

NATIONAL Assessment Centre Services

Date In: 24/03/2022 17:54	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22002736/m4	SAS e-filing		
Veh No: SJJ 9449J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/03/2022 14:50	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SMW 5924B	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:	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

NA 2200782		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
		5) FT: 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:-			
		ON*			
		*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: Idac Mobile 30			
Cat. 1:		Invoice dated	Fee Charged		
Cat. 2 / 3:		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	24/03/2022 17:54 (SGT)
Date of Accident	22/03/2022 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RUBY INDUSTRIAL COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9449J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM TONG SAN
NRIC No	SXXXX694G
Email Address	peggyong1506@gmail.com
Mobile Phone No	(Phone) +65-90291992
Alternative Phone No	+65-90291992

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00012622201
Cover Note Number	-

DRIVER

Name of Driver	ONG PEGGY
NRIC No	SXXXX590E

Date Of Birth	15/06/1994
Occupation	Indoor
Date Of Driving Pass	14/02/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97880123
Alt. Phone Number	-
Email Address	peggyong1506@gmail.com
Address	BLK 922 HOUGANG STREET 91
Address complement	#10-35
Postcode	530922
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DAUGHTER-IN-LAW
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SMW5924B
Vehicle Manufacturer	Mercedes
Vehicle Model	Gla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. LEE
Contact Number	(Phone) +65-90662629
Address	-
Address complement	-

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

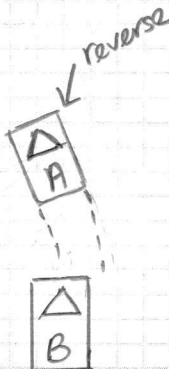
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SJJ 9449J

B = SMW 5924B

Ruby Industrial Complex.



Describe Circumstances of the Accident

complex

on 24/3/2022 at about 2.50pm, at Ruby Industrial, I checked and did a reverse afterwards at safety and hit a Mercedes Benz GLA180 front bumper.

Declaration

We declare the foregoing particulars are true in every respect.



24/3/22

R 24/3/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (2:50pm)

ACCIDENT DATE: (22 / 03 / 2022) (DD/MM/YYYY), TIME: (14 : 50) (HH:MM)

LOCATION: Ruby Industrial Complex.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ 9449J
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DMPCSNW00012622201
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Volkswagen Golf (1984cc)
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) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Tong San (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16336946 CONTACT: 9029 1992
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Peggy (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9420590E CONTACT: 9788 0123
c) ADDRESS: Blk 922 Hougang Street 91 #10-35 (S) 530922

*d) DATE OF BIRTH: (15 / 06 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/02/2019

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING
b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: Smw 5924 B MODEL: _____
b) DRIVER'S NAME: Mr. Lee
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9066 2629

9. THIRD PARTY VEHICLE

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

Email = peggyong1506@gmail.com

fax = _____

VIDEO = NO.

Motor Private Car

MX1E

R SN

AN0711A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00012622201

Engine No.: CHH071291

Cha. No.: WVVZZZAUZFW188623

1. Index Mark and Registration
Number of Vehicle

SJJ9449J

AUTOSAFE
=====

2. Name of Policy Holder

LIM TONG SAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/01/2022
(00:00:00)

Named Drivers Ex Sect. I SS\$2,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 SS\$3,000.00

Ex Sect. I - Age >= 26 SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN . SS\$100.00

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.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACE AUTOMOBILE PTE. LTD.

Authorised Officer



Authorised Signatory