

NATIONAL Assessment Centre Services. [wef 1 Jan'05] 2108215L0001			
Date In: 21/05/2021 16:02	Job description	Date & Time Completed	Done by:
Ref No: NBA/C7221006050/Y	SAS e-filing		
Veh No: SMU 7739S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/05/2021 08:30	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: XE 3651 R	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 rep/aler.	
() 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

N/A2102943	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N/n INC) against INC \$20			
	9) N12: Idao Mobile \$0			
At 1:	Invoice dated	Fee Charged		
At 2/3:	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	21/05/2021 16:02 (SGT)
Date of Accident	20/05/2021 08:30 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7739S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YI LIN
NRIC No	SXXXX378A
Email Address	kaythlimyilin@hotmail.com
Mobile Phone No	(Phone) +65-92725544
Alternative Phone No	+65-92725544

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00081362100
Cover Note Number	-

DRIVER

Name of Driver	LIM YI LIN
NRIC No	SXXXX378A

Date Of Birth	24/09/1993
Occupation	Indoor
Date Of Driving Pass	30/08/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92725544
Alt. Phone Number	+65-92725544
Email Address	kaythlimyilin@hotmail.com
Address	BLK 872 YISHUN STREET 81 #08-131
Address complement	-
Postcode	760872
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	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

PLEASE REFER TO POLICE REPORT T/20210521/7006

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	XE3651R
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM YI LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU7739S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

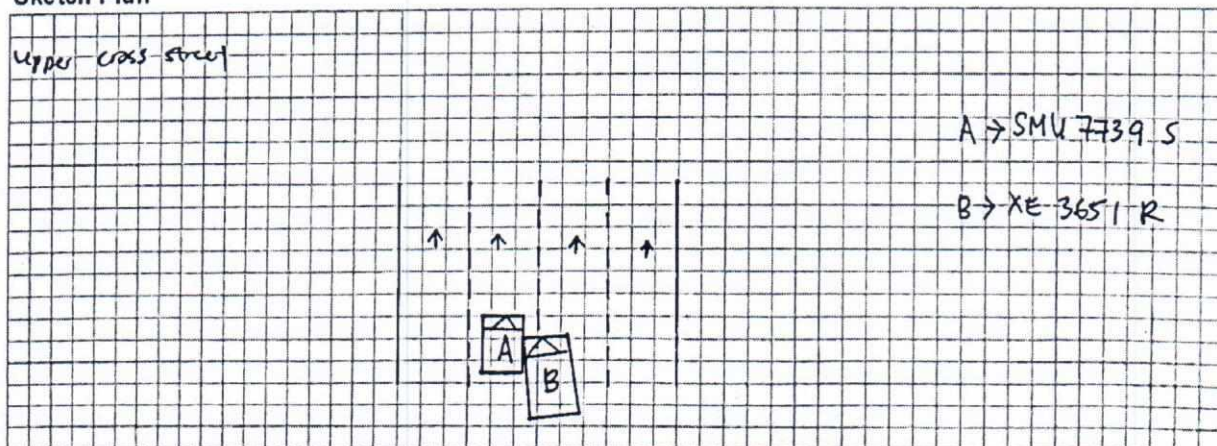
Policyholder's Signature / Date & Time

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

21/05/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

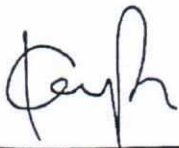


Describe Circumstances of the Accident

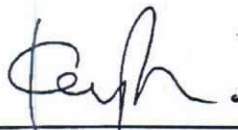
- Refer to police report - T/20210617/7006

Declaration

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



21/05/2021

Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING

Accident Date: (20 / 05 / 2021) (DD/MM/YYYY)

Time: (08 : 30pm) (HH:MM)

Location: Upper Cross Street

1. Accident Details

- a) Type Of Accident: Head to side
- b) Weather Condition: ~~Clear~~ / Raining / Others: _____)
- c) Road Surface: ~~Dry~~ / Wet / Others: _____)
- d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering
Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? ~~Yes~~ / No)
If Yes, Police Station Name: _____
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SMU 7739 S
- b) Vehicle Category: Private Use
- c) Vehicle Manufacturer: Mercedes Vehicle Model: C180
- d) Transmission: Manual / Auto CC: 1595
- e) No. Of Passengers (Including Driver) 1
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)
Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: China Taiping
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: Lim Yi Lin (Female / Male)
- e) ID Type: S9335378A (UEN / ~~NRIC~~ / Passport Or Fin / Work Permit)
- f) Email: Kaythlimyilin@hotmail.com Mobile: 9272 5544
- f) Alt No. Type: (Home / Office / Not In List) : 9272 5544

