

# NATIONAL Assessment Centre Services

(Unit 1 Jan 2022)

Sub 22BE0002

Date In: 14/11/2022 15:16	Job description	Date & Time Completed	Done by
Ref No: XIB8/C72 220/1387/Y	SAS e-illing		
Veh No: SJX 7103X	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 12/11/2022 23:15	I-Motor Claim Form		
OO (TP) / Reporting Only	I-Motor W/O (within 3hrs, A/C 3hrs)		
	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: SJX 7103X	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% (Note: Bst Status (WO): N: 0-30%, 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: (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date/Turn: \_\_\_\_\_

Actions: \_\_\_\_\_

NA2203202	Invoice Preparation Checklist	Amount	Fee/BM
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$110		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: Idea DA + SMRT Survey	\$140		
8) NTUC Additional Services:			
QW:			
*NI: Courtesy Car / Trip Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
*NI: TP (Non-INC) against INC	\$30		
*NI: Idea Mileage	30		
Invoice dated	Fee Charged		
12/3			



## 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	14/11/2022 15:16 (SGT)
Reported by	Both
Date of Accident	12/11/2022 23:15 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	ENTERING JB CUSTOM TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4981Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM YU RU JESSICA
NRIC No	SXXXX106C
Email Address	kaiming.ong@gmail.com
Mobile Phone No	(Phone) +65-90691132
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00264872100

#### DRIVER

Name of Driver	ONG KAI MIN
NRIC No	SXXXX996B
Date Of Birth	24/07/1997



Occupation	Indoor
Date Of Driving Pass	02/11/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-81011467
Alt. Phone Number	-
Email Address	kaiming.ong@gmail.com
Address	BLK 29A CHAI CHEE AVENUE #04-68
Address complement	-
Postcode	461029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	LIM YU RU JESSICA
Gender	Female

#### 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 AND ATTACHMENT

#### 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	SJX7103X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

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

Policyholder's Signature / Date & Time

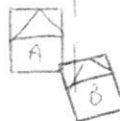
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

veh A: S55 498 12  
veh B: S5X 7103X

ENTERING JB CUSTOM TOWARDS WOODLANDS CHECK POINT?



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

- ATX
- 1/15
- Peter

Declaration

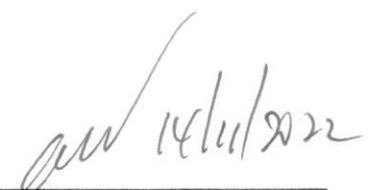
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 14/11/2022

Witnessed by Reporting Centre Personnel

On the stated date and time. I, Vehicle A (SJS4981Z) was travelling straight on Lane 2 of Entering JB Customs Towards Woodlands Checkpoint. Suddenly, I heard a loud bang and felt an impact from the rear right portion of my vehicle. I then proceed to move forward and stop my vehicle to check the damages and realise that is Vehicle B (SJX7103X) cut into my lane and collided onto my vehicle.

**Vehicle A : SJS4981Z**

**Vehicle B : SJX7103X**

*14/11/2022*

*[Signature]*

*[Signature]*



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# SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/11/22		Time: 23:15hrs (hh:mm) 24 hr format	
Location: Entering JB Customs towards Woodlands checkpoint			
Vehicle Number: SJS 4981Z			
Insured Name: Lim Yu Ru Jessica			
NRIC/FIN: S89201060		Contact Number: 9069 1132	
Make: Kia		Model: K5	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( ) Third Party ( ) Reporting			
Insurance Company: China Taiping			
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number: DMPCSNW00264872100			
Name of Driver: Ong Kai Min		( ) Same as Insured	
NRIC/FIN: S97249968		Contact Number: 8101 1467	
Date of Birth: 24/07/1997			
Driving Pass Date: 02/11/2018			
Occupation ( ) Indoor ( ) Outdoor			
Gender ( ) Male ( ) Female			
Email Address: kaiming.ong@gmail.com		( ) NO EMAIL	
Address of Driver: Blk 29A Chai Chee Avenue Flc4-68 (S) 461029			
Was driver an employee of the Insured's Company? ( ) Yes ( ) No			
If No, Relationship of the Driver with the Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( ) Clear ( ) Raining ( ) Others			
Road Surface ( ) Dry ( ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No			
Was anybody injured in the accident? ( ) Yes ( ) No			
If yes, injured detail			
Was there any video captured by Car Camera? ( ) Yes ( ) No			
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report			
Other involved party Name			
Veh B: SJX 7103X			
Veh C:			
Veh D:			
Veh E:			
Veh F:			

1 Passenger

(1) Lim Yu Ru Jessica (F)



Motor Private Car

MX1F

E SN

AN0644A

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.

DMPCSNW00264872100

Engine No.: G4FC9H284941

Cha. No.:KNAFW411MA5113457

1 Index Mark and Registration  
Number of Vehicle

SJS4981Z

AUTOSAFE  
=====

2 Name of Policy Holder

LIM YU RU JESSICA

3 Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment26/12/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4 Date of Expiry of Insurance

19/02/2023

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\$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.: MAYBANK SINGAPORE LIMITED

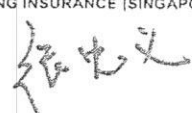
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings

**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

Chai Huilin Lynn  
Authorised Officer  
Authorised Signatory