

**NATIONAL Assessment Centre Services:** (wef 1 Jan 05) **540822879001**

Date In: <b>18/08/2022 14:58</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/172207896/4</b>	SAS e-filing		
Veh No: <b>SLM 773L</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>17/08/2022 10:58</b>	1-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: **GBB 3335E** 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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]; ( )		

Injury: \_\_\_\_\_

Date/Time	Action

Claimant's Particulars	Invoice Preparation Checklist	Bill	Lead
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$43		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant's use only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11) TP (N/A INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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	18/08/2022 14:58 (SGT)
Reported by	Both
Date of Accident	17/08/2022 10:55 (SGT)
Exact Location of Accident	5 Corporation Dr, Singapore 619774
Additional Location Information	AETOS COMPLEX LEVEL 3 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN773L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DESMOND LIM KONG HWEE (LIN GUANGHUI)
NRIC No	SXXXX049D
Email Address	desmond_78@yahoo.com
Mobile Phone No	(Phone) +65-87881916
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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 car
Transmission	Auto
CC	1390

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00189962100

### DRIVER

Name of Driver	DESMOND LIM KONG HWEE (LIN GUANGHUI)
NRIC No	SXXXX049D
Date Of Birth	19/04/1978
Occupation	Indoor

Date Of Driving Pass	15/05/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87881916
Alt. Phone Number	-
Email Address	desmond_78@yahoo.com
Address	BLK 170 GANGSA ROAD #08-42
Address complement	-
Postcode	670170
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 and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBB3335E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	COLLAR LIONEL ZULKARNAIN
Contact Number	(Phone) +65-93202224

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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)**

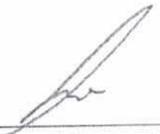
I understand, acknowledge, agree and consent that:

(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.

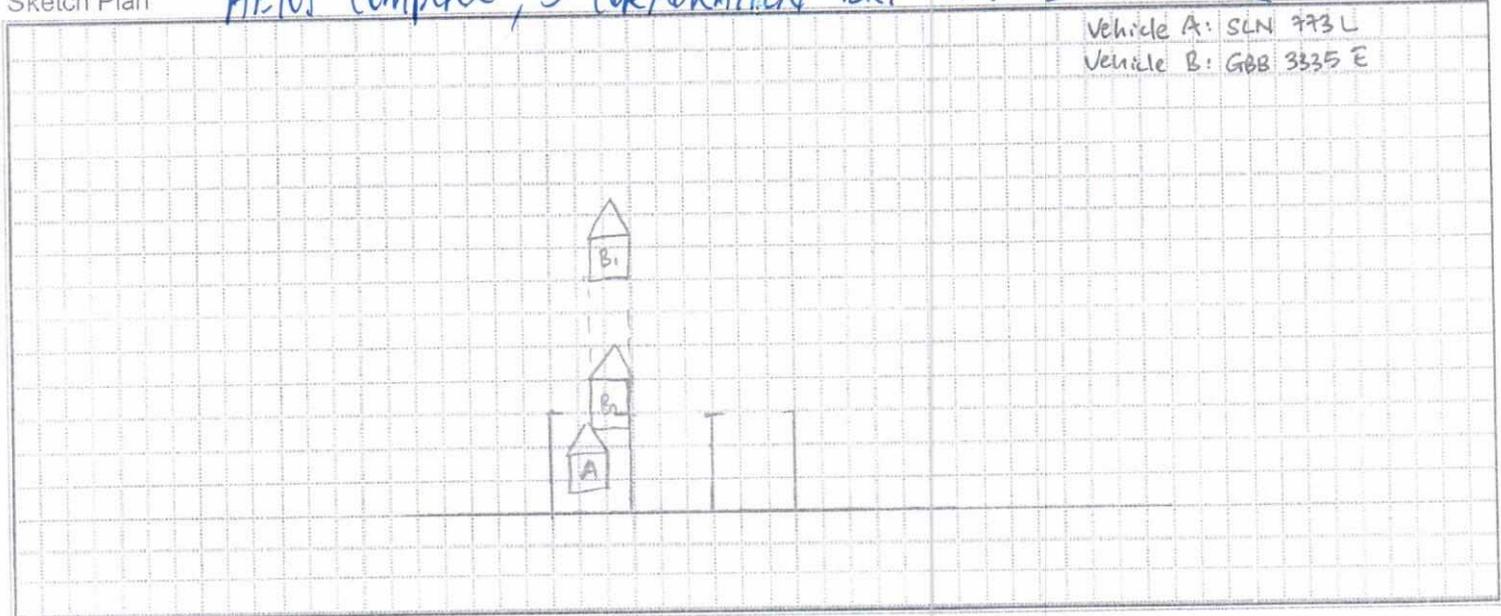
  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 18/8/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan AETOS Complex, 5 CORPORATION DR. LEVEL 3 CARPARK

