				1971 1980
IONAL Asyessment Contre 5	Perpices: will is host	700	P22A0003	
The local and a second	les description .	Date Sells	ina Completed	. Done by
NBp/1222209680/7	SAS e-filing	12/10/10 11	ing Collibiatora	1 10011007
SMAL DEGLIO				
01/10/2022 03:4	E-mail (within this, Alesha) I-Motor Claim Form	-		. 4 4
011101012 0318	1-Motor YY/O (YIMler OD. 2)	ver the Albert		
· T?' / Reporting Only ' .	1-Photo Uploaded.			
. Ku	Assessment/Survey Report	The second secon	1	
nsurer:	Ass't Report by Fam / Hon		W.KID	f - wi
rred Wkap I NO Assign Wkap / QWI (1 1970	Toli	7/-TMO().	Fext ./
anticularit Yell Not RAT	JULY INC	Tel:	101110 (7.	.)
net / Driver: () Coyer	Type: (").
ley No: (') Perl	odi (· Times)
, Confirmed by I ('.	Datei Tote-Ést., Status (YO)1 Ní			0-100%)
		0.20%1 21	21-13 701 3 4	1
car of Registration: (' ,) Y	Vertebry; YBS () / NO (1
) Walk-In Customer: Customer's Info) Total Loss Case 1 to e-mail Insur- rive-In ()/ Towed-In (,) ; Invoice	er ORGENTUIT) ৷ T ০্পন্তু		(Maio/Maio/Maio/Maio/Maio/Maio/Maio/Maio/
Yalk-In Customer: Customer's info) Yalk-In Customer: Customer's info) Total Loss Case 1 to e-mail Insulvive-In ()/Towed-In (,) [Invoice prive-In ()/Towed-In ()/T	c: YES () / NO () ৷ T ০্পন্তু	Co: ((Maio/Maio/Maio/Maio/Maio/Maio/Maio/Maio/
Yalk-in Customer (Customer's info) Yalk-in Customer (Customer's info) Total Loss Case to e-mail Insur- vive-in ()/ Towed-in (,) ; Inyoic carles W. horling on 88 66 hor- Apply for Transfort Allowance ()/ QC Check/ Post Repuir Inspection . Upload Resurvey Photo [Repair Cost >	c: YES () / NO () ৷ T ০্পন্তু	Co: (Bonedy
Yalk-in Customer (Customer's Info) Yalk-in Customer (Customer's Info) Total Loss Case to e-mall Insur- vive-in ()/ Towed-in (,) (Inyoic Carks	c: YES () / NO () ৷ T ০্পন্তু	Co: (Cery Manager Done by
Walk-In Customer (Customer's Info Yalk-In Customer (Customer's Info) Total Loss Case 1 to e-mall Insur- brive-In (c: YES () / NO () ৷ T ০্পন্তু	Co: (Bonedy
Yalk-in Customer (Customer's Info) Yalk-in Customer (Customer's Info) Total Loss Case to e-mall Insur- give-in ()/Towed-in (,) (Invoice coards	c: YES () / NO () ৷ T ০্পন্তু	Co: (Bonedy
) Walk-In Customer (Customer's Info) Walk-In Customer (Customer's Info) Total Loss Case to e-mall Insur- drive-In ()/Towed-In (,) [Invoice Places W. Towed-In (,) [Invoice Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury /	c: YES () / NO () ৷ T ০্পন্তু	Co: (Bonedy
) Walk-In Customer (Customer's Info) Walk-In Customer (Customer's Info) Total Loss Case to e-mall Insur- drive-In ()/Towed-In (,) [Invoice Places W. Towed-In (,) [Invoice Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury /	er ORGENTET. e: YES () / NO () Toyring	Cor (Control of the contro
Yalk-In Customer: Customer's Info) Total Loss Case to e-mail Insur- rive-In ()/Towed-In (,); Invoice Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury /	er ORGENTET. e: YES () / NO () Toyring	Co. (Control of the contro
Walk-in Customer : Customer's info Total Loss Case to e-mail Insul- rive-in (er ORGENTET. c: YES () / NO () Courtery Org () 53000), ,,,) Towing Date D	Co: (Signature (Fig. 1)
Oral Asmanical Assorber: Customer's Info) Total Loss Case 1 to e-mail Insulvive-in ()/ Towed-in (,); Invoice marks Mays herline onesalection Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury :	er ORGENTET. e: YES () / NO () Courtery Oct () 53000),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Toyring Dete	Co: (STANT OFF CHA POPUS (339) INTERPRET (\$100)	Tr(C (3.5)
Oral Loss Case 1 to e-mail Insulvive-in ()/ Towed-in (,) [Inyoic rive-in ()/ Towed-in (,) [Inyoic racks Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury 1	er ORGENTET. c: YES () / NO (: Courtery Oct () 53000);;; (,) 201 201 201 201 201 201 201 20	Toyling	Co: (2. Thu Complete Silver Ope city pervey (\$3.9) selfroen (\$100); with Survey (Pager	### (23.0) Th(C (33.0)
O'ALLOSS Case 1 to e-mail Insulvive-in ()/Toyed-in (,) [Inyolo Total Loss Case 1 to e-mail Insulvive-in ()/Toyed-in (,) [Inyolo Parker Marker Marker Marker)/ QC Check/Post Repuir Inspection Upload Resurvey Photo [Repair Cost > Injury Marker Action Orliver/Owner:	er ORGENTET. e: YES () / NO () Courtery Oct () 33000), , , (,) 3100 1) A 2) E 317 417	Toyring Dita Dit	Co: (2. Chris Company 2. Stavin Christian pervise (\$100); such Survey such Su	Th(C (330) \$100 (330) \$100 (330) \$100 (330) \$100 (330) \$100 (330)
Walk-In Customer : Customer's Info Yalk-In Customer : Customer's Info Total Loss Case to e-mail Insultative-In ()/Toyed-In (,) Invoice Invoice	er ORGENTET. e: YES () / NO () Courtery Oct () 33000), , , (,) 310 317 4); 5); 6)	The Policy of the Control of the Con	Co: (Co	### (23.0) Th(C (33.0)
Yalk-In Customer (Customer's Info) Yalk-In Customer (Customer's Info) Total Loss Case () to e-mail Insulvive-In ()/Towed-In (,) (Invoice Parks Mark Define of Essisons Apply for Transport Allowance ()/) QC Check/Post Repuir Inspection () Upload Resurvey Photo [Repair Cost > Injury / Injury / Injury / Invaniant Parks University () Priver/Owner:	er ORGENTET. e: YES () / NO () Courtery Oct () 33000),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Toyring Dita Dit	Co: (Co	TRIC (380) 100 Jan 5003) 170 Jan 5003) 513
Yalk-in Customer (Customer's Info) Yalk-in Customer (Customer's Info) Total Loss Case (to e-mail Insultative-in () / Towed-in () (Inyoid reacted () / Towed-in () (Inyoid reacted () / Towed-in () () (Inyoid reacted () / Towed-in () () () () () () () () () (er ORGENTET. e: YES () / NO () Courtery Oct () 33000),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Property of the Control of the C	Co: (Co	TRIC (380) 100 Jan (100) 110 Jan (100) 111 Jan (100) 111 Jan (100) 112 Jan (100) 113 Jan (100) 114 Jan (100) 115 Jan (100) 116 Jan (100)
Malk-in Customer : Customer's info) Walk-in Customer : Customer's info) Total Loss Case : to e-mail Insult prive-in ()/ Toyed-in (,) ; Invoice Apply for Transport Allowance ()/) QC Check/ Post Repvir Inspection .) Upload Résurvéy Photo [Repair Cost > Infury /	er ORGENTET. e: YES () / NO () Courtery Oct () 33000),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dins Zreda Dins Zreda Pins Z	Co: (Co	SSIGN (STATE OF THE STATE OF TH
Yalk-In Customer : Customer's Info) Total Loss Case : to e-mail Insurvive-In ()/Towed-In (,) ; Invoice reaches the modine of Salection Apply for Transport Allowance ()/ QC Check/Post Repuir Inspection . Upload Resurvey Photo [Repair Cost > Injury / Injury / Injury / Injury / Injury / Contact No: Inmaged Portion: Inmaged Portion: C Checked by (Engin-In-Charge):	er ORGENTET. e: YES () / NO () Courtery Oct () 33000),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Property of the Control of the C	Co: (Co	TRIC (380) 100 Jan (300) 110 Jan (300) 110 Jan (300) 111 316 112 316 113 316 114 316 115 316
Walk-In Customer (Customer's Info) Walk-In Customer (Customer's Info) Total Loss Case () to e-mail Insultative-In () / Towed-In () (Inyoid Inyoid	er Orgenton c: YES () / NO () Courtery Oct () 33000), ,,,	TECHNICA DESCRIPTION OF THE PRESENCE OF THE PROPERTY OF THE PR	Co: (Co	TRIC (53.0) \$150
National Cartagoria Container of Customer's Information (Insured in Customer's Insured in Customer's Insured in Customer'	er Orgenton c: YES () / NO () Courtery Oct () 33000), ,,,	The Property of the Control of the C	Cot (Co	TRIC (380) 1 (20) 1

