

# NATIONAL Assessment Centre Services

Date In: 12/08/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT222007683/13	E-mail (within 2hrs. APC 2hrs):		
Veh No: SJQ267	i-Motor Claim Form		
DOA: 11/08/22 2230	i-Motor W/O (Within 01/2 hrs. TP 4hrs)		
OD TP Reporting Only	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:	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

NA2200153	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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) \$30		
<b>Auditors' Comments :-</b>	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:-		
	OD*		
	*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		
	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 Actual 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	12/08/2022 17:03 (SGT)
Reported by	Both
Date of Accident	11/08/2022 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG SLIP RD INTO SLE(BKE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ26T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HOCK SENG
NRIC No	SXXXX777F
Email Address	hs.lim551@gmail.com
Mobile Phone No	(Phone) +65-96669980
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx300
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00202242101

#### DRIVER

Name of Driver	LIM HOCK SENG
NRIC No	SXXXX777F
Date Of Birth	13/10/1957
Occupation	Outdoor

Date Of Driving Pass	22/11/1976
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96669980
Alt. Phone Number	-
Email Address	hs_lim551@gmail.com
Address	BLK 583 WOODLANDS DR 16
Address complement	#07-464
Postcode	730583
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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


SKETCH PLAN

**IMPORTANT NOTICE**

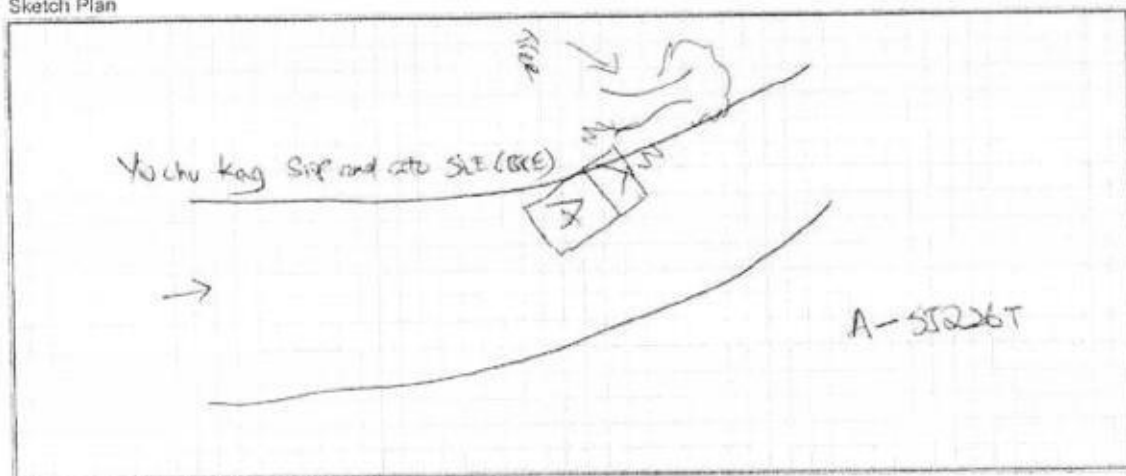
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

 12/08/22  
Policyholder's Signature / Date & Time

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

 12/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



## SKETCH PLAN

### IMPORTANT NOTICE

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I understand, acknowledge, agree and consent that:

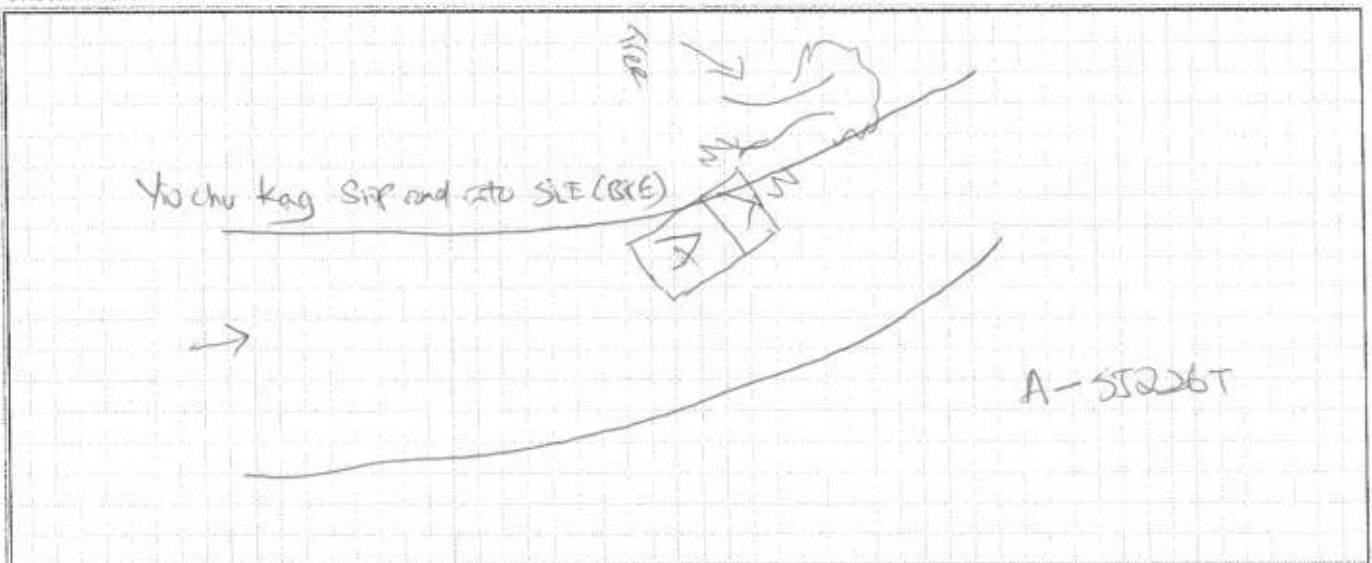
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
(Name as in NRIC/ID card)

