

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

SN0851640002

Date In: 08/06/2021 12:35	Job description	Date & Time Completed	Done by
Ref No: N/A/C7221006406/4	SAS e-Milling		
Veh No: GBH 2905K	E-mail (E-Jobs sheet, AIC sheet)		
D.O.A: 03/06/2021 09:05	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: SMX 2985P	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 ( )	
( ) Wall-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: ( )		

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

N/A2103068

Driver/Owner:	1) AIC Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Anchor's Comments:	5) PF: Follow-Through Survey (Resurvey) \$30	
Ref: 1:	For claiming against INC Only (ver 10 Jan 2005)	
2/3	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$35	
	*NG: Repairs Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$35	
	TP (NI) / TP (Non INC) against BIG \$30	
	9) NI: Idas Mobile \$0	
	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	04/06/2021 12:35 (SGT)
Date of Accident	03/06/2021 09:05 (SGT)
Exact Location of Accident	Jln Masjid, Singapore
Additional Location Information	TOWARDS CHANGI ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2905K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIM AIK BENG CONSTRUCTION
Company Reg No	4XXXX400M
Email Address	bobbobolim@gmail.com
Mobile Phone No	(Phone) +65-96610910
Alternative Phone No	+65-96610910

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2982

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW0033562100
Cover Note Number	-

## DRIVER

Name of Driver	LIM TECK CHYE
NRIC No	SXXXX771I

Date Of Birth	20/07/1957
Occupation	Outdoor
Date Of Driving Pass	03/12/1977
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96610910
Alt. Phone Number	-
Email Address	bobbobolim@gmail.com
Address	BLK 330 UBI AVENUE 1 #06-643
Address complement	-
Postcode	400330
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIM JUN YI
Gender	Male

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SMX2985P
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

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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.

LIM AIK BENG CONSTRUCTION  
193 Kitchener Road  
Singapore 208534  
Fax: 6295 3651

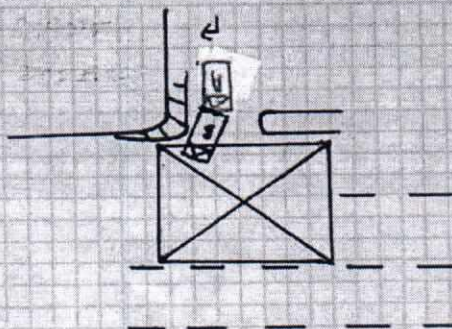
Policyholder's Signature / Date & Time

*Soh Elin*  
LIM AIK BENG CONSTRUCTION  
193 Kitchener Road  
Singapore 208534  
Fax: 6295 3651

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

*04/06/2021*  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: G8H 2905K  
Vehicle B: SMX 2985P

Jln masjid towards Changi Road



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (GBH2905K) was travelling at the stated location. As the infront vehicle came to a stop, I immediately step on my brake but not to available still slightly tap onto vehicle B (SMX2985P) rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

LIM AIK BENG CONSTRUCTION

193 Kitchener Road

Singapore 208534

Fax: 6295 3651

Policyholder's Signature / Date & Time

LIM AIK BENG CONSTRUCTION

193 Kitchener Road

Singapore 208534

Fax: 6295 3651

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

Witnessed by Reporting Centre Personnel

06/06/2021



Date of Accident : 03/06/2021 Accident Time: 0905hrs (24-HR-FORMAT)  
Accident Place : Jln Masjid towards Changi Road  
Vehicle Reg. No (Car plate No.) : GBH 2905K Vehicle Make/Model: Toyota Hiace  
Insurance Company : China Taiping Policy No. DMCVSNW0003356100  
Name of Registered Owner : Company / Individual Lim Aik Beng Construction  
ID of Registered Owner : Co Reg No: 43016400m Owner's NRIC No: -

Co Contact No: - Owner's Contact No: 96610910  
DRIVER'S Name : Lim Teck Chye DRIVER'S NRIC No: S12537711  
DRIVER'S Date of Birth : 20 July 1957 DRIVER'S License Pass Date 03 DEC 1977  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : APT B1K 230 Ubi Avenue 1 #06-643 Singapore 400330  
DRIVER'S Contact No./ Alt No. : 1) 96610910 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : bobbobolim@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 02 Passenger Name: Lim Jun Yi Gender: MALE  
Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
Injured Name: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: Smx 2985P	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Commercial

MZ300/C

N SN

AN0655B

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. DMCVSNW00033562100

Engine No.: 1KD2747569

Cha. No.: KDH2010232505

1. Index Mark and Registration  
Number of Vehicle

GBH2905K

AUTOSAFE

=====

2. Name of Policy Holder

LIM AIK BENG CONSTRUCTION

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment13/04/2021  
(00:00:00)Excess Sect I . S\$500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

12/04/2022

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:\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

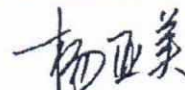
HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA &amp; ASIA PACIFIC LTD

\* 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: ACEPRO INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory