

# NATIONAL Assessment Centre Services

Date In: 22/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT122011699/a4	E-mail (within 8hrs, Aft 2hrs)		
Veh No: SLC 5744X	i-Motor Claim Form		
DOA: 22/11/2022 0830	i-Motor W/O (Within: QD 2hrs, TP 4hrs)		
OD: 0 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: GBC 17932	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	Actions

NA2203292	<b>Invoice Preparation Checklist</b> 1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 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) NI : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- ON* *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	Amt (\$) 1st Bill Amt (\$) Add Bill
Claimant's Particulars :-		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditors' Comments :-		
Cat 1:		
Cat 2/3:		

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	22/11/2022 11:34 (SGT)
Reported by	Driver
Date of Accident	22/11/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS AIRPORT BEFORE TAMPINES AVE 10 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5744X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON HENG
NRIC No	SXXXX589F
Email Address	rickylin214@gmail.com
Mobile Phone No	(Phone) +65-97271620
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00014172200

#### DRIVER

Name of Driver	FAN HONGJUN
NRIC No	SXXXX554A
Date Of Birth	27/07/1970
Occupation	Indoor

Date Of Driving Pass	04/08/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90148715
Alt. Phone Number	-
Email Address	rickylin214@gmail.com
Address	161A PUNGGOL CENTRAL #17-85
Address complement	-
Postcode	821161
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	PASSENGER
Gender	Male

#### 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 ATTACHED REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO HAVE NOT RETRIVED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1793Z
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE JUN KING
Contact Number	(Phone) +65-88138517
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML1305Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94592907
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that :

(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' law yers/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 law yers/law firms), w hich 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

It towards 18:30

A = SLCS44X

B = GBC 17932

C = SML1305Y

$$K \subset K' \subset K'' \subset K''' \subset K''''$$



### Describe Circumstances of the Accident

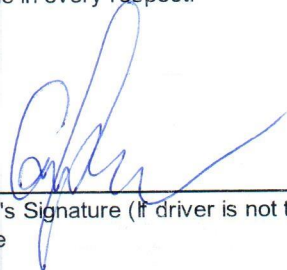
I was travelling along TPE when the vehicle in front slowed down.

I also slowed down my car. But the lorry behind me did not slow down in time and collided into the rear of my car. The impact caused my car to surge forward and hit the car in front of me.

### 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

 22/11/2022  
Witnessed by Reporting Centre Personnel

**PROFI AUTOMOTIVE**

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE. SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 22.11.22 Accident Time: 0830hrs (24 HR Format)

Accident Place : TPE towards Wipac before Tampines We 10 ext

Vehicle Number : SLC 5744X Make/Model: Nissan Qashqai

Insurance Co. : CN Taiping Policy No. : DMPCSN00014172200

Owner/Company Name & IC No. : Lim Boon Heng , S1545589F

Owner/Company Tel No. : 97271620

Driver Name and IC No. : Fan Hongjun , S7061554A

Driver Date of Birth : 27/07/1970 License Pass Date: ~~S7061~~ 04/08/2021

Driver Address : 161A Punggol Central #17-85 S821161

Driver Contact No : 90148715 Driver Occupation: Indoor | Outdoor

Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: \_\_\_\_\_

Email Address : rickylin214@gmail.com

Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET

Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance

Number of Passenger (Including Driver) : 02 Vehicle Usage Purpose : Private Use | Work Purpose

Was there any Video Capture by Car Camera : (Yes) | No haven't retrieve

Any Injury (State, if Yes) : \_\_\_\_\_

Details of Other Vehicle

Vehicle No. : <u>GBC 1793Z</u>	Vehicle No. : <u>SML 1305Y</u>
Make/Model : <u>Mit Canter</u>	Make/Model : <u>Mit Eclipse</u>
Driver Name : <u>Lee Jun King</u>	Driver Name : <u><del>Lee Jun King</del></u>
Driver Contact No. : <u>88138517</u>	Driver Contact No. : <u>94592907</u>

\* NEW - Passenger Name & Gender : Norman Lim Chee Yee m/18





Motor Private Car

MX1F

E SN

AN0621A

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.

DMPCSNW00014172200

Engine No.: HRA2259485A

Cha. No.:SJNFEAJ11U1628138

1. Index Mark and Registration  
Number of Vehicle

SLC5744X

AUTOSAFE  
=====

2. Name of Policy Holder

LIM BOON HENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (10:28:50)  
Ordinance or Enactment

04/01/2022

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

\* 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\$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. : OCBC BANK 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: Wang Chong Yu

Authorised Officer

Authorised Signatory