

NATIONAL ASSESSMENT CERTIFICATE

SMAR 215F0007

Date In: 15/11/2021 17:53
Ref No: N/A 1121011600
Val No: 14/11/2021 17:36

Job description	Done & Time Completed	Done by
SAS e-illing		
Terminal (Vehicle Unit, AIS Unit)		
1-Motor Claim Form		
1-Motor VVO (Vehicle Unit, TP Unit)		
1-Photo Uploaded		
Assessment Survey Report		
Final Report by Max/Hand to Owner/Agent		

(1) TP Reporting Only

TP Insurer

Preferred Wksp/INO Address Wksp/INO

TP Insured/Driver () Val No: SMAR 20R, NO () / Non-INO ()
Owner/Driver () Toll

Policy No () Period () Cover Type ()
Continued by () Date () Driver ()

Insured/Driver Liability () % (Note: Use Slows (WO) N10-20%, P1 21-70%, P1 80-100%)
Year of Registration () Warrant YES () / NO ()
Excess (\$) Loading \$1,000 () / \$2,000 ()

() Willing to provide Customer Information solely confidential & solely NO for of report
() Total Loss Case () to email Insurer URGENTLY
Driver-In () / Towed-In () / Towed-VAS () / NO () / Towed-VAS ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check/Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Costs > \$5,000) ()

Injury

112101/451

Driver/Owner	1) All London Work (200)	
Continous No	2) All South East (3100)	
Continued Portion	3) All South West (1100)	
QC Checked by (Engineer-CHURCH)	4) All North East (1100)	
	5) All North West (1100)	
	6) All Midlands (1100)	
	7) All Wales (1100)	
	8) All Ireland (1100)	
	9) All Scotland (1100)	
	10) All Northern Ireland (1100)	
	11) All Channel Islands (1100)	
	12) All Jersey (1100)	
	13) All Guernsey (1100)	
	14) All Isle of Man (1100)	
	15) All Gibraltar (1100)	
	16) All Falkland Islands (1100)	
	17) All British Indian Ocean Territory (1100)	
	18) All British Antarctic Territory (1100)	
	19) All British Overseas Territory (1100)	
	20) All British Virgin Islands (1100)	
	21) All Cayman Islands (1100)	
	22) All Anguilla (1100)	
	23) All Montserrat (1100)	
	24) All Saint Helena (1100)	
	25) All Tristan da Cunha (1100)	
	26) All Christmas Island (1100)	
	27) All Cocos (Keeling) Islands (1100)	
	28) All Johnston Atoll (1100)	
	29) All Jarvis Island (1100)	
	30) All Kingman Reef (1100)	
	31) All Line Islands (1100)	
	32) All Marshall Islands (1100)	
	33) All Micronesia (1100)	
	34) All Nauru (1100)	
	35) All Palau (1100)	
	36) All Papua New Guinea (1100)	
	37) All Samoa (1100)	
	38) All Solomon Islands (1100)	
	39) All Tonga (1100)	
	40) All Tuvalu (1100)	
	41) All Vanuatu (1100)	
	42) All Wallis and Futuna (1100)	
	43) All French Polynesia (1100)	
	44) All New Caledonia (1100)	
	45) All French Southern and Antarctic Lands (1100)	
	46) All French West Indies (1100)	
	47) All Guadeloupe (1100)	
	48) All Martinique (1100)	
	49) All Reunion (1100)	
	50) All Mayotte (1100)	
	51) All French Polynesia (1100)	
	52) All New Caledonia (1100)	
	53) All French Southern and Antarctic Lands (1100)	
	54) All French West Indies (1100)	
	55) All Guadeloupe (1100)	
	56) All Martinique (1100)	
	57) All Reunion (1100)	
	58) All Mayotte (1100)	
	59) All French Polynesia (1100)	
	60) All New Caledonia (1100)	
	61) All French Southern and Antarctic Lands (1100)	
	62) All French West Indies (1100)	
	63) All Guadeloupe (1100)	
	64) All Martinique (1100)	
	65) All Reunion (1100)	
	66) All Mayotte (1100)	
	67) All French Polynesia (1100)	
	68) All New Caledonia (1100)	
	69) All French Southern and Antarctic Lands (1100)	
	70) All French West Indies (1100)	
	71) All Guadeloupe (1100)	
	72) All Martinique (1100)	
	73) All Reunion (1100)	
	74) All Mayotte (1100)	
	75) All French Polynesia (1100)	
	76) All New Caledonia (1100)	
	77) All French Southern and Antarctic Lands (1100)	
	78) All French West Indies (1100)	
	79) All Guadeloupe (1100)	
	80) All Martinique (1100)	
	81) All Reunion (1100)	
	82) All Mayotte (1100)	
	83) All French Polynesia (1100)	
	84) All New Caledonia (1100)	
	85) All French Southern and Antarctic Lands (1100)	
	86) All French West Indies (1100)	
	87) All Guadeloupe (1100)	
	88) All Martinique (1100)	
	89) All Reunion (1100)	
	90) All Mayotte (1100)	
	91) All French Polynesia (1100)	
	92) All New Caledonia (1100)	
	93) All French Southern and Antarctic Lands (1100)	
	94) All French West Indies (1100)	
	95) All Guadeloupe (1100)	
	96) All Martinique (1100)	
	97) All Reunion (1100)	
	98) All Mayotte (1100)	
	99) All French Polynesia (1100)	
	100) All New Caledonia (1100)	

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	15/11/2021 17:53 (SGT)
Date of Accident	14/11/2021 17:36 (SGT)
Exact Location of Accident	Esplanade Dr, Singapore
Additional Location Information	TOWARDS FULLERTON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8786L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN LIP LIN
NRIC No	SXXXX253I
Email Address	st_1113@hotmail.com
Mobile Phone No	(Phone) +65-91175215
Alternative Phone No	+65-91175215

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00013122101
Cover Note Number	-

DRIVER

Name of Driver	TAN LIP LIN
NRIC No	SXXXX253I

Date Of Birth	23/03/1960
Occupation	Outdoor
Date Of Driving Pass	22/05/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91175215
Alt. Phone Number	+65-91175215
Email Address	st_1113@hotmail.com
Address	BLK 639 PASIR RIS DRIVE 1 #04-548
Address complement	-
Postcode	510639
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?	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	GOJEK PASSENGER
Gender	Male

PASSENGER 2

Name	GOJEK PASSENGER
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

PLEASE REFER TO SKETCH PLAN

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	SMM30R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOEL GARY TAN
NRIC No	SXXXX994E
Contact Number	(Phone) +65-85338550
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

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 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.

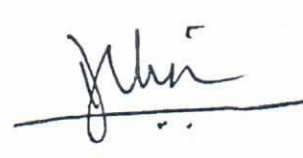
(collectively the "Purposes")

(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.

