

NATIONAL Assessment Centre Services

Date In: 22/12/2021	Job description:	Date & Time Completed:	Done by:
Ref No: NA/CTI 21013024/r3	SAs e-filing		
Veh No: SND 7 U	E-mail (within 5 days, A/C 2hrs)		
D.O.A: 21/12/2021 14:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLB 581 L	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:- (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

NA 210 4774	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	22/12/2021 18:29 (SGT)
Date of Accident	21/12/2021 14:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND7U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DARREN LIM
NRIC No	SXXXX050J
Email Address	jason@etalia.sg
Mobile Phone No	(Phone) +65-91594649
Alternative Phone No	+65-91594649

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Amg
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	DMPCSNW00119382100
Cover Note Number	-

DRIVER

Name of Driver	DARREN LIM
NRIC No	SXXXX050J

Date Of Birth	21/05/1974
Occupation	Outdoor
Date Of Driving Pass	04/08/2000
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91594649
Alt. Phone Number	+65-91594649
Email Address	jason@etalia.sg
Address	15A CACTUS CRESCENT
Address complement	-
Postcode	809750
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	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)	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

REFER TO THE POLICE REPORT : T/20211222/2019

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	SLB581L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

SKETCH PLAN

IMPORTANT NOTICE

Jason@etalia.sg

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

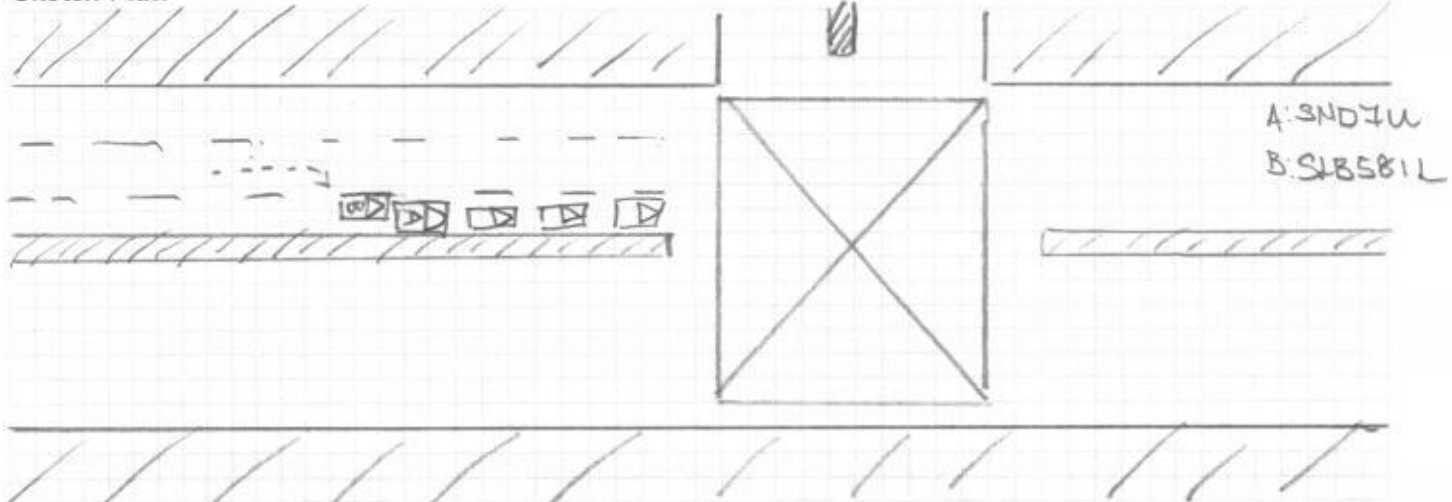
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Woodlands Ave 12.

Describe Circumstances of the Accident

On the above mentioned date, Time & Location.

I was Driving at woodlands avenue 12 on the extreme right lane on a 3 lane road. I was driving straight and a car in front of me stopped and so I stopped. A car (SLR 581L) from the middle lane switched to the right lane and immediately collided onto my rear portion of my car. We then stopped and stationed our cars on the right lane. We only managed to exchange phone numbers due to the traffic. We then left the scene and exchanged particulars through whatapps. My car's Rear portion was damaged. The car driver (Muhamad Salahudin) car's front portion was damaged. Nobody was injured. Police & Ambulance was not at scene. I have pictures & Footage of the accident. That is all.

