

NATIONAL Assessment Centre Services

SNIP8222E0006

Date In: 14/2/22 18:33	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/22601413/T	SAS e-illing	✓	
Veh No: GBC 2299C	E-mail (within 4hrs. AL: 2hrs)		
DOA: 13/2/22 09:30	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 Pass / Hand to Owner/VLSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: YP 5192 R	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est. Stams (WO): N: 0-20%; P: 21-70%; 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:-	Date & Time Completed	Done by
(INC Hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>NA2200396</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2018)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idue DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q11:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idue Mobile \$0</p>		<p>Am't (\$)</p> <p>1st Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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	14/02/2022 18:33 (SGT)
Date of Accident	13/02/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 25A GEYLANG OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2299C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIM LAM HONG
Company Reg No	0XXXX400A
Email Address	146angkukueh@gmail.com
Mobile Phone No	(Phone) +65-62735159
Alternative Phone No	(Office) +65-62735159

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00027682100
Cover Note Number	-

DRIVER

Name of Driver	CHUA TENG GEE
NRIC No	SXXXX514C

Date Of Birth	19/08/1966
Occupation	Outdoor
Date Of Driving Pass	10/09/1986
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82582392
Alt. Phone Number	-
Email Address	146angkukueh@gmail.com
Address	BLK 127A KIM TIAN ROAD
Address complement	#36-525
Postcode	161127
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	YP5192R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.
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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.


林楠丰

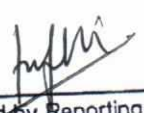
LIM LAM HONG

BLK 146 JALAN BUKIT MERAH
#01-1086 SINGAPORE 180146
TEL: 6273 5159


Policyholder's Signature / Date &
Time

Sketch Plan


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


Witnessed by Reporting Centre
Personnel

7 7 7 7 7
A B
Lor 25 A Geylang
Open Space Carpark

Vehicle: HBC 2299C
Vehicle: YP5192R

Describe Circumstances of the Accident

I parked my vehicle at lot 25 Gaylang Open Space Carpark for delivery, when I came back, driver of Vehicle B was approached me and say that while he was parking his vehicle B beside my Vehicle A, he accidentally hit onto my Vehicle A front right portion.

Declaration

We declare the foregoing particulars are true in every respect.

林楠丰

LIM LAM HONG

BLK 146 JALAN BUKIT MERAH

#01-1086 SINGAPORE 160146

TEL: 6273 5159

Policyholder's Signature / Date &
Time




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



Witnessed by Reporting Centre
Personnel

NOTICE OF REPORTING


This is to confirm that Chua Teng Gee, NRIC/FIN 

S1738514C, has reported to the Police a non-injury traffic accident which

Occurred at Lor 25A Geylang, open space carpark.

on 13/02/2022 at 9.30am involving the following vehicles:
GBC2299C, Nissan NV200
YP5192R, Lorry (Unknown brand)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT2 Mohamed Tajudeen 

Date: 13/02/2022 Time: 1240hrs

S/D Ref: 8

Police Post/Unit : Tiong Bahru NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

TIONG BAHRU NPP
B/128 Kim Tian Road
Singapore 160128
Traffic Division

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 2 / 2022) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: Lor 25A Geylang, open space car park.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6BC2299C
 b) INSURANCE COMPANY: China Taping
 c) POLICY NUMBER: PMCV SNN006 27682100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan NV200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Lim Lam Hong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 08409490A CONTACT: 62735159
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Teng Gee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7738514C CONTACT: 82582392
 c) ADDRESS: BK 127A Kim Tian Rd #36-525
2C (61/27)

* d) DATE OF BIRTH: (19 / 8 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/9/1986

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

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: Thiong Bahru NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP5192R 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: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Co: 146angkukueh@gmail.com

Email: 82582392@gmail.com

VIDEO

Agent/Broker: ACEPRO INSURANCE AGENCY PTE LTD
Agent/Broker Code: AN0655B

Policy No: DMCVSNW00027682100
Registration No.: GBC2299C

MOTOR INSURANCE PROPOSAL

Under Section 24(4) of the Insurance Act (Cap 142), you have to disclose to the Insurer in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise, the policy issued hereunder may be void.

IMPORTANT

1. The Liability of the Company does not commence in respect of this proposal until acceptance has been communicated by the Company to proposer or his agent or broker.
2. All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken as answered in the negative.
3. All policies, renewal certificates, cover notes, endorsements for policies carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which would be no liability under the policy, renewal certificate, cover note, endorsement, etc.
4. All amendments and/or corrections are to be initial by the insured.

