

# ATTENTION: Assessment Centre Services

SMN 22330002

Date In: 02/03/2022 16:19	Job Description	Date & Time Completed	Done by
Ref No: NBO/C/1220020064	SAS e-filing		
Veh No: SGU 9304X	E-mail (within 2hrs. After 2hrs)		
D.O.A: 02/03/2022 23:18	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within 24 Hrs. After 2hrs)		
	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: Vch No: SMN 3240B 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 or 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

HA2200576

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2/3:

## Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30),		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
• N5: Courtesy Car / Tpt Allowance \$5		
• N6: Repair Co-ordination \$10		
• N7: Post Repair Inspection \$25		
• N8: DV / Collect Excess Coordination \$5		
• TP (N11): TP (Non-INC) against INC \$20		
9) N12: Blue Mobile \$10		

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	03/03/2022 16:19 (SGT)
Date of Accident	02/03/2022 23:18 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	TOWARDS JALAN EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9304X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BREAK THROUGH I-CONCEPT
Company Reg No	5XXXX787W
Email Address	pennie1201@hotmail.com
Mobile Phone No	(Phone) +65-85085744
Alternative Phone No	+65-86708711

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	Auto
CC	1799

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNA00260592101
Cover Note Number	-

### DRIVER

Name of Driver	LIM PENNIE
Passport No/FIN	GXXXX262Q

Date Of Birth	01/12/1995
Occupation	Indoor
Date Of Driving Pass	09/11/2021
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86708711
Alt. Phone Number	-
Email Address	pennie1201@hotmail.com
Address	BLK 23 MARSILING DRIVE #07-143
Address complement	-
Postcode	730023
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	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?	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	PEH WENG HOW
Gender	Male

#### 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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN3240B
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)	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM PENNIE
Gender	Female
Phone No	(Phone) +65-86708711
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGU9304X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PEH WENG HOW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGU9304X
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.

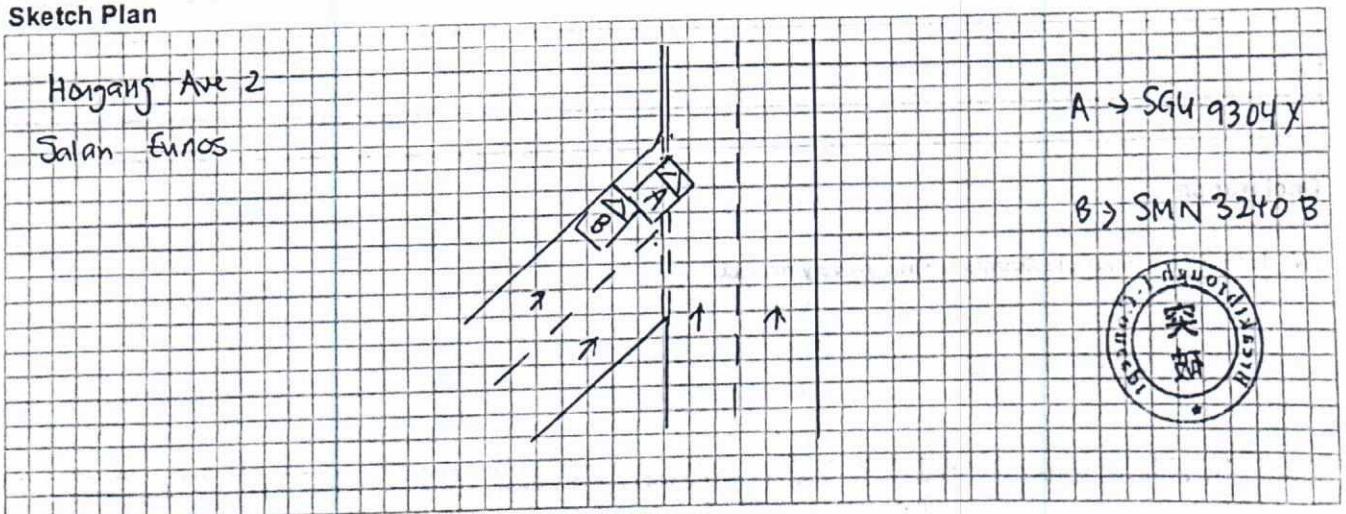


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





# Describe Circumstances of the Accident

On the stated time & date, I was travelling in my vehicle A,  
(SGU 9304 X). As there was oncoming traffic, I stopped at the give way  
line. Suddenly, I felt an impact from the rear. I alighted from my vehicle  
and realised vehicle B (SMN 3240 B) had collided on to my vehicle.