SN0822A30003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/10/2022 13:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (03/10/2022 13:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

03/10/2022 13:04 (SGT)

Driver

01/10/2022 03:45 (SGT) Pioneer Rd North, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN8584B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LIM SIEW LIN

SXXXX435A

limdaohong@outlook.com (Phone) +65-91772558

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Nissan Sylphy

Private use

Yes

Private car

Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNW00090662200

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0822A30003

LIM DAO HONG SXXXX280C 30/05/1994

Indoor

Page 1 of 27

Date Of Driving Pass 14/10/2014 Driving experience 8 YEARS Gender Male Mobile Number (Phone) +65-91370048 Alt. Phone Number Email Address limdaohong@outlook.com Address BLK 671A CHOA CHU KANG CRESCENT #08-373 Address complement Postcode 681671 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Traffic Police Police Station Phone No. (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221001/7032 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	NA / Unknown
Name of Driver	S#23
Contact Number	170
Address	
Address complement	
Postcode	
Insurance Company Name	10 miles
Nature Of Damage	20 4
Details of property damaged in accident	RAILING
No. Of Passenger (Including Driver)	- HE-14-14 (1963)

DEFER	0.	Dalis	RAPORT			1
MUTHIC	N	POLICE	MAJOR 7	7/20	22/00/	7032
					1	1
)
						/
					/	/
					/	
					/	
				/		
			7	/		
		/				
		/				
	/	0				
	1					

ing particulars are true in every respect.

3/10/2022 12:11

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Without by Reporting Centre Personnel
(Name as in NRIC/ID card)



T/20221001/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20221001/7032

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 01/10/2022 19:40		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: O HONG	8	Address: 671A CHOA CHU KANG C 681671	RESCENT #08-373 SINGAPORE		
ID Type / ID No.: NRIC NO / S9419280C			Contact No.: Home/Office:	Mobile: 91370048		
National SINGAP	ity: ORE CITIZ	EN EN	Email: LIMDAOHONG@OUTLOO	K.COM		
Sex: Male	Age: 28	Date of Birth: 30/05/1994	Type of Informant: Driver			
Race: Chinese			Language; English	Institution / School Name:		
Occupation:			Driving Licence Information Class:	: Date of Expiry:		

Type of Accident:	Non-Injury Government Prop	Drink Drive: No	Date/Time of Accident: 01/10/2022 03:45		Type of Location Straight Road
Location: SOON LEE S Weather:	TREET	Road Surface:		Roa	d Speed Limit:
Clear Dry		Dry		50 k	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				00,	(m/h
Clear Traffic Flow: One Way		Traffic Control: Pedestrian Cross	sing	Traf	Km/h fic Volume: Fraffic

