

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 10/11/12	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22011280/13	SAS e-filing		
Veh No: SLK4030L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/11/12 0900	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4N48200	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%. P: 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	Actions

NA2203171	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	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		
	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:-		
	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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Pat 1:	Invoice dated	Fee Charged	
Pat 2/3:			

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	10/11/2022 16:34 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 09:00 (SGT)
Exact Location of Accident	Canberra Way, Singapore 752106
Additional Location Information	TURNING RIGHT TO CANBERRA ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4030L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K. GAMBINO LEASING PTE. LTD.
Company Reg No	2XXXXX841M
Email Address	limkyg@gmail.com
Mobile Phone No	(Phone) +65-92482340
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00005822200

DRIVER

Name of Driver	LIM YICK KHOON
NRIC No	SXXXX149A
Date Of Birth	01/11/1968
Occupation	Outdoor

Date Of Driving Pass	18/07/1994
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91000913
Alt. Phone Number	-
Email Address	limkyg@gmail.com
Address	BLK 235 YISHUN ST 21
Address complement	#08-456
Postcode	760235
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	DRIZZLING
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	JOSEPHINE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
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

PLS REFER TO THE POLICE REPORT:T/20221110/7028

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	YN4820D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR CHEN MING
Passport No/FIN	GXXXX396K
Contact Number	(Phone) +65-88281251
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	LIM YICK KHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SLK4030L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JOSEPHINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SLK4030L
Were seat belts worn?	-
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 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.



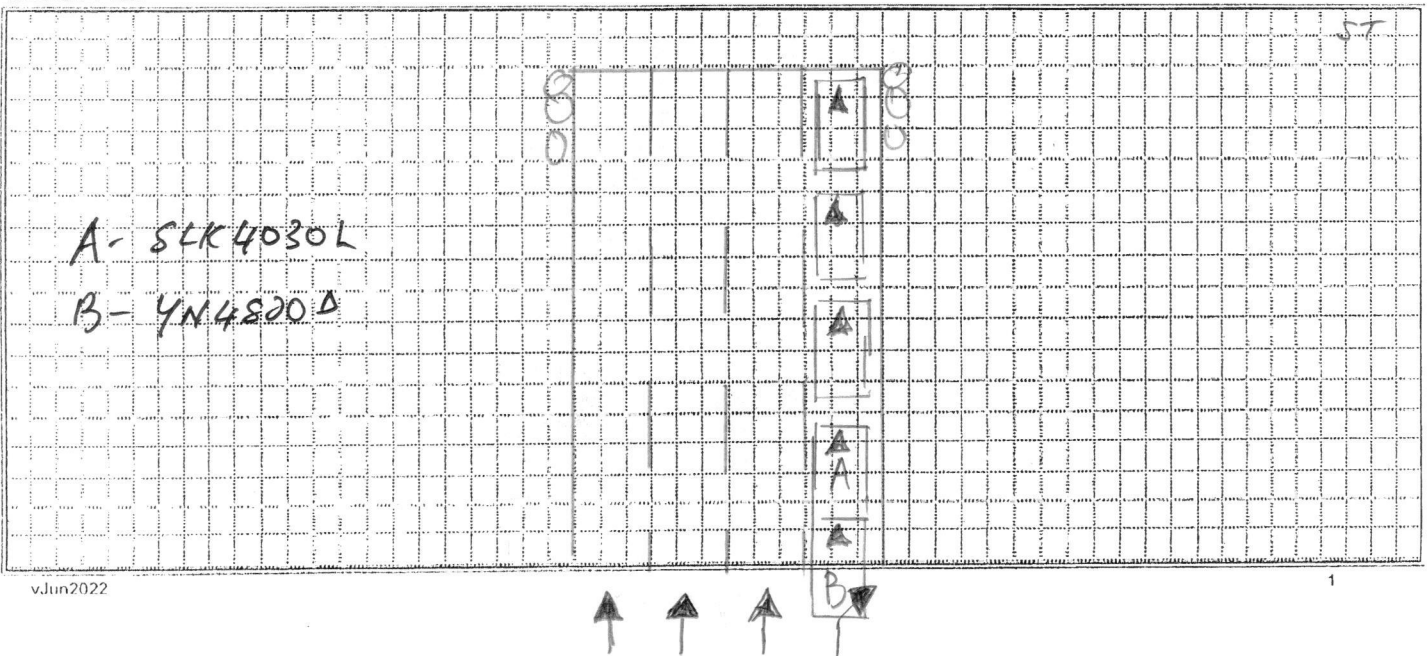
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CANBERRA ST TURNING RIGHT TO CANBERRA ST



Describe Circumstance of the Accident

P/s refer to the police report: T/2022111017028

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 10/11/2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 10/11/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221110/7028

1 of 3

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

Report No. T/20221110/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2022 14:18		Vide Report No.: T/20221110/2022		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YICK KHOON			Address: 235 YISHUN STREET 21 #08-456 SINGAPORE 760235		
ID Type / ID No.: NRIC NO / S6841149A			Contact No.: Home/Office: Mobile: 91000913		
Nationality: SINGAPORE CITIZEN			Email: limykg@gmail.com		
Sex: Male	Age: 54	Date of Birth: 01/11/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2022 09:00	Type of Location: X-Junction
Location: CANBERRA STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK4030L	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

