

# NATIONAL Assessment Centre Services

Date & Time Completed: \_\_\_\_\_ Done by: \_\_\_\_\_

Date In: 14/06/21  
 Ref No: NA/CTE 21006663/13  
 Vch No: SMR1353B  
 DOA: 12/06/21 1515  
 OD:  P Reporting Only  
 TP Insurer: \_\_\_\_\_

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (w/2hrs. class. AP: 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within OD 2hrs. TP 4hrs)		
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: XE099U 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:-	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

### Claimant's Particulars :-

Driver/Owner: \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Damaged Portion: \_\_\_\_\_  
 QC Checked by (Engr-In-Charge): \_\_\_\_\_  
 Auditors' Comments :-  
 Cat. 1: \_\_\_\_\_  
 Cat. 2/3: \_\_\_\_\_

Invoice Preparation Checklist	Amnt (\$)	Amnt
	1st Bill	Add
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:-		
O1: _____		
• 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 (N-a INC) against INC	\$20	
9) N12: Idac Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA2103140

# 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	14/06/2021 15:09 (SGT)
Date of Accident	12/06/2021 15:15 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR1353B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM WEI KEAT,ADRIL
NRIC No	SXXXX098E
Email Address	ADRILLWK@GMAIL.COM
Mobile Phone No	(Phone) +65-91278735
Alternative Phone No	+65-91278735

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A250
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	1991

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00108962100
Cover Note Number	-

## DRIVER

Name of Driver	LIM WEI KEAT,ADRIL
NRIC No	SXXXX098E

Date Of Birth	13/12/1989
Occupation	Indoor
Date Of Driving Pass	28/01/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91278735
Alt. Phone Number	+65-91278735
Email Address	ADRILLWK@GMAIL.COM
Address	BLK 746 JURONG WEST ST 73
Address complement	#11-99
Postcode	640746
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE POLICE REPORT:T/20210613/7016

#### 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	XE299U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ZHANG HAI TAO
Contact Number	(Phone) +65-84584631
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 WEI KEAT,ADRIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SMR1353B
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 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.

A  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

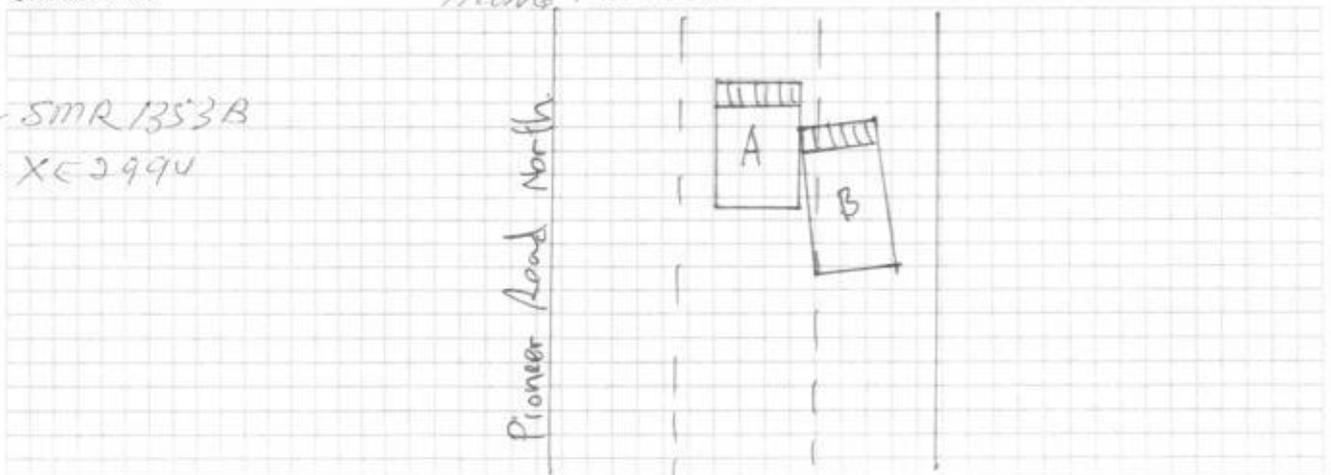
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

2/12/14 14/06/12  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**

*ALONG PIONEER RD NORTH*

A - SMR 1353B  
B - XE2994







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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2021 15:51	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIM WEI KEAT, ADRIL		Address: 746 JURONG WEST STREET 73 #11-99 SINGAPORE 640746	
ID Type / ID No.: NRIC NO / S8945098E		Contact No.:	Mobile: 91278735
Nationality: SINGAPORE CITIZEN		Email: adrillwk@gmail.com	
Sex: Male	Age: 31	Date of Birth: 13/12/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other transport controllers and related workers nec		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2021 15:15	Type of Location: Straight Road
Location:  PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 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: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR1353B	Car	MERCEDES BENZ	A 250 SPORT (BI+SR)	Black	Seriously Damaged	0
XE299U	Prime mover truck	MERCEDES BENZ	ACTROS	Blue	Slightly Damaged	0



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR1353B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001089 62100	29/05/2021	28/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM WEI KEAT, ADRIL		ID No.	S8945098E
Related Vehicle	SMR1353B (Car)		Contact No.	91278735
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/06/2021		Date	13/06/2021
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

My vehicle(SMR1353B) was travelling along pioneer Road north in the middle lane, suddenly this vehicle(XE299U) from the right lane cut into my lane and bang onto the right portion of my vehicle(SMR1353B). I felt unwell after the accident the next day so I went to see the doctor at kovan intemedical clinic and I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210613/7016

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

3 of 3

Report No. T/20210613/7016

**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 / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

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:  
13/06/2021 15:51

Classification Of Case:

Date of Accident : 12/06/2021 Accident Time: 15:15 (24-HR-Format)

Accident Place : Along Pioneer Road north.

Vehicle No. (Car Plate No.) : SME 1353 B Make/Model: Mercedes A250

Insurance Company : China Taiping Policy No: DMP CSNW0010896210

Owner or Company Name / IC No. : LIM WEI KEAT, ADRIEL

Owner or Company Contact No. : 912 78 735 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Lim Wei Keat, adriel

DRIVER'S Date Of Birth : 13/Dec/1989 DRIVER'S License Pass Date 28/Jan/2009

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWN

DRIVER'S Address : Blk 746, Jurong West St 73, #11-99 (646746)

DRIVER'S Contact No./ Alt No. : 1) 912 78 735 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Adrielwk@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): 1

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

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

Any Injury (If YES, Pls state): back and neck.

**Other Party Driver's Particular (if any)**

Vehicle No: <u>XE299 U</u>	Vehicle No: _____
Vehicle Make\Model: <u>Mercedes Actros</u>	Vehicle Make\Model: _____
Name Driver: <u>ZHANG HAI TAO</u>	Name Driver: _____
IC No. Driver/Contact: <u>8458 1631</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Motor Private Car

MX1E

N SN

AN0721A

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)

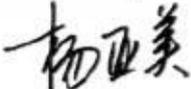
CERTIFICATE No.	DMPCSNW00108962100	Engine No.: 27092030424564	
		Cha. No.: WDD1760442J286754	
1. Index Mark and Registration Number of Vehicle	SMR1353B	AUTOSAFE	=====
2. Name of Policy Holder	LIM WEI KEAT, ADRIL		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/05/2021 (00:00:00)	Named Drivers Ex Sect. I	S\$750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
4. Date of Expiry of Insurance	28/05/2022	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.: STANDARD CHARTERED BANK(S) LIMITED * 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: BENEFIT AUTO INSURANCE AGENCY  
Authorised Officer



Authorised Signatory