Refer to the police report: T/20211222/2019.

Declaration

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



x

Policyholder's Signature / Date & Time

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

Rm 22/12/21

Witnessed by Reporting Centre Personnel



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

Report No. T/20211222/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2021 10:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM TUNG LI DARREN (LIN TONGLI)			Address: 15A CACTUS CRESCENT CACTUS GREEN SINGAPORE 809750		
ID Type / ID No.: NRIC NO / S7415050J			Contact No.: Home/Office: Mobile: 91594649		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 21/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2021 14:00	Type of Location:
Location: WOODLANDS AVENUE 12				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND7U	Car	MERCEDES BENZ	AMG GLA45 4MATIC (R20 LED)	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND7U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCS NW001193 82100	11/06/2021	10/06/2022



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

Report No. T/20211222/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TUNG LI DARREN (LIN TONGLI)	ID No.	S7415050J
Related Vehicle	SND7U (Car)	Contact No.	91594649
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING AT WOODLANDS AVENUE 12 ON THE EXTREME RIGHT LANE ON A 3 LANE ROAD.

I WAS DRIVING STRAIGHT AND A CAR INFRONT OF ME STOPPED AND SO I STOPPED.

A CAR (SLB581L) FROM THE MIDDLE LANE SWITCHED TO THE RIGHT LANE AND IMMEDIATELY COLLIDED ONTO MY REAR PORTION OF MY CAR.

WE THEN STOPPED AND STATIONED OUR CAR'S ON THE RIGHT LANE.

WE ONLY MANAGED TO EXCHANGED PHONE NUMBERS DUE TO THE TRAFFIC.

WE THEN LEFT THE SCENE AND EXCHANGED PARTICULARS THROUGH WHATSAPP.

MY CAR'S REAR PORTION WAS DAMAGED.

THE CAR DRIVER (MUHAMMAD SALAHUDIN) CAR'S FRONT PORTION WAS DAMAGED.

NOBODY WAS INJURED.

POLICE & AMBULANCE WAS NOT AT SCENE.

I HAVE PICTURES & FOOTAGE OF THE ACCIDENT.

THAT IS ALL.



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

Report No. T/20211222/2019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
TP /
SC2 HAKAN SIDDIQ ONDEK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Signature Of Informant:

Date/Time:
22/12/2021 10:50

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 12 / 2021 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: Woodlands Avenue 12.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SND 7U.
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DmPCSNW0011938 2100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes Benz Amg (Manual / Auto) (1991 cc)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Darren Lim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7415050J CONTACT: 9159 4649
c) ADDRESS: 15A Cactus Crescent (S) 809750

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: AS above CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: 21 / 05 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/08/2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB 581 L MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = jason@etalia.sg

Fax =

Video = Yes

Motor Private Car

MX1E

N SN

AN0055A

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.

DMPCSNW00119382100

Engine No.: 13398080096793

Cha. No.: WDC1569522J464023

1. Index Mark and Registration
Number of Vehicle

SMX3630G

2. Name of Policy Holder

DARREN LIM

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

11/06/2021
(10:32:57)

Named Drivers Ex Sect. I

S\$950.00

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

10/06/2022

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\$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.

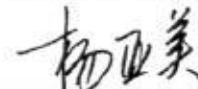
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer



Authorised Signatory

7:32

5G



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Land Transport Authority

10 Sun Mang Drive Singapore 575701
www.lta.gov.sg

07 Oct 2021

Our ref: 0710210203N061026834

LIM TUNG LI DARREN (LIN TONGLI)
15A CACTUS CRESCENT
SINGAPORE 809750

Dear Sir/Madam,

You Have Successfully Replaced Vehicle Registration No. SMX3630G With SND7U

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMX3630G, now has the number SND7U.

The vehicle details after the transaction are:

Transaction No.	20211007153311757853
Vehicle Registration No.	SND7U (Previously SMX3630G)
Vehicle Make	MERCEDES BENZ
Vehicle Model	AMG GLA45 4MATIC (R20 LED)
Chassis No.	WDC1569522J464023
Engine No./ Motor No.	13398000096793 / -

What You Need To Do:

- You must show the new number SND7U on your vehicle by 10 Oct 2021.

Please change the number plates on this vehicle to show SND7U by 10 Oct 2021. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

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Land Transport Authority