Proposer's Particulars

Name: LIM LAM HONG
Contact No.: 62735159
Address: BLK 146 JALAN BUKIT MERAH
#01-1086
Singapore 160146

Company Reg. No.: 08409400A
Email Address:
Date of Birth:

Postal: 160146

Nationality: Singapore/Singapore PR

Claims Experience in past 3 years:

Mar 2020 ~ Feb 2021: No Claims with NCD

Mar 2019 ~ Feb 2020: No Claims

Mar 2018 ~ Feb 2019: No Claims

Vehicle's Particulars

Vehicle Registration: Corporate

Year of Make: 2016

Engine No.: K9KC400D056321

Vehicle Tonnage: 0.73

Usage for carriage of goods for hire or reward?: No

Type of Vehicle: Van

Increase TPPD Coverage:

Hire purchase Company/Employer's Loan:

Driven by Insured: No

Date of Registration: 22-03-2017

Chassis No.: VSKYBAM20Z0139036

Seating Capacity: 2

Vehicle Make/Model: Nissan NV200

NCD: 20.0%

AutoSafe (Must attached Autosafe Scheme Form): Yes

Coverage Required

Period of Cover: From 22-03-2021 to 21-03-2022

Type of Cover: Comprehensive

PREMIUM PAYABLE: S\$1,114.00

EXCESS APPLICABLE: S\$500.00

Unnamed Authorized Drivers

N.B. The following excess will be applicable for any accident, loss or damage. (Applicable to Comprehensive Commercial Vehicle only)

A flat excess of \$2,000 will be applied for Unnamed Driver(s) who is 66 years old & above.

An additional excess of \$3,000 is applicable for authorised driver who is below the age of 22 or possess a full driving licence for less than 1 year.

* Age / Driving Experience as at date of accident

Agent/Broker: ACEPRO INSURANCE AGENCY PTE LTD
 Agent/Broker Code: AN0655B

 Policy No: DMCVSNW00027682100
 Registration No.: GBC2299C

Windscreen Replacement

REPLACE @ AUTHORISED WORKSHOPS \$2,000.00

Automatic windscreen reinstatement subject to an Excess of \$5W100

Benefits for Autosafe Scheme

1. Policyholder will enjoy **Discount** from Basic Premium as stated in the Policy;
2. 24-Hours towing hotline (for disabled mechanically propelled accident vehicle);
3. 6 months warranty repairs;
4. Our authorised workshop will assist in formulating any third party claim and provide advice on the merits of the case;
5. Windscreen Limit S\$500/-, subject to an **Excess of S\$100/-** with **free automatic reinstatement** (Applicable for Commercial Vehicle, Windscreen coverage can be increased at Insured Option);
6. **Unlimited windscreen cover**, subject to an **Excess of S\$100.00/-** with automatic reinstatement (Applicable for Private / Parallel Imported Models Only);
7. **One Time Waiver of Excess** will apply to the **Insured and Named Drivers** in the event of own damage claim at our authorized workshops for each Policy year. (Subject to Policy terms and conditions).

Additional Information

1. Have you or any of the named drivers been involved in any motor accident for the past 3 years?
No Details:
2. Have you or any of the named drivers been convicted of or received notice of intended prosecution for any offence in connection with motor car?
No Details:
3. Are you now or have you ever been insured in respect of any motor vehicle?
Yes Details as below

Present/Previous Insurer: NTUC Income Insurance Co-Operative Ltd.

Vehicle No.: GBC2299C

Expiry Date: 21-03-2021

PREMIUM PAYMENT WARRANTY (For Vehicles Registered Under Company's Name)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the :-
(a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
(b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then
(a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period
(b) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
(c) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$50.00.
3. If the period of insurance is less than 60 days any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

Declaration

1. I/We hereby declare and agree to insure my Motor Vehicle with CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and I/We agree to accept the Company's Policy subject to the provisions and conditions of the policy. I/We hereby declare that the above mentioned Motor Vehicle is and will be kept in good condition. I/We hereby warrant that all the answers given in this proposal are true and correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Otherwise, I/We understand that the policy issued may be rendered void.
2. I/We hereby undertake to reimburse the Company on any difference on Premium due to different NCD percentage stated herein from the NCD percentage declared by my/our previous insurer and also difference on Premium due to non-declaration of accidents from my/our previous insurance company.

 05-03-2021
 Date

Signature of Proposer / Company Stamp

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).