

NATIONAL Assessment Centre Services (011 720022) **SW 22BP0004**

Date In: 26/11/2022 15:20	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C7220018774	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJT 9195M	i-Motor Claim Form		
D.O.A: 23/11/2022 11:08	i-Motor W/O (Within: OD 2hrs, 27 mins)		
QC (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asst Report by Fax/ Hand to Owner/WMAR		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GBB 8704R** 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 repeler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remaps: () (INC hotline: 6788 6615) 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

NA2203318	Invoice Preparation Checklist		DATE: ()
Insured's Particulars:	1) AR: Accident Reporting (330)		Acc. Bill
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)		
Contact No:	3) TP: Towing Fee \$10/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$150		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Comments:	*Resurvey required INC Only (w/ef 12 Jan 2023)		
	6) TR: Re-inspection \$75		
	7) NI: New DA + SMART Survey \$140		
	8) NTUC Additional Services:		
	QM		
	*NI: Courtesy Car / Trip Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$1		
	TP (N/A): TP (Non-INC) against INC \$30		
	*NI: Mileage \$10		
	Invoice dated: ()	Fee Charged: ()	
	Invoice total: ()	Amount Paid: ()	

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	25/11/2022 15:20 (SGT)
Reported by	Both
Date of Accident	23/11/2022 11:08 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9195M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH SOO MEI
NRIC No	SXXXX891A
Email Address	perlynpoh@livespace.com
Mobile Phone No	(Phone) +65-97980883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00255522201

DRIVER

Name of Driver	NG CHUAH LIM
NRIC No	SXXXX433G
Date Of Birth	10/10/1965
Occupation	Outdoor

Date Of Driving Pass	11/11/1983
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-81234419
Alt. Phone Number	-
Email Address	perlynpoh@livespace.com
Address	BLK 214 BEDOK NORTH STREET 1 #03-161
Address complement	-
Postcode	460214
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BOSS
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?	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	POH SOO MEI
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 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	GBB8704R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG CHUAH LIM
Gender	Male
Phone No	(Phone) +65-81234419
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT9195M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	POH SOO MEI
Gender	Female
Phone No	(Phone) +65-97980883
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT9195M
Were seat belts worn?	Yes
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

