

# NATIONAL Assessment Centre Services 200822280007

Date In: 01/03/2002 10:20	Job description	Date & Time Completed	Done by
Ref No: N/38/071220018997	SAS e-filing		
Veh No: SKK 9690K	E-mail (within State, A/L 2hrs)		
DOA: 26/03/2002 08:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within 10L 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: SKK 8109B	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%, R: 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

N/A 220558	<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80);			
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) \$20			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	7) N1: idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idle Mobile			
	10) N13: Courtesy Car / Tpt Allowance \$5			
	11) N14: Repair Co-ordination \$10			
	12) N15: Post Repair Inspection \$25			
	13) N16: DV / Collect Excess Coordination \$5			
	14) N17: TP (N11) against INC \$20			
	15) N18: Fee Charged			
	16) N19: 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	01/03/2022 10:20 (SGT)
Date of Accident	24/02/2022 08:20 (SGT)
Exact Location of Accident	Woodlands Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK9690K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ELITE AUTO SALOON PTE. LTD.
Company Reg No	2XXXXX451K
Email Address	supersonicrun123@gmail.com
Mobile Phone No	(Phone) +65-97435518
Alternative Phone No	+65-97435518

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	Private hire
Transmission	Auto
CC	1560

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002422201
Cover Note Number	-

#### DRIVER

Name of Driver	LIM NAM CHENG
NRIC No	SXXXX028Z

Date Of Birth	06/10/1962
Occupation	Outdoor
Date Of Driving Pass	12/07/1982
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97435518
Alt. Phone Number	-
Email Address	nclim4521@gmail.com
Address	BLK 610 WOODLANDS AVENUE 4 #10-443
Address complement	-
Postcode	730610
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NOOR HASLINDA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220224/2083

#### 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	SKG8109B
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM NAM CHENG
Gender .....	Male
Phone No .....	(Phone) +65-97435518
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKK9690K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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.

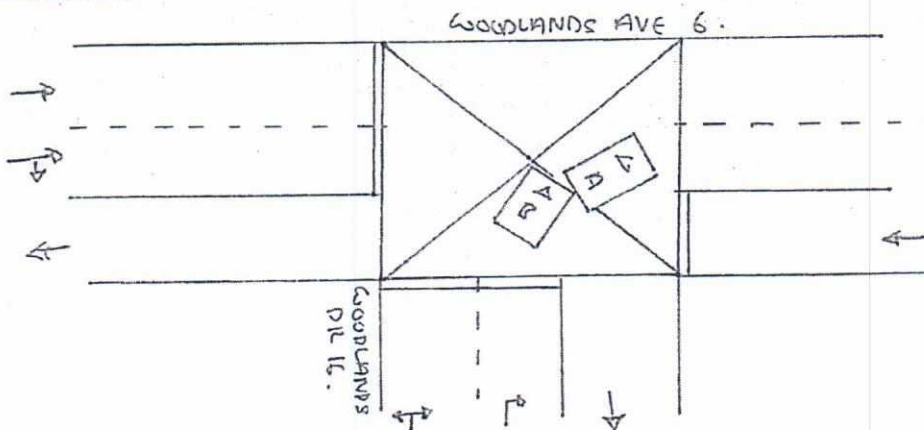
ELITE AUTO  
SALOON PTE LTD

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A: SKK9690K.  
B: SKG8109B.

REFER TO POLICE REPORT.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel

01/03/2022





# SINGAPORE POLICE FORCE



T/20220224/2083

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20220224/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2022 19:19		Vide Report No.:		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: LIM NAM CHENG			Address: APT BLK 610 WOODLANDS AVENUE 4 #10-443 SINGAPORE 730610		
ID Type / ID No.: NRIC NO / S2197028Z			Contact No.: Home/Office: Mobile: 97435518		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 06/10/1962	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2022 08:20	Type of Location: T-Junction
Location:  WOODLANDS AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG8109B	Car				Slightly Damaged	0
SKK9690K	Car				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20220224/2083

2 of 3

Report No. T/20220224/2083

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**

Driver Name	LIM NAM CHENG	ID No.	S2197028Z
Related Vehicle	SKK9690K (Car)	Contact No.	97435518
Hospital/Clinic	MY DOCTOR @ ADMIRALTY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	24/02/2022	Date Discharge	24/02/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 24/02/2022 at about 0820hrs, I am at the T-Junction of Woodlands drive 16 to Woodlands Ave 1. The traffic light was green and I have to right way to move. However, I am turning right and there is pedestrian crossing the road so I stopped my vehicle. While I am waiting for the pedestrian cross the road, a vehicle collided to the rear of my vehicle.

Subsequently, I alighted from my vehicle and made a check on it. My vehicle sustained damaged on the rear (a small hole). As for the other party, his front vehicle has dent on it.

At the point of time, my passenger said that she is not injured. No ambulance or police vehicle came to the scene. I had went to the clinic and consulted a doctor and the doctor gave me 3 days of MC for my lower back injuries.

I wish to inform that I have in car camera however, I do not know whether is it in working condition.

**Other parties details:**

Danny Ho Wai Hong  
S9104796I  
85180415

**Passenger details:**

Noorh Aslindah  
Hp: 92243951





**SINGAPORE  
POLICE FORCE**



T/20220224/2083

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20220224/2083

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:  
L / SGT 3 DESMOND ANG JUN  
HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/02/2022 19:19

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168



M

VEHICLE NO: SKK 9690K.		MAKE & MODEL: VOLVO S60.		AUT / ALTERNATE	
DATE OF ACCIDENT		24 / 02 / 22.		C.C.	
TIME OF ACCIDENT		0820.		AM / PM	
LOCATION OF ACCIDENT		WOODLANDS AVE 6			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		ELITE AUTO SALOON PTE LTD.			
EMAIL:		SUPERSONIC RUN 123@GMAIL.COM		Office: MOBILE: 1	
NRIC		200610451K.			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO ?			
INSURANCE CO.		CN TRADING.			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		DMHCSNA00002422201.			
NAME OF DRIVER		AS ABOVE / IF NO: LIM NAM CHENG.			
NRIC		S2197028Z.			
DATE OF BIRTH		06 / 10 / 62.			
ANY PASSENGER		YES / NO : 1			
NAME OF PASSENGER		UNKNOWN.			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		12 / 07 / 92.			
GENDER		Male / Female			
CONTACT NO.		Mobile: 9743 5518		Office: Home:	
EMAIL:		NCLim4521@gmail.com			
ADDRESS		684C WOODLANDS DR 62 #07-146 SC733684).			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No:		INSURER -	
RELATIONSHIP		Employee / If No:			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who? DRIVER.			
CONTACT NO.					
POLICE REPORT		No / If yes, Where? WOODLANDS EAST NIC.			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		SKG 8109B.		Any Passenger:	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
**WORKSHOP:					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO.			





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 Hire Car

MZ407

R SN

BR0007A

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.

DMHCSNA00002422201

Engine No.: D4162T3015985

Cha. No.: YV1FS84ABF2341068

1. Index Mark and Registration  
Number of Vehicle

SKK9690K

AUTOSAFE  
=====

2. Name of Policy Holder

ELITE AUTO SALOON PTE. LTD.

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

29/01/2022  
(00:00:00)

Excess Sect I .	SS\$1,250.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,250.00
Excess Sect.II (Outside Singapore).	SS\$2,500.00
EX ON WINDSCREEN .	SS\$100.00

4. Date of Expiry of Insurance

28/01/2023

5. Persons or Classes of Persons entitled to drive\*

Any employee or any person who is driving with the Policyholder's order or with their 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.\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

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. : TECK WEI CREDIT 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Yeo Kok Wei Joel  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com