

NATIONAL Assessment Centre Services

Date In: 10/09/11	Job description	Date & Time Completed	Done by
Ref No: NA/CT221009547/12	SAS e-filing		
Veh No: 5JJ26845	E-mail (within Max. AP: 2hrs)		
DOA: 09/09/11 0323	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: 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: Veh No: SLU9517P INC () / Non-INC () Tel: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRI Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*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 (Non INC) against INC \$20	
	9) N12: Idac 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	10/09/2021 18:30 (SGT)
Date of Accident	09/09/2021 03:23 (SGT)
Exact Location of Accident	Tampines St. 11, Singapore
Additional Location Information	OPEN SPACE CARPARK BLK 108
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2684S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LING BAN KOK(LIN WANGUO)
NRIC No	SXXXX684G
Email Address	kokkok_123@hotmail.com
Mobile Phone No	(Phone) +65-81808979
Alternative Phone No	+65-81808979

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00068452100
Cover Note Number	-

DRIVER

Name of Driver	LING BAN KOK(LIN WANGUO)
NRIC No	SXXXX684G

Date Of Birth	24/05/1988
Occupation	Outdoor
Date Of Driving Pass	08/12/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81808979
Alt. Phone Number	+65-81808979
Email Address	kokkok_123@hotmail.com
Address	BLK 108 TAMPINES ST 11
Address complement	#10-321
Postcode	521108
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	Collided into Parked Vehicle
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)	0
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 ATTACHED STATEMENT.

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	SLU9517P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN KOK MING
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-97888900
Email	-

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

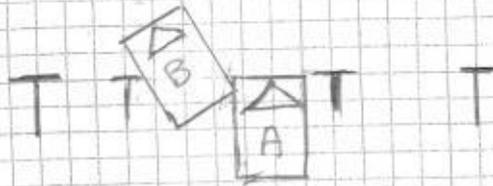
SKETCH PLAN

TAMPINES ST 11 OPENSPACE

CARPARK BIK 108

A - SJJ 2684S

B - SLU 9517P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary parked at the carpark of BIK 108, Tampines St-11 open carpark on 09/09/2021. The following morning when I was about to drive my vehicle. I realise there was damage on the front left side of my vehicle. I went to make a police report, after which, I also received a note on my windscreen stating that he is the eye witness of the incident. Eye witness contact number: 97888900. He has gives me the full details of the other party as well.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 10/09/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210910/7029

2 of 3

Report No. T/20210910/7029

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

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	LING BAN KOK		ID No.	S8817684G
Related Vehicle	SJJ2684S (Car)		Contact No.	81808979
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the 9th of September 2021 at about 0300hrs, i park my vehicle bearing plate number SJJ2684S at Blk 108 Tampines st 11 Open carpark, right beside the handicap lot. Everything was intact.

At about 1030hrs, I wanted to retrieve my car when i discovered a dent on the left passenger seat, near to the tyre.

I then retrieved my in-car camera footage and it reveals that at about 0323hrs, one bearing plate number SLU9571P has reversed and hit onto my vehicle. The said vehicle then drove off.

As i also do have a eye witness for this accident.
u can contact this person at 97888900 for more information.



**SINGAPORE
POLICE FORCE**



T/20210910/7029

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

3 of 3

Report No. T/20210910/7029

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 /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

This report is lodged at Tampines NPC Kiosk 1
NP168

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

Date/Time:
10/09/2021 14:04

Classification Of Case:

WE SAW

FPI KNOCK

ON YOUR

CAR

I HAVE DETAIL
OF HIM

97888900

VEHICLE NO: SJJ26845

MAKE & MODEL: Honda Airwave

AUTO / MANUAL

DATE OF ACCIDENT	09/09/2021	C.C. 1500
TIME OF ACCIDENT	3:23 AM/PM	
LOCATION OF ACCIDENT	Tampines St 11 (open space carpark) / B1K108	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	Ling Ban Kok (Lin Wanguo)	
EMAIL: kokkok_123@hotmail.com	Office:	MOBILE: 81808979
NRIC	S8817684G	
CLAIM TYPE	OD (THIRD PARTY) / REPORTING-ONLY	
FLEET POLICY:	YES/NO?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCS NW 00068452100	
NAME OF DRIVER	AS ABOVE / IF NO	
NRIC	As Above	
DATE OF BIRTH	24 / 05 / 1988	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	NIL	
GENDER OF PASSENGER	MALE / FEMALE NIL	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	08 / 12 / 2009	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 81808979	Office: Home:
EMAIL	kokkok_123@hotmail.com	
ADDRESS	B1K108, Tampines St. 11, #10-321 (S) 521108	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.:	INSURER:
RELATIONSHIP	Employee / If No: NIL	
WEATHER CONDITION	(Clear) / -Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	(No) / If yes: Who?	
CONTACT NO.	NIL	
POLICE REPORT	(No) If yes, Where?	Yes
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?	
VEHICLE B NO.	SLU9517P	
NAME	Tan Kok Ming	
CONTACT NO.		
VEHICLE C NO.	Any Passenger,	
VEHICLE D NO.	Any Passenger,	
VEHICLE E NO.	Any Passenger,	
VEHICLE F NO.	Any Passenger,	
ANY WITNESS	Any Passenger,	
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES (NO)	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO)	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (NO)	

Motor Private Car

MX1F
N SN
AN0478A
Cov. Type:C

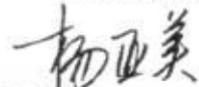
CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00068452100	Engine No. L15A5201115 Cha. No. GJ11301029
1. Index Mark and Registration Number of Vehicle	SJ2684S	AUTOSAFE *****
2. Name of Policy Holder	LING BAN KOK (LIN WANGUO)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/04/2021 (11:45:13)	Named Drivers Ex Sect. I \$800.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$500.00 * Age as at date of accident EX ON WINDSCREEN \$100.00
4. Date of Expiry of Insurance	31/03/2022	
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.		
<p>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.</p>		
6. Limitations as to use *	<p>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.</p> <p>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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>* 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.</p>		

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 
Issued By: _____
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory