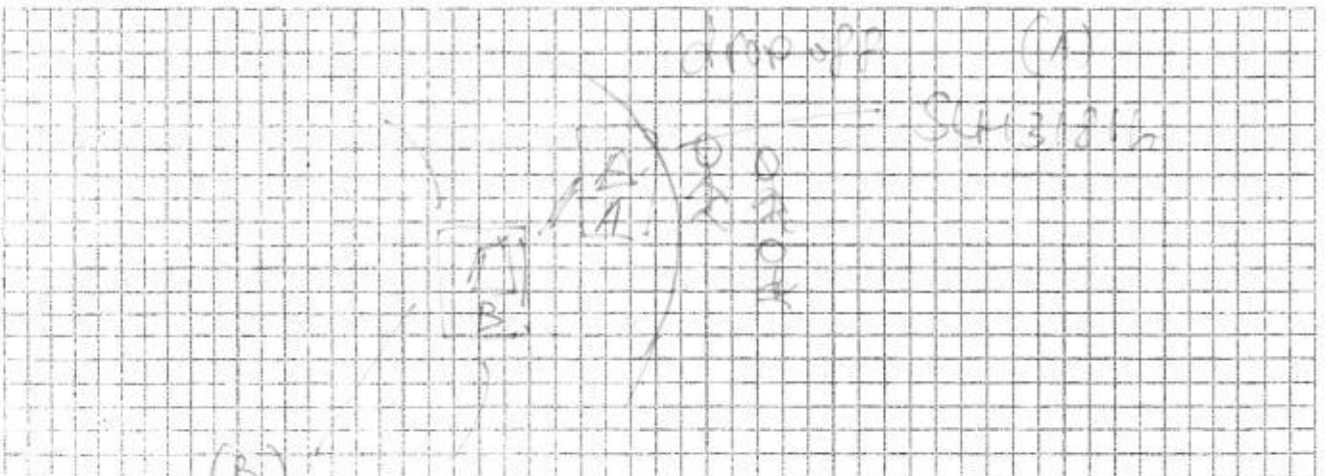
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Witnessed by Reporting Centre Personnel

Sketch Plan



In rounding VQs
 Date taken yes
 Ip: T/20210405/2024

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

2/ym 06/04/21



**SINGAPORE
POLICE FORCE**



T/20210405/2084

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210405/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 16:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM LIN FENG			Address:		
ID Type / ID No.: NRIC NO / S8930025H			Contact No.: Home/Office: Mobile: 84688468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 31/08/1989	Type of Informant: Driver		
Race:		Language:		Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/04/2021 15:10	Type of Location: DROP OFF POINT
Location: PAYA LEBAR LINK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH3181G	Car					4
SMP1073U	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210405/2084

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210405/2084

CONTINUATION OF REPORT

Driver				
Name	LIM LIN FENG		ID No.	S8930025H
Related Vehicle	SLH3181G (Car)		Contact No.	84688468
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON 5/4/2021 I WAS DROPPING OFF 1 OF MY PASSENGERS AT PAYA LEBAR PLQ. I HAD WARN TO LOOK OUT FOR INCOMING VEHICLES AND SHE ACKNOWLEDGED. UNFORTUNATELY, RIGHT AFTER SHE OPENED THE DOOR, WE HAD MET A MINOR ACCIDENT. MY DOOR WAS CRASHED AND THE OTHER PARTY'S CAR RIGHT SIDE-MIRROR HAD BROKE OFF. THE PASSENGER, A LADY, WAS THEN INFORMING HER DAD OF THE SITUATION, AND HER DAD HAD REQUESTED TO TALK TO ME ON THE PHONE. THEN I SIMPLY TOLD HIM I WILL MAKE A POLICE REPORT ASAP. THE OTHER PARTY JUST DROVE OFF. I WENT TO RETRIEVE MY DASHCAM. I WENT BACK TO MAKE A ROUND TO TRY MY LUCK IF I COULD FIND THE OTHER PARTY'S CAR SO I COULD GET ALL THE DETAILS. UNFORTUNATELY, I COULD NOT FIND HIM. I AM UNSURE IF THIS IS A HIT-AND-RUN OR NOT AS MY PASSENGER WAS THE ONE WHO OPENED THE DOOR.



SINGAPORE
POLICE FORCE



T/20210405/2084

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210405/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151
6229

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/04/2021 16:53

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (05/04/2011) (DD/MM/YYYY), TIME: (15:10) (HH:MM)

LOCATION: PLQ drop off point

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 3181W
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: S120V13519 / VPL R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA CARENS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PHV
 h) PURPOSE OF USING AT ACCIDENT TIME: PHV GRAB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: GRAB CAR DAVE LIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S3371412C CONTACT: 8468 8468
 c) ADDRESS: 215A COMPRESSION DRIVE #14-502 5541215

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM LIN KENT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S593025H CONTACT: 8468 8468
 c) ADDRESS: 215A COMPRESSION DRIVE #14-502 5541215

*d) DATE OF BIRTH: (31/08/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5+1

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TP 4161

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMP 1073U MODEL: N105

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 (5)

* No of passengers
 (including driver)
 (1)

* No of passengers
 (including driver)
 ()


Email =

fax =

video =

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	SI20V13519 /VPL /R02
Form	MZ400B
Date of Issue:	28-Oct-2020
1. Index Mark and Registration No. of Vehicle:	SLH3181G
2. Chassis number of Vehicle:	KNAHU815VG7164074
3. Name of Policyholder:	GRAB CAR DAVE LIM
4. Effective date of Commencement of Insurance for the purpose of the Act:	31-OCT-2020 00:00
5. Date of Expiry of Insurance:	30-OCT-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	LIM LIN FENG
For Private Hire Vehicle (PHV) Usage :	
7. Limitations as to use*:	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.
8. Policy does not cover:	A) Use for racing, pace-making, reliability trials or speed-testing. B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	

For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Grabcar Extension (Geographical Area: Singapore only)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I (Singapore) \$2,800.00, Section I (Outside Singapore) \$5,600.00, Section II (Singapore) \$2,100.00, Section II (Outside Singapore) \$4,200.00, Windscreen Excess \$100.00
FINANCE COMPANY:	GOLDBELL FINANCIAL SERVICES PTE. LTD.
PRODUCER NAME:	GOH AIK NGAK