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMN8584B	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20221001/7032

CONTINUATION OF REPORT

Driver				BALLET STREET	-	THE RESERVE AND DESCRIPTION
Name	LIM DAO HONG	LIM DAO HONG			S	9419280C
Related Vehicle	SMN8584B (Car)			Contact N		1370048
Hospital/Clinic	NIL			Class of Driving Licence Expiry	D	lass: NIL ate of Expiry: NIL
Date	NIL		Date	N	IIL	
No. of Days gran	No. of Days granted Medical Leave NIL				IIL	

Brief Details.

Came from Boon Lay Way, filtered out towards Pioneer Road North, on exiting of filter lane, saw something dashed out by the left side of the car, so I swung right to avoid collision, lost control of vehicle and collided with the center divider and railing.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20221001/7032

CONTINUATION OF REPORT

Sketch	Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2022 19:40
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	

ACCIDENT'STATEMENT.

Acci	DENT DATE: (01. / 10. / 2022) (DD/MM/YY	YY), TIME: 03 . , 45 THHEMME
LOCA	MON: Pioneer Road North :	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
1,	DETAILS OF VEHICLE a) VEHICLE NUMBER: SMN 85848	
19	DINSURANCE COMPANY; China Taiping Ins	0
	d)POLICY TYPE: COMPREHENSIVE THIRD P. B)MAKE & MODEL: NISSAN SULLY F)TYPE: (CALOOD) COUPE / MPV / VAN / LOR	A STATE OF THE STA
<u></u>	g) VEHICLE CATEGORY: (PRIVATE) COMMERCH) PURPOSE OF USING AT ACCIDENT TIME: PR	CIAL / MOTORCYCLE)
414	I) ARE YOU CLAIMING UNDER YOUP OWN INS IF NO, PLEASE STATE (THIRD PARTY CLAIM / I	URANCE (KESYNO)
2	ANAME LIM SIEL LIM	MALE / REMALE
66 BR (20	DINRIC/FIN/PASSPORT: 51606435A CIADDRESS: 671A Choa Chu Kang Cresce	CONTACT: 9177 2558
1110.00	* CONTINUE TO S.d IF DRIVER ALSO POLICY F	IOLDER
tho of passanger (Including driver)	d)NAME: Um Das Hong. b)NRIC/FIN/PASSPORT: S9+19280C	CONTACT: 9137 0048
(_)	CIADDRESS: 6714 Chea Cha Kang CAUCUT	并 ēg-373 ·
E .	e)OCCUPATION: (NDOOR) OUTDOOR)	>/MM/YYYY) : ,
4,	ODATE OF DRIVING PASS 14 04 20 WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES /(NO)
5.	d) WEATHER CONDITION; (CLEAR) RAINING b) ROAD SURFACE; (DR) / WET / OTHERS	/ OTHERS
	WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO	N. Traffic Police
Ho of passanger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: Railing	MODEL
Including driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD, PARTY VEHICLE	CONTACT:
ho of passanger	a) VEHICLE NUMBER:	MODEL:
Industing distres	f) NRIC/FIN/PASSPORT:	CONTACT:
	* 8	

email = lim das hong @ ontlook. com



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

CERTIFICATE OF INSURANCE

otor 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)

MX1F

N

AN0628A

SN

Cov. Type:C

CERTIFICATE No.

DMPCSNW00090662200

Engine No.: HR16942635C Cha. No.:MNTBBAB17Z0035735

Index Mark and Registration Number of Vehicle

SMN8584B

AUTOSAFE

2. Name of Policy Holder

LIM SIEW LIN

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

06/04/2022 (00:00:00)

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

05/04/2023

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

5\$3,000.00 \$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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 fulfion 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/Thelt) will be doubled.

One time Waiver of Excess for the first S\$500 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.: HL BANK

* 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 triese 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: NSK INSURANCE AGENCY Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🛪 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com