

# NATIONAL Assessment Centre Services SA108221 P0002

Date In: 25/1/22 13:23	Job description	Date & Time Completed	Done by
Ref No: NGA/CT122000868/T1	SAS e-illing		
Veh No: SMT79194	E-mail (within 3hrs. Aft. 2hrs.)		
DOA: 22/1/22 19:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 10: 2hrs. 10: 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: 54H1397P	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 ( ) / Towel-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

NA2200422	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2016)		
Est. 1:	6) TR: Re-Inspection \$75		
Est. 2 / 3:	7) NI: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TR (N11): TP (Non INC) against INC \$20		
	9) N12: Inc 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	25/01/2022 13:23 (SGT)
Date of Accident	22/01/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES IKEA LEVEL 1 CARPARK LOT NO 160D ROW 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7919U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SONG NGEE, ALVIN
NRIC No	SXXXX287E
Email Address	GINA_LHM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90100734
Alternative Phone No	(Home) +65-90100734

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	1332

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00052312100
Cover Note Number	-

#### DRIVER

Name of Driver	GINA LIM HUI MIN
NRIC No	SXXXX623J

Date Of Birth	11/12/1991
Occupation	Outdoor
Date Of Driving Pass	31/07/2014
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93670670
Alt. Phone Number	-
Email Address	GINA_LHM@HOTMAIL.COM
Address	BLK 2 DELTA AVE
Address complement	#10-44
Postcode	161002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT & POLICE REPORT NO: T/20220122/2098

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1397P
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

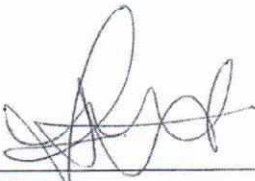
### IMPORTANT NOTICE

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:

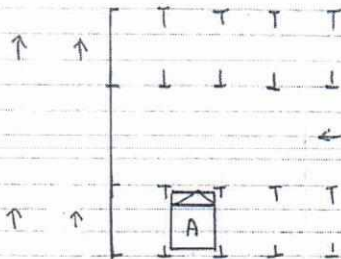
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Tampines Ikea Level 1 Carpark  
Lot No 1600 Row 10

Vehicle A - SMT79194

Vehicle B - SLH1397P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/01/2022 around 1815hrs, I, vehicle A (SMT79194) parked at the stated location at level 1 near to the entrance. At around 2055hrs, I went back to my vehicle and discovered damages on my front left bumper. There was no note left on my vehicle. I retrieve my in car camera and discovered that vehicle B (SLH1397P) very closed to my vehicle and the damages area of my vehicle have some white colour paint that was same colour as vehicle B (SLH1397P).

## DECLARATION

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

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.:



**SINGAPORE  
POLICE FORCE**



T/20220122/2098

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

1 of 3

✓ Report No. T/20220122/2098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/01/2022 22:01		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: GINA LIM HUI MIN			Address: APT BLK 815B CHOA CHU KANG AVENUE 7 #20-27 SINGAPORE 682815		
ID Type / ID No.: NRIC NO / S9145623J			Contact No.: Home/Office: Mobile: 93670670		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 11/12/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Paramedic			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/01/2022 20:55	Type of Location: Car Park
Location:  TAMPINES NORTH DRIVE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT7919U	Car	MERCEDES BENZ	GLB200	Grey	Slightly Damaged	5

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220122/2098

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20220122/2098

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	GINA LIM HUI MIN		ID No.	S9145623J
Related Vehicle	SMT7919U (Car)		Contact No.	93670670
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 22/01/2022 at around 06.15pm, I arrived at IKEA Tampines and parked my vehicle in the carpark located at level 1 near to the entrance. Everything was all in order when I parked my vehicle. At around 8.55pm, when I wanted to retrieve my vehicle, I discovered scratches and slight dent on the front left bumper. There was no note left on my vehicle.

I wished to state that there was a grey car parked next to me when I arrived at IKEA however I did not take down the registration plate number. There was an in-car camera in my vehicle and it was recording at all time. I am still in the midst of reviewing the footage. I did not see any CCTV camera near to the area I parked my vehicle.

SGT KOH  
WJ  
SHANG



**SINGAPORE  
POLICE FORCE**



T/20220122/2098

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20220122/2098

**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  
E/  
Sgt 3 GERALD WONG HOONG  
TEIK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
22/01/2022 22:01

Classification Of Case:

SN 069



SINGAPORE  
POLICE FORCE

SIGNATURE

Date of Accident: 22/01/2022 Accident Time: 1900 (24-HR-FORMAT)  
 Accident Place: Tampines Ikea Level 1 Carpark Lot no 1609 Row 10  
 Vehicle Reg. No (Car plate No.): SMT7919U Vehicle Make/Model: GLB200  
 Insurance Company: China Tai Ping Policy No. DMPCSNW00052312100  
 Name of Registered Owner: Company / Individual Goh Song Ngee, Alvin  
 ID of Registered Owner: Co Reg No: - Owner's NRIC No: S8929287E  
 Co Contact No: - Owner's Contact No: 90100734  
 DRIVER'S Name: Gina Lim Hui Min DRIVER'S NRIC No: S9145623J  
 DRIVER'S Date of Birth: 11/12/1991 DRIVER'S License Pass Date: 31/07/2014  
 Relationship bet. Owner & Driver: (Spouse) Parents \ Children \ Sibling \ Employee \ Others: -  
 DRIVER'S Address: Blk 2 Delta Ave #10-44 (S) 161002  
 DRIVER'S Contact No./ Alt No.: 1) 93670670 2) -  
 DRIVER'S Occupation: INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)  
 Email Address: Gina\_lhm@hotmail.com  
 Weather & Road Surface: (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET  
 Reporting Type: Reporting Only (Claim Other Party) Claim Own Insurance  
 Number of Passengers (including Driver): 0 Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was the accident reported to the police? (YES) NO Passenger Name: \_\_\_\_\_ Gender: M/F  
 Was there any video Captured by car camera: YES (NO) Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
 Exact purpose for which vehicle was being used at the time of accident: (Private use) Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLH1397P</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1/NDE

N SN

AN0717A

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	DMPCSNW00052312100	Engine No.: 28291480320013 Cha. No.: W1N2476872W050946
1 Index Mark and Registration Number of Vehicle	SMT7919U	AUTOSAFE *****
2 Name of Policy Holder	GOH SONG NGEE, ALVIN (NON-DRIVER)	
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/03/2021 (00 00:00)	Named Drivers Ex Sect. I S\$500.00 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	10/03/2022	
5 Persons or Classes of Persons entitled to drive*		
Any 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 loss 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.		
HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD * 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

JIN LI PTE LTD  
2 Kallang Avenue #08-16A  
GT Hub S(339407)  
Off : 6444 4116  
Fax : 6444 0010

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Lim Lee Choo  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 20023334E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com