We exchanged particulars and decided to proceed with insurance claims.



## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*Ranis*

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

*03/03/2022*  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT REPORTING

Accident Date: (02 / 03 / 22) (DD/MM/YYYY)

Time: (23 : 18) (HH:MM)

Location: Harang Ave 2 Jalan Cunos

## 1. Accident Details

- Type Of Accident: Head to rear
- Weather Condition: Clear / Raining / Others: \_\_\_\_\_
- Road Surface: Dry / Wet / Others: \_\_\_\_\_
- Are You Claiming Under Your Own Insurance? (Yes / No)  
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / No)  
If Yes, Please State Vehicle No: \_\_\_\_\_
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- Was The Accident Reported To The Police? (Yes / No)  
If Yes, Police Station Name: \_\_\_\_\_
- Was Notice Of Prosecution Given?  
If Yes, Against Whom?: \_\_\_\_\_

## 2. Details Of Own Vehicle

- Vehicle Registration No: SGU 9304 X
- Vehicle Category: Company Vehicle
- Vehicle Manufacturer: Honda Vehicle Model: Arcam
- Transmission: Manual / Auto CC: \_\_\_\_\_
- No. Of Passengers (Including Driver) 2  
 Passenger Name: Peh Weng How (Female / Male)  
 Passenger Name: \_\_\_\_\_ (Female / Male)  
 Passenger Name: \_\_\_\_\_ (Female / Male)  
 Passenger Name: \_\_\_\_\_ (Female / Male)

## 3. Own Vehicle Policy

- Handling Insurer: China Taiping
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / No)
- Owner Name: Break Through 1-Concept (Female / Male)
- ID Type: S 3070787W (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: Pennie1201@hotmail.com Mobile: 8508 5744
- Alt No. Type: (Home / Office / Not In List) : \_\_\_\_\_

## 4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: Lim Pennte (Female / Male)
- ID Type: G2971262Q (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 01 Dec 1995
- Driving Pass Date: 09 Nov 2021
- Email: Pennie1201@hotmail.com Mobile: 8670 8717
- Address: Blk 23 Marsiling Drive #07 - 143
- Postal Code: 730023
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: Worker Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: \_\_\_\_\_ Handling Insurer: \_\_\_\_\_



## ACCIDENT REPORTING

### 5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SMN 3240 B

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) 2

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

No.Of Passengers (Including Driver) \_\_\_\_\_

### 6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: Lim Pennie (Female / Male)

Vehicle Registration No: SGU 9304 X

Name: Peh Wang Haw (Female / Male)

Vehicle Registration No: SMN 3240 B

Name: \_\_\_\_\_ (Female / Male)

Vehicle Registration No: \_\_\_\_\_

### 7. Witness Details

- a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: \_\_\_\_\_ (Female / Male)

Witness Contact: \_\_\_\_\_

### 8. Files

- a) Are Accident Photos Available For Attachment? (Yes / No)

- b) Was There Any Video Captured? (Yes / No)

- a) Was There Any Audio Captured? (Yes / No)





Motor Private Car

MX4

R SN

AN0478A

Cov. Type:F

**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. DMPCSNA00260592101 Engine No.: R18A1735996  
Cha. No.: RN61032100

1. Index Mark and Registration Number of Vehicle SGU9304X

2. Name of Policy Holder BREAK THROUGH I-CONCEPT

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21/12/2021 (00:00:00)

4. Date of Expiry of Insurance 20/12/2022

5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on 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:\*

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.

\* 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: Lim Lee Choo  
Authorised Officer

Authorised Signatory