Vehicle A: SLN 773 L  
Vehicle B: G08 3335 E



Describe Circumstance of the Accident

On 17/8/2022 at around 10.55 AM, My vehicle was parked at Aetos Complex,  
( GBB 3335 E )  
5 Corporation Drive (S) 619774, Carpark Level 3. Vehicle B<sub>1</sub> had collided onto the  
front portion of my vehicle while making a reverse and had come to inform me  
about the accident afterwards.

Declaration

I/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

 18/8/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 8 / 2022 (dd/mm/yy) Time of Accident: 10 : 55 (24-HR-FORMAT)

Vehicle No.: SLN 773 L Vehicle Make & Model: Volkswagen Jetta

\*Transmission :  Manual  Auto \*C.c.: 1.4

Exact location of Accident: Actos Complex, 5 Corporation Drive (S) 619974 Capark Level 3

Policyholder's Name: Desmond Lim Kong Hwee NRIC/FIN/REG No.: S 7810049D

\*Policyholder's email address: desmond\_78@yahoo.com

Driver's Name: Desmond Lim Kong Hwee NRIC/FIN/REG No.: S7810049D

\*Driver's email address: desmond\_78@yahoo.com

Driver's Contact No.: 8788 1916 Company Contact No (if any): -

Date of birth: 19 / 4 / 1978 Driving Pass Date: 15 / 5 / 2002

Driver's Address: Blk 170 Gangsa Road #08-42 (S) 17670170

Insurance Company: China Taiping

Policy No.: DMPCSNW00189962100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -

What do you wish to claim? (Please TICK one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Type of Accident

Chain Collision  Head To Rear  Side Swipe  Other -

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver): 0

\*Passanger Name: - Gender: Male / Female

\*Passanger Name: - Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: -

Was there any video captured by your car Car camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' Name: -

Injuries Sustain : - Injured Person in Which Vehicle: -

Police Report filed:  Yes /  No (If YES) Which Police Station: -

**The Other Party (S) Details:**

1. Driver's Name / IC No: Collar Lionel Zulkarnain Vehicle No: GEB 3335 E

Driver's Contact No: 9320 2224 Insurance Company: -

2. Driver's Name / IC No (If Any): - Vehicle No: -

Driver's Contact No: - Insurance Company: -

\*Independent Witness (If Any): - Contact No: -

Preferred Workshop Name: - Contact No: -

Motor Private Car

MX1E

N SN

AN0723A

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.	DMPCSNW00189962100	Engine No.:	CAV190444
		Cha. No.:	VVWZZZ1KZAM143003
1. Index Mark and Registration Number of Vehicle	SLN773L	AUTOSAFE	=====
2. Name of Policy Holder	DESMOND LIM KONG HWEE (LIN GUANGHUI)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/10/2021 (00:00:00)	Named Drivers Ex Sect. I	S\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	30/10/2022	* Age as at date of accident	
		EX ON WINDSCREEN .	S\$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. : SSL HOLDINGS PTE. LTD. <i>* 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>		

**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: \_\_\_\_\_  
SSL & CO PTE LTD  
Authorised Officer

  
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Authorised Signatory