

NATIONAL Assessment Centre Services: (wef 1 Jan 05) *81082510004*

Date In: <i>28/05/2022 14:39</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA2201394</i>	SAS e-filing		
Veh No: <i>SMY 439H</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>20/05/2022 21:50</i>	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *SLT 6842B* 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:	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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Inc Bill	Adm 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			
	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*			
	*N3: 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			
	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	23/05/2022 14:39 (SGT)
Date of Accident	20/05/2022 21:50 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY439H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAMUEL LIM WEI JIN
NRIC No	SXXXX928A
Email Address	hwapengauto@signet.com.sg
Mobile Phone No	(Phone) +65-83839213
Alternative Phone No	+65-83839213

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 hire
Transmission	Auto
CC	1992

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002252201
Cover Note Number	-

DRIVER

Name of Driver	SAMUEL LIM WEI JIN
NRIC No	SXXXX928A

Date Of Birth	23/09/1968
Occupation	Outdoor
Date Of Driving Pass	16/03/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83839213
Alt. Phone Number	+65-83839213
Email Address	hwapengauto@signet.com.sg
Address	BLK 317 WOODLANDS STREET 31 #12-196
Address complement	-
Postcode	730317
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DANISH ARHAM BIN FADZLI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220521/2089

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	SLT6342B
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG PEI YI
Contact Number	(Phone) +65-86681686
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	SAMUEL LIM WEI JIN
Gender	Male
Phone No	(Phone) +65-83839213
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY439H
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.

Policy holder's Signature / Date & Time

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

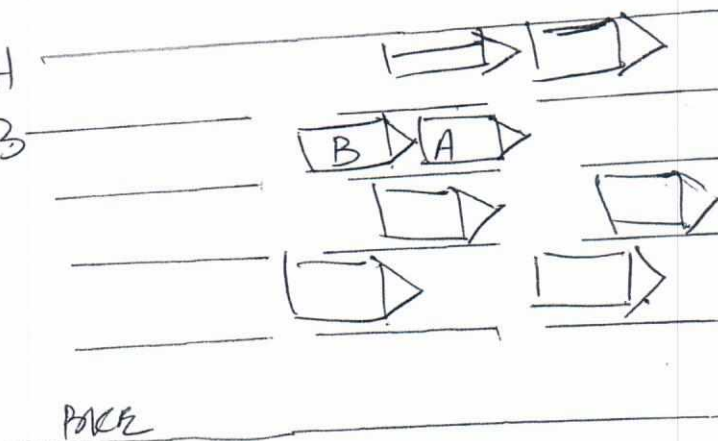
Witnessed by Reporting Centre Personnel

Sketch Plan

→ WOODLANDS

A: SMY439H

B: SLT6342B

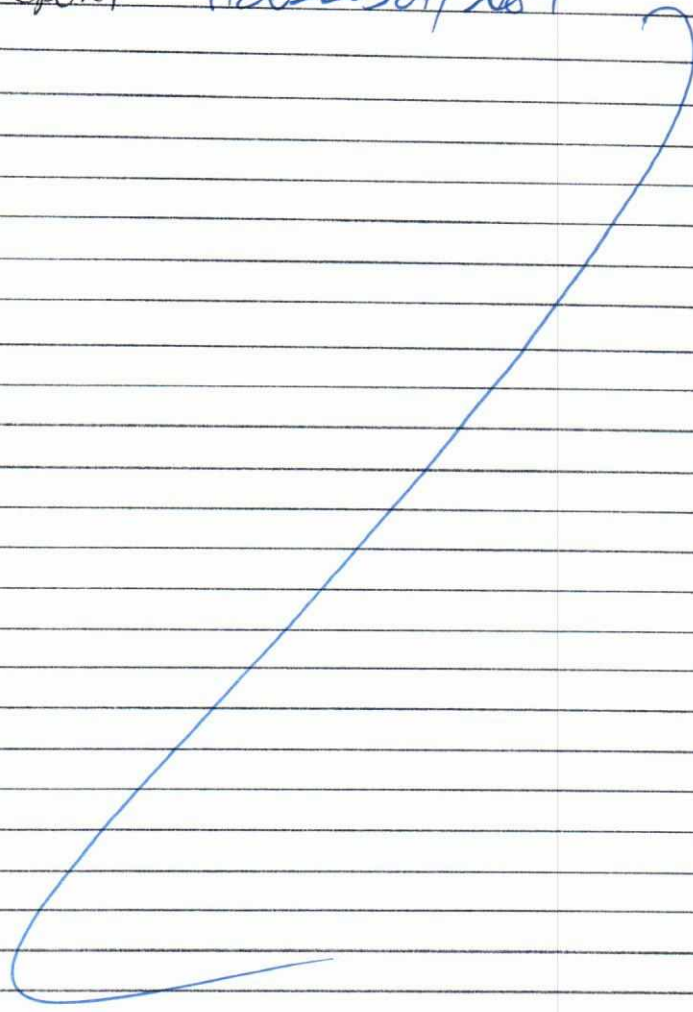


ROAD WORK

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20220521/2089



01 - DRIVER

01 - PASSENGER - MALE - DANISH ARHAM BIN FADZIL

NO VIDEO RECORDING AVAILABLE

Declaration

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

23/05/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220521/2089

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20220521/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2022 22:25	Vide Report No.:	Station Diary No.: 77
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: SAMUEL LIM WEI JIN		Address: APT BLK 317 WOODLANDS STREET 31 #12-196 SINGAPORE 730317	
ID Type / ID No.: NRIC NO / S6834928A		Contact No.: Home/Office: Mobile: 83839213	
Nationality: SINGAPORE CITIZEN		Email: samuel_lim@ymail.com	
Sex: Male	Age: 53	Date of Birth: 23/09/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private Hire		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2022 21:50	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Lamp Post Number: 397F				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT6342B	Car	MERCEDES BENZ		White	Slightly Damaged	0
SMY439H		TOYOTA	Voxy	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY439H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000225 2201	09/02/2022	08/02/2023



**SINGAPORE
POLICE FORCE**



T/20220521/2089

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20220521/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG PEI YI	ID No.	NIL
Related Vehicle	SLT6342B (Car)	Contact No.	86681686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SAMUEL LIM WEI JIN	ID No.	S6834928A
Related Vehicle	SMY439H	Contact No.	83839213
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	21/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20/05/2022 at about 09.50pm, I was driving my car (SMY439H) along BKE towards Woodlands just before SLE exit before lamp post number 397F to drop off a passenger at 512 Woodlands Dr 14. I was driving on the 4th lane and noticed there was roadworks on lane 5. The vehicle in front of me and I made an emergency brake. I did not hit the front vehicle, but the vehicle (SLT6342B) hit the back of my vehicle. My vehicle suffered dents at the boot area and bumper. I also discovered some internal damages on my vehicle as well. My passenger did not suffer any injuries and the vehicle that hit me exchanged particulars.

The vehicle (SLT6342B) had dent on the front plate number. No government property damaged, and no police attended. Today, I felt some pain on my back and knee. As such, I went to the clinic to take MC and received 5 days MC. I did not manage to get my passenger's particular, but his name is Danish Arham Bin Fadzli.



**SINGAPORE
POLICE FORCE**



T/20220521/2089

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20220521/2089

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 /

Other DANISH AFIQ BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2022 22:25

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report		Time:	
Date of Accident	20/05/2022	Time:	2150
Exact Location of Accident	ALONG BUKIT TIMAH EXPRESSWAY		

DETAILS OF OWN VEHICLE

Vehicles Registration Number:	SMY 439H	Name of Registered Owner:	SAMUEL LIM WEI JIN
NRIC / Passport No. / FIN:	S 6834928 A	Co. Reg. No. (for Co. Vehicle Only):	NA
Vehicle Particulars			
Manufacturer:	Toyota <input checked="" type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>	Model:	VOXY
Exact purpose for which vehicle was being used at time of accident.	Normal usage <input type="checkbox"/> Other <input type="checkbox"/> (please state):	PRIVATE HIRE	
Are you claiming your own insurance policy for repair to your veh.?	Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input checked="" type="checkbox"/>		
Vehicle Category:	Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>		
Insurance Company			
Name of Insurance Company:	CHINA TAI PING		
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>		
Fleet Policy:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy / Cover Note Number:	DMHCSNAC0000225220
Driver			
Name of Driver:	SAMUEL LIM WEI JIN	NRIC / Passport No. / FIN:	S 6834928 A
Date of Birth:	23/09/1968	Occupation:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> PRIVATE HIRE DRIVER
Date of Driving Pass:	16/03/1990	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No:	83839213	Fax No.:	
Address:	31K 317 WOODLANDS STREET 31 #12-196		(Post Code: 730317)
Email Address:	hwapengauto@singnet.com.sg		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured:	OWNER
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	NA		
Insurance Company of Driver's Own Vehicle (if applicable):	NA		

Other Information of the Accident

Type of Accident:	HEAD TO REAR		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Was any body injured in the accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was any other material or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which Police Station?		
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?		

DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicles Registration No.:	SLT 6342B	Vehicle Make / Model / Colour:	M / BENZ
Details of Property Damaged in Accident:			
Name of Driver:	WONG PEI YI	NRIC/Passport Number:	
Contact Number:	8668 1686		
Address:	(Post Code:)		
Insurance Company Name:			
Nature of Damage:	No. of Passengers (Including Driver):		
Details of Witness - Name:			
Details of Witness - Contact Number:			
Details of Witness - Email Address:			

DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:	(Post Code:)
Address:		
Injuries Sustained:	Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

02 PERSONS IN THE CAR

NO VIDEO RECORDING AVAILABLE

Motor Hire Car

MZ406L/B

R SN

AN0695A

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

DMHCSNA00002252201

Engine No.: 2ZR0E07939

Cha. No.: ZWR800398054

1 Index Mark and Registration
Number of Vehicle

SMY439H

AUTOSAFE

=====

2 Name of Policy Holder

SAMUEL LIM WEI JIN

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment09/02/2022
(00:00:00)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN . S\$100.00

4 Date of Expiry of Insurance

08/02/2023

5 Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

SAMUEL LIM WEI JIN

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 and business purposes of any person to whom the vehicle is hired.

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:

Lim Lee Choo

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