

NATIONAL Assessment Centre Services, Inc. **Case # 2180002**

Date In: 08/11/2021 14:33	Job Description	Date & Time Completed	Done by
Ref No: XIA2104248	SAS e-File		
Est. No: SM 206VD	E-mail (by date time, A/C time)		
P.O.A: 07/11/2021 14:25	Motor Claim Form		
TP Insurer	Motor W/O (Within 60 days TP limit)		
	Photos Uploaded		
	Assessment/Survey Report		
	Mail Report by Fax/Hand to Owner/Visit		

Preferred Wksp / HO Address / City / State / Zip

TP Insurer / Policy No: **SM 10027** / Non-NO ()

Owner / Driver () / Policy No () / Period () / Cover Type ()

Continued by () / Date () / Driver ()

Insured/Driver Liability () % (None-1st class (WO) N10-20% P1 21-79% P2 80-100%)

Year of Registration () / Women/YES () / NO ()

Deductible (\$) / Loading \$1,000 () / \$2,000 ()

- () Walker's Computer / Customer's information strictly confidential & strictly NO report of repair
- () Total Loss Case / to email Insurer URGENTLY
- Drive-in () / Towed-in () / Involves VRS () / NO () / Towling Cost ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Repair Photo (Repair Cost > \$3,000) ()

Injury ()

XIA2104248	1) All accident labor time (\$0)	
Driver/Owner	2) DA benefit limit (\$1000)	W/O ()
Continues No	3) P1 Follow up	\$100 ()
Continued Portion	4) P1 Follow up with survey	\$100 ()
QC Checked by (Engin-Chiung)	5) P1 Follow up with survey (survey)	\$100 ()
	6) P1 Follow up with survey (survey)	\$100 ()
	7) P1 Follow up with survey (survey)	\$100 ()
	8) P1 Follow up with survey (survey)	\$100 ()
	9) P1 Follow up with survey (survey)	\$100 ()
	10) P1 Follow up with survey (survey)	\$100 ()
	11) P1 Follow up with survey (survey)	\$100 ()
	12) P1 Follow up with survey (survey)	\$100 ()
	13) P1 Follow up with survey (survey)	\$100 ()
	14) P1 Follow up with survey (survey)	\$100 ()
	15) P1 Follow up with survey (survey)	\$100 ()
	16) P1 Follow up with survey (survey)	\$100 ()
	17) P1 Follow up with survey (survey)	\$100 ()
	18) P1 Follow up with survey (survey)	\$100 ()
	19) P1 Follow up with survey (survey)	\$100 ()
	20) P1 Follow up with survey (survey)	\$100 ()

Motor claim / Invoice dated / P1 Check / P1 Check

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 08/11/2021 14:33 (SGT)
Date of Accident 07/11/2021 14:25 (SGT)
Exact Location of Accident Eu Tong Sen St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML3064D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NOVITA @ NOVITA LAM
NRIC No SXXXX186H
Email Address nivita.lam@gmail.com
Mobile Phone No (Phone) +65-93287759
Alternative Phone No +65-93287759

VEHICLE PARTICULARS

Manufacturer Mini
Model Cooper
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00094862100
Cover Note Number -

DRIVER

Name of Driver NOVITA @ NOVITA LAM
NRIC No SXXXX186H

Date Of Birth	13/12/1993
Occupation	Indoor
Date Of Driving Pass	19/02/2013
Driving experience	8 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93287759
Alt. Phone Number	+65-93287759
Email Address	nivita.lam@gmail.com
Address	27 OXLEY WALK #03-28
Address complement	-
Postcode	238596
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	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?	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	SMS1002J
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG CHIN GUAN BENJAMIN
NRIC No	SXXXX185G
Contact Number	(Phone) +65-87481404
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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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.

[Signature] 8/11/21

Policyholder's Signature / Date & Time

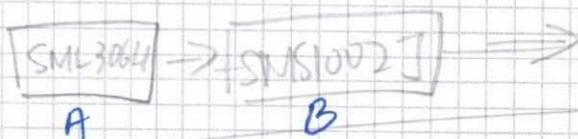
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 08/11/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

CLARKE QUAY

EU TOLL SEH STREET



A) SML3064
B) SMS 1002

Describe Circumstances of the Accident

I was driving along Eu Tong Senh Street on a rainy day. Road was very wet & slippery. Traffic was smooth and moving fast. There was a car [SMS 1002] that ~~was~~ ^{was} driving in front of my car that I spotted from a distance. He suddenly jam braked his car in the middle of nowhere to drop off a passenger. I immediately stepped on my brakes but could not stop in time before hitting the car in front as floor was extremely slippery. My car has hence collided into the rear of the car in front.

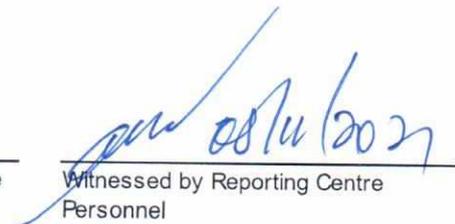
Declaration

We declare the foregoing particulars are true in every respect.

 8/4/21.

Policyholder's Signature / Date & Time

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

 08/04/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 4 / 2011) (DD/MM/YYYY), TIME: (14 : 25) (HH:MM)

LOCATION: Clarke Quay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML 3064D
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCS NW00094862100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mini Cooper one
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) C
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Driving home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mahta Lam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9375186H CONTACT: 98287759
c) ADDRESS: 27 Oxley Walk #03-28

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mahta Lam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9375186H CONTACT:
c) ADDRESS: 27 Oxley Walk #03-28

*d) DATE OF BIRTH: (3 / 12 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/12/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS1002J MODEL: Honda Toyota Leaf
b) DRIVER'S NAME: Ng Chin Guan Benjamin
c) NRIC/FIN/PASSPORT: S7913185G CONTACT: 87481404

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = nohta.lam@gmail.com

VIDEO

Motor Private Car

MX1F

N SN

AN0699A

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. DMPCSNW00094862100

Engine No.: F846K078B38A15A
Cha. No.:WMWXU52090TH96551

1. Index Mark and Registration Number of Vehicle SML3064D

2. Name of Policy Holder NOVITA @NOVITA LAM

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 14/05/2021 (00:00:00)

Named Drivers Ex Sect. I S\$1,000.00

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

4. Date of Expiry of Insurance 13/05/2022

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.

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\$500 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. : HL BANK

* 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: _____
INSMART ENTERPRISE
Authorised Officer



Authorised Signatory