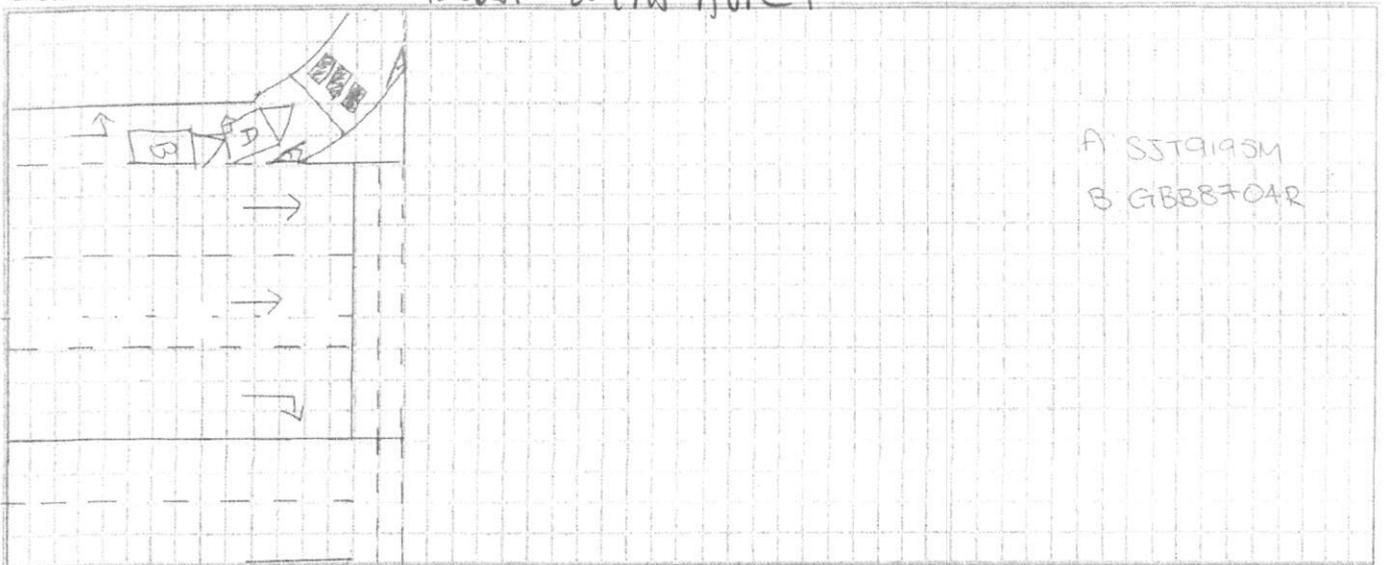
Sketch Plan

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

BECK SOUTH AVE 1

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

25/11/2022

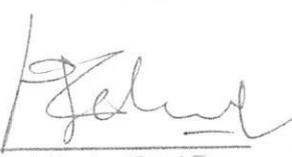


Describe Circumstance of the Accident

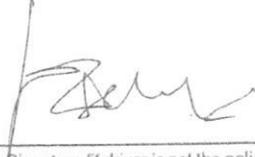
On the 23 Nov 2022 @ 11:08 am I was driving along Bedok South Ave 1, proceeding
to make a left turn into Bedok South Road. As I was giving way to pedestrian at the
Zebra Crossing Vehicle B bearing registration number GBB 8074R collided into the rear of
my motor car SJT 9A5M

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

 25/11/2022

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

VEHICLE NO: SJA9195M

MAKE & MODEL: Toyota Wish

AUTO / MANUAL

DATE OF ACCIDENT	23 / 11 / 2022	*C.C. 1800
TIME OF ACCIDENT	11.08	(AM) / PM
LOCATION OF ACCIDENT	Bedok South Ave 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Poh Soo Mei	
EMAIL: <u>Pohlyn poh@liveface.com</u>	Office:	MOBILE: 97980883
NRIC	S7112891A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	DMPCBNP00255522201	
NAME OF DRIVER	AS ABOVE / IF NO Ng Chuan Lim	
NRIC	S1702433G	
DATE OF BIRTH	10 / 10 / 1965	
ANY PASSENGER	(YES) NO :	
NAME OF PASSENGER	Poh Me Soo Mei	
GENDER OF PASSENGER	MALE / (FEMALE)	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	11 / 11 / 1983	
GENDER	(Male) / Female	
CONTACT NO:	Mobile: 81234419	Office: Home:
EMAIL		
ADDRESS	Blk 214 Bedok North Street 1 #03-161 (460214)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / If yes: Who? Ng Chuan Lim and Poh Soo Mei.	
CONVEYED BY AMBULANCE	(No) If yes: Who?	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES WHO?	
VEHICLE B NO	G888704R	Any Passenger or Unclear
NAME		
CONTACT NO:		
VEHICLE C NO	Any Passenger.	
VEHICLE D NO	Any Passenger.	
VEHICLE E NO	Any Passenger.	
VEHICLE F NO	Any Passenger.	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES / (NO)	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)	



Motor Private Car

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)

MX1WF
R SN
AN0714A
Gov. Type: C

CERTIFICATE No	DMFCSNA0025522201	Engine No.: ZZR0473475 Cha No. ZGE200025827
1 Index Mark and Registration Number of Vehicle	SJT9195M	
2 Name of Policy Holder	POH SOO MEI	
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/11/2022 (00:00:00)	Named Drivers Ex Sect I S\$750.00 Additional Ex Other than Named Drivers:
4 Date of Expiry of Insurance	05/11/2023	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 will be doubled). A Fiat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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. : SSL HOLDINGS 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: _____
Authorised Officer



Authorised Signatory