#### Sketch Plan





Describe Circumstance of the Accident

On the above date & time, I was driving my vehicle SJQ26T along the Onkay Sap road into SLE (RFE) on a single lane, one-way road. I was on my way back home after an meeting at Datta lane with my designer. As I was driving at a moderate speed, suddenly I felt my front wheel went over something on the road surface. At this juncture, my vehicle lost control, veered to the left, mounted the left side road kerb and landed onto a tree. After the accident, I managed to drive down from the left side road kerb and stopped by the side of the road. I alighted from my vehicle and made a check. I noticed that there wasn't any other government property was damaged except the tree. The front portion of my vehicle was badly damaged. I also noticed the the left rear door lower portion was <sup>also</sup> damaged and rear left wheel was also got grazed marks. I suspected that when my vehicle went over something that was on the road, it flew out and hit onto the rear left door area. I called for towing and took my vehicle to my workshop.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



12/08/22

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Shyn 12/08/22

VEHICLE NO: <u>SJ2 26 T</u>	MAKE & MODEL <u>LEXUS RX 300</u> <u>(AUTO)</u> / MANUAL
DATE OF ACCIDENT: _____	<u>11 / 08 / 2022</u> CC: _____
TIME OF ACCIDENT: _____	<u>10:30 pm</u> HRS
LOCATION OF ACCIDENT: _____	<u>Xiao Chuan Kong Slip road into SLE (RKE)</u>
EXACT PURPOSE USE DURING ACCIDENT: _____	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER: _____	<u>Lim Huck Seng</u>
TEL NO: _____	H/P: <u>96669980</u> OFFICE: _____ HOME: _____
NRIC: _____	<u>S1238777F</u>
ADDRESS: _____	<u>Blk 503, Woodlands Dr 16, #07-464, S730523</u>
EMAIL: _____	<u>hs.lim551@gmail.com</u>
CLAIM TYPE: _____	<u>(OD)</u> / THIRD PARTY / REPORTING ONLY
FLEET POLICY: _____	YES <u>(NO)</u>
INSURANCE COMPANY: _____	<u>China Taiping</u>
TYPE OF COVERAGE: _____	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO: _____	<u>DMPCSNW002022-2101</u>
NAME OF DRIVER: _____	<u>(AS ABOVE)</u> / IF NO: _____
NRIC: _____	ANY PASSENGER: <u>N.I</u>
DATE OF BIRTH: _____	<u>13 / 10 / 1957</u> LICENCE PASSED DATE: <u>27 11 / 1976</u>
OCCUPATION: _____	<u>OUTDOOR</u> <u>(INDOOR)</u>
GENDER: _____	<u>(MALE)</u> / FEMALE
CONTACT NO: _____	H/P: _____ OFFICE: _____ HOME: _____
ADDRESS: _____	
EMAIL: _____	<u>hs.lim551@gmail.com</u>
DOES DRIVER OWNED ANY VEHICLE: _____	<u>(NO)</u> / IF YES, REG NO: _____ INSURER: _____
RELATIONSHIP: _____	
WEATHER CONDITION: _____	<u>(CLEAR)</u> / RAINING / OTHERS: _____
ROAD SURFACE: _____	<u>(DRY)</u> / WET / OTHER: _____
ANY INJURIES: _____	<u>(NO)</u> / IF YES, WHO? _____
NAME & CONTACT: _____	
NAME & CONTACT: _____	
POLICE REPORT: _____	NO / IF YES, WHERE? _____
NOTICE OF INTENDED PROSECUTION GIVEN? _____	NO / IF YES, WHO? _____
VEHICLE B REG NO: _____	ANY PASSENGERS: _____
NAME OF DRIVER: _____	CONTACT NO: _____
VEHICLE C REG NO: _____	ANY PASSENGERS: _____
VEHICLE D REG NO: _____	ANY PASSENGERS: _____
VEHICLE E REG NO: _____	ANY PASSENGERS: _____
VEHICLE F REG NO: _____	ANY PASSENGERS: _____
VEHICLE G REG NO: _____	ANY PASSENGERS: _____
ANY WITNESS? IF YES, NAME: _____	WITNESS CONTACT: _____
WAS THERE ANY VIDEO CAPTURE? _____	YES <u>(NO)</u>
WAS THERE ANY AUDIO RECORDED? _____	YES <u>(NO)</u>
ACCIDENT SCENE PHOTOS TAKEN? _____	YES <u>(NO)</u>
ACCIDENT PORTION: _____	<u>Front RH Portion</u>
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? _____	YES <u>(NO)</u>
WORKSHOP PARTICULAR: _____	<u>N51 Automotive P/L</u>
CONTACT NO: _____	<u>68420051 / 67440510</u>
CONTACT PERSON: _____	<u>HUGO</u>
FAX NO: _____	<u>67410510</u>
WORKSHOP EMAIL: _____	<u>sales@n51.com.sg</u>



Motor Private Car

MX1E

R SN

AN0420A

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.

DMPCSNW00202242101

Engine No.: 8ARW936420

Cha. No.: JTJZAMCA302048609

1. Index Mark and Registration  
Number of Vehicle

SJQ26T

2. Name of Policy Holder

LIM HOCK SENG

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

17/10/2021  
(00:00:00)

Named Drivers Ex Sect. I

SS750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

\* Age as at date of accident

EX ON WINDSCREEN .

SS100.00

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



*[Signature]*

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer