

NATIONAL Assessment Centre Services. [Print / Scan] *2103593*

Date In: <i>16/08/2021 18:01</i>	Job description	Date & Time Completed	Done by
Ref No: <i>N3811721008593</i>	SAS e-thing		
Veh No: <i>SM7 30134</i>	E-mail (by date time, A/G time)		
D.O.A: <i>14/08/2021 19:47</i>	I-Motor Claim Form		
<input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within 60 days, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Incident/Type: () Veh No: *SGF 53338* 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/ YRS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Referral of reputation

() Total Loss Case: to e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: YRS () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3,000] ()

Injury: ()

()

()

()

()

2103593

Driver/Owner: ()

Contract No: ()

Damage Portion: ()

QC Checked by (Engr-In-Charge): ()

Date: *2/9*

1) All Accident Reporting (30)	INC (10)
2) DA Survey Assessment (\$100)	\$100
3) TP Towing Fee	\$120
4) PT Follow Through Survey	\$30
5) PT Follow Through Survey (Resurvey)	\$30
6) PT Follow Through Survey (Resurvey) (over 10 days)	\$75
7) PT Follow Through Survey	\$160
8) PT Follow Through Survey	\$160
9) PT Follow Through Survey	\$160
10) PT Follow Through Survey	\$160
11) PT Follow Through Survey	\$160
12) PT Follow Through Survey	\$160
13) PT Follow Through Survey	\$160
14) PT Follow Through Survey	\$160
15) PT Follow Through Survey	\$160
16) PT Follow Through Survey	\$160
17) PT Follow Through Survey	\$160
18) PT Follow Through Survey	\$160
19) PT Follow Through Survey	\$160
20) PT Follow Through Survey	\$160
21) PT Follow Through Survey	\$160
22) PT Follow Through Survey	\$160
23) PT Follow Through Survey	\$160
24) PT Follow Through Survey	\$160
25) PT Follow Through Survey	\$160
26) PT Follow Through Survey	\$160
27) PT Follow Through Survey	\$160
28) PT Follow Through Survey	\$160
29) PT Follow Through Survey	\$160
30) PT Follow Through Survey	\$160

Fee Charged: ()

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	16/08/2021 18:01 (SGT)
Date of Accident	14/08/2021 19:47 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	JUNCTION OF FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3473H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR CHOICES 2 PTE LTD
Company Reg No	2XXXX987N
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-97488608
Alternative Phone No	+65-97488608

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	Commercial vehicle
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00003842100
Cover Note Number	-

DRIVER

Name of Driver	PAMELA LIM YIN LING
NRIC No	SXXXX069F

Date Of Birth	13/05/1971
Occupation	Indoor
Date Of Driving Pass	26/05/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97488608
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 10E BEDOK SOUTH AVENUE 2 #10-552
Address complement	-
Postcode	464010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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

I WAS AT THE JUNCTION OF HOLLAND ROAD AND TURNING INTO FARRER ROAD. MY CAR WAS AT THE RIGHT MOST LANE, I TURN AND STRAIGHTENED MY CAR AT SPEED AROUND 50KM/H. THEN A WHITE MAZDA SUDDENLY CAME FROM BEHIND, BUMPED INTO MY LEFT FRONT AND NEAR THE LIGHTS AND DRIVER SWERVE BACK AND SPEED OFF. I STOP BY STEPPING THE EMERGENCY BRAKE. THEN PASSENGER IN MY CAR, MY AUNT TOLD ME TO GIVE CHASE. I SAW THE CAR STOPPING FURTHER DOWN AT THE BUS STOP I STOPPED. MY BEST FRIEND AND I WENT OVER AND TO ENGAGE THE LADY DRIVER. SHE IGNORED US AND WANTED TO DRIVE OFF. SHE DENIED BUMPING INTO OUR CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF5333S
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

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JUNG OF HOLLAND RD & FARRER RD

Vehicle A: SM23473H
Vehicle B: SGF5333S

A - SM23473H
B - SGF5333S

Describe Circumstances of the Accident

I was at the junction of Holland Road and turning
into ~~Eden~~ Road. My car was in the right most lane.

I turned and straightened my car, it passed around streetlights.
Then a white motorbike suddenly came from behind
bumped into my left front end, near the lights and
driver swung back and sped off.

I stopped by stopping on emergency brake.

Then passenger in my car, my aunt told me to give
chase. I saw the car stopping further down at the
bus stop. I stopped my first friend and I went over
and wanted to engage the lady driver. She ignored
US and wanted to drive off.

She started bumping into our car.

Declaration

IVs declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Tim-4 16/8/21

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

16/8/2021
Witnessed by Reporting Centre
Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 08 / 2021 (dd/mm/yy) Time of Accident: 19 : 47 (24-HR-FORMAT)

Vehicle No.: SMZ3473H Vehicle Make & Model: MERCEDES A200

*Transmission : ☐ Manual ☒ Auto *C.c : 1984

Exact location of Accident: JUNCTION OF HOLLAND ROAD & FARRER ROAD

Policyholder's Name: SG CAR CHOICES 2 PTE LTD NRIC/FIN/REG No.: 201701987N

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: PAMELA LIM YIN LING NRIC/FIN/REG No.: S7116069F

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 97488608 Company Contact No (If any): _____

Date of birth: _____ Driving Pass Date: _____

Driver's Address: _____

Insurance Company: CHINA TAIPING

Policy No.: DMHCSNW00003842100 Type of Coverage Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 3

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGF5333S

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



Motor Hire Car

MZ406

E SN

AN0687A

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.

DMHCSNW00003842100

Engine No.: 28291480546368

Cha. No.: W1K1771872J296150

1. Index Mark and Registration
Number of Vehicle

SMZ3473H

AUTOSAFE
=====

2. Name of Policy Holder

SG CAR CHOICES 2 PTE LTD

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

22/04/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

21/04/2022

Excess Sect. II (Outside Singapore). S\$4,000.00

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 the Policyholder's 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 for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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: _____
Irene Hor
Authorised Officer

Authorised Signatory