4. Driver's Information

- a) Is The Driver The Policyholder? ~~Yes~~ / No)
- b) Driver Name: Lim Yi Lin (Female / Male)
- c) ID Type: S9335378A (UEN / ~~NRIC~~ / Passport Or Fin / Work Permit)
- d) Date Of Birth: 24 Sep 1993
- e) Driving Pass Date: 30 Aug 2013
- f) Email: Kaythlimyilin@hotmail.com Mobile: 9272 5544
- g) Address: Blk 872 Yishun Street 81 #08-131, S (760872)
- h) Postal Code: _____
- i) Occupation: (~~Indoor~~ / Outdoor)
- j) Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (~~Yes~~ / No)

If Yes, Please Provide:

Vehicle Registration No: XE 3651 R

Vehicle Category: - Vehicle Model: -

No.Of Passengers (Including Driver) 1

Vehicle Registration No:

Vehicle Category: Vehicle Model:

No.Of Passengers (Including Driver)

Vehicle Registration No:

Vehicle Category: Vehicle Model:

No.Of Passengers (Including Driver)

Vehicle Registration No:

Vehicle Category: Vehicle Model:

No.Of Passengers (Including Driver)

Vehicle Registration No:

Vehicle Category: Vehicle Model:

No.Of Passengers (Including Driver)

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (~~Yes~~ / No)

b) Any Injured Conveyed To Hospital By Ambulance? (~~Yes~~ / No)

If Yes, Please Provide:

Name: Lim Yi Lin (Female / Male)

Vehicle Registration No: SM4 77295

Name: (Female / Male)

Vehicle Registration No:

Name: (Female / Male)

Vehicle Registration No:

7. Witness Details

a) Was There Any Witnesses? (Yes / ~~No~~)

If Yes, Please Provide:

Name: (Female / Male)

Witness Contact:

8. Files

a) Are Accident Photos Available For Attachment? (Yes / ~~No~~)

b) Was There Any Video Captured? (Yes / ~~No~~)

a) Was There Any Audio Captured? (Yes / ~~No~~)



SINGAPORE POLICE FORCE



T/20210521/7006

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

1 of 3

Report No. T/20210521/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2021 13:13		Vide Report No.: A/20210520/0102		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YI LIN			Address: 872 YISHUN STREET 81 #08-131 SINGAPORE 760872		
ID Type / ID No.: NRIC NO / S9335378A			Contact No.: Home/Office: Mobile: 92725544		
Nationality: SINGAPORE CITIZEN			Email: kaythlimyilin@hotmail.com		
Sex: Female	Age: 27	Date of Birth: 24/09/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2021 20:30	Type of Location: Straight Road
Location: NEW BRIDGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMU7739S	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black		0
XE3651R	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210521/7006

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

2 of 3

Report No. T/20210521/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU7739S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000813 62100	20/04/2021	19/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YI LIN		ID No. S9335378A
Related Vehicle	SMU7739S (Car)		Contact No. 92725544
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	20/05/2021		Date 20/05/2021
No. of Days granted Medical Leave		02	Degree of Serious

Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SMU7739S) on lane 3 of Upper Cross Street. Lane 4 was filled with taxis waiting by the side of road. Suddenly, I felt a huge impact coming from my right side, I realised that a truck bearing (XE3651R) had collided onto the right portion of my vehicle. This caused my vehicle to swerve a little to the left, however I was lucky that my vehicle did not collided onto the stationary taxis that were parked along the roadside on lane 4. I then stop my vehicle and exchange particulars with the driver. The driver came down and say that he wish to change lane to the left to the hawker center to purchase food and he did not notice my car on lane 3. I felt ache and dizziness. I called for an ambulance and was conveyed to Singapore General Hospital. I received medication and 2 days of mc. The traffic police at the scene took statement from both me and the truck driver where the truck driver admitted that he did not notice my car and collided onto me. I did not have a in car camera, the police took the truck in car camera back for investigation.



**SINGAPORE
POLICE FORCE**



T/20210521/7006

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

3 of 3

Report No. T/20210521/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
21/05/2021 13:13

Classification Of Case:

Motor Private Car

MX1E

N SN

AN0411A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMPCSNW00081362100

Engine No.: 27491030043014

Cha. No.:WDD2040312A841877

1. Index Mark and Registration
Number of Vehicle

SMU7739S

AUTOSAFE

=====

2. Name of Policy Holder

LIM YI LIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment20/04/2021
(13:45:34)

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.

* 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: ALLEGIANCE PTE LTD
Authorised Officer

Authorised Signatory