Report No. T/20221110/7028

CONTINUATION OF REPORT

Driver			
Name	LIM YICK KHOON	ID No.	S6841149A
Related Vehicle	SLK4030L (Car)	Contact No.	91000913
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/11/2022	Date	10/11/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I am a private hirer driver. On 10/11/2022 at around 0900hrs, i was driving my car plate SLK4030L number along Canberra Way. I have a female passenger which i picked her up at Buangkok Crescent and was heading to Food Xchange at Admiralty. While at the junction of Canberra Way X Canberra St, I was at the right lane, queuing to turn to Canberra St, when suddenly a lorry plate number YN4820D hit my car from the back.

The impact causes myself and my passenger a discomfort on the neck. The lorry driver and myself came out of our vehicle and took picture of the damage and we changed particulars afterwards. I informed him to report the matter to his wrkplace and we left seperately after that.

I still proceeded to send my passenger to her destination. Before i alighted her, I informed my passenger to keep in touch with me should she suffered any injuries if she goes for any medical checkup as she complaint of neck pain and she has a history of it. For myself, I will be going to the clinic to get myself check on my neck as i felt that there is a muscle pull. This report is for insurance claim as well.

Lorry driver details:

Mr Chen Ming (Heng Khwee Heng Poultry)
G8803396K
88281251

Passenger name and contact:
Josephine, 96843138

I have make a report this morning (T/20221110/2022) at Yishun North N. P. C before seeing a doctor. I have medical leave of 3 days.



**SINGAPORE
POLICE FORCE**



T/20221110/7028

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

3 of 3

Report No. T/20221110/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
10/11/2022 14:18

Classification Of Case:

HEALTHPLUS CLINIC & SURGERY

Blk 631, Bedok Reservoir Road, #01-898
Singapore 470631. Tel: 6446 0529

No. 92253

MEDICAL CERTIFICATE

Date: 10/11/22

This is to certify that

Mr / Miss / Mdm

Lim Yick Khoon

was seen today and found to be

THASE 103)

10/11/22

12/11/22

- ☒ Unfit for duty / School for _____ days(s), from _____ to _____ inclusive.
- ☐ Fit for light duty from _____ to _____
- ☐ Attended the clinic at _____ am / pm and left at _____ am / pm
- ☐ Comments _____

DR DINA QUEK
MB.,BS. (S'pore)
FAMILY PHYSICIAN



* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

DR. DINA QUEK
M.B.,B.S.(S'PORE)
Family Physician

HEALTHPLUS CLINIC & SURGERY

Blk 631, Bedok Reservoir Road, #01-898
Singapore 470631. Tel: 6446 0529

No. 119287

OFFICIAL RECEIPT

Date: 10/11/22

Received from

Lim Yick Khoon

the Sum of Dollars

Seventy-five only

Consultation / Physical Examination	\$	60/-
Medications 1) Anavex (10)	\$	6/-
2) A/Keto plaster (1)	\$	9/-
3) _____	\$	_____
4) _____	\$	_____
5) _____	\$	_____
6) _____	\$	_____
Procedures _____	\$	_____
Miscellaneous _____	\$	_____
Less \$ _____	Total \$	75/-

\$ 75/-
Cash/Cheque No: _____


Authorised Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (10/11/20) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: CANBERRA ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK4030L
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: DMHCSNA00005822000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 3 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: K. GAMBINO LEASING PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 92482340
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: LIM YICK KHUON
 b) NRIC/FIN/PASSPORT: 56841149A (MALE / FEMALE)
 c) ADDRESS: BLK 235 YISHUN ST 21 CONTACT: 91000913
#08-456 (760235)
 d) DATE OF BIRTH: (01/11/1968) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 18/07/1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO) TRAFFIC POLICE
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN4820D MODEL: _____
 b) DRIVER'S NAME: MR CHEN MINH
 c) NRIC/FIN/PASSPORT: 98803396K CONTACT: 88281251

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
 (2)

Passenger
 (1)

Josephine
 neck pain

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email = limykg@gmail.com

Fax =

VIDEO = NO

Motor Hire Car

MZ406L/B

E SN

AN0695A

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.

DMHCSNA00005822200

Engine No. P520422757

Cha. No. JM6BN22A8H0137075

1. Index Mark and Registration
Number of Vehicle

SLK4030L

AUTOSAFE
=====

2. Name of Policy Holder

K. GAMBINO LEASING PTE. LTD.

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

21/04/2022
(00:00:00)

Excess Sect. I . \$S2,000.00

Excess Sect. I (Outside Singapore) \$S4,000.00

Excess Sect. II \$S1,500.00

Excess Sect. II (Outside Singapore). \$S3,000.00

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

08/04/2023

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.

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: Tan Xin Yi Josephine
Authorised Officer



Authorised Signatory