X 

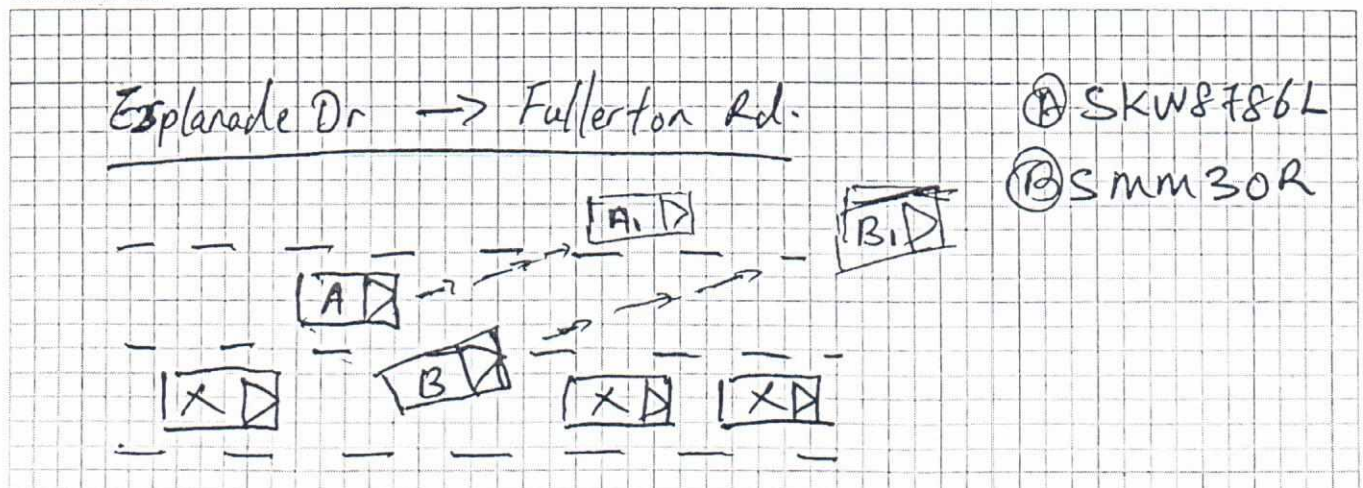
Policyholder's Signature / Date & Time

X 

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

 15/11/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



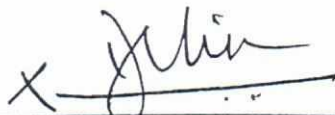
Describe Circumstances of the Accident

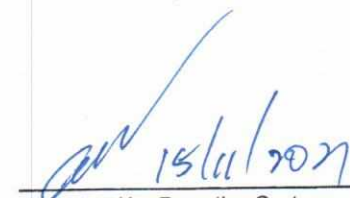
on mentioned date and time, I was travelling along Esplanade Dr toward Fullerton Rd. while driving straight, veh B just filter in to my lane from the right lane and this collision takes place as shown in my dash cam video footage. I feel pain on my right hand. I might consult doctor if need to. I wish to state that there are 2 Gojek passenger in my vehicle which I don't have their detail.

Declaration

We declare the foregoing particulars are true in every respect.

X 
Policyholder's Signature / Date & Time

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

 15/11/2021
Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 14/11/2021 (dd/mm/yy) Time of Accident: 17:36 (24-HR-FORMAT)

Vehicle No.: SKW8786 Vehicle Make & Model / Engine (cc): Subaru Forester Private Hire: ☒ (Y) ☐ (N)

Exact location of Accident: Esplanade Dr Towards Fullerton Rd.

Policyholder's Name / IC No.: Tan Lip Lin ROC/UEN (Company) S2603253I

Driver's Name / IC No.: 8 (As Above) ☒

Driver's Contact No.: 91175215 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 639 Pasir Ris Dr 1 #04-548 S (510639)

Owner Email address: st_1113@hotmail.com Insurance Company: _____

Driver Email address: _____

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)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor ☒ Outdoor

☐ Private use ☒ Work purpose Grocery *No. of Passengers (Including Driver): 3

*Passenger Name: Male (Guest passenger) Gender: Male / Female x ()

*Passenger Name: Female (Guest passenger) Gender: Female / Male x ()

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 Camera? ☒ Yes ☐ No Remarks: _____

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: Joel Gary Tan / S9619994E Vehicle No: SMM 30R

Driver's Contact No: 85338550 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: _____ Contact No: _____

Motor Hire Car

MZ406L/B

R SN

AN0144A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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. DMHCSNW00013122101

Engine No.: FB20Y101265

Cha. No.: JF1SJ5KC5FG060227

1. Index Mark and Registration
Number of Vehicle:

SKW8786L

AUTOSAFE

2. Name of Policy Holder

TAN LIP LIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment:19/11/2021
(00:00:00)

Excess Sect. I: S\$1,250.00

Excess Sect. I (Outside Singapore): S\$2,500.00

Excess Sect. II: S\$1,250.00

Excess Sect. II (Outside Singapore): S\$2,500.00

4. Date of Expiry of Insurance

18/11/2022

EX ON WINDSCREEN: S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

TAN LIP LIN

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.

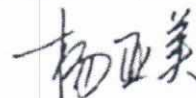
HIRE PURCHASE CO.: MAYBANK

* 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: Zhong YueQiang
Authorised Officer

Authorised Signatory