

NATIONAL Assessment Centre Services (ver 1 Jan 2022) SU0922C50005

Date In: 05/12/2022 16:09	Job description	Date & Time Completed	Done by
Ref No: NBA GA1220121334	SAS e-filing		
Veh No: SMF 6227 T	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 03/12/2022 12:38	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: SKL 2298B 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 repeller.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6788 6616)	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

NA2203388 Incident's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engi-In-Charge): Comments: L.P./S:	Invoice Preparation Checklist		Amount	Actual Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$40/\$45		
	4) PT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Excluding special INC Only (ver 10 Jan 2022)			
	6) TR: Re-inspection	\$75		
	7) NI: Issue DA + SMRT Survey	\$140		
	8) NTUC Additional Services:			
	OD:			
	*NI: Courtesy Car / Tst Allowance	\$5		
	*NI: Repair Coordination	\$10		
	*NI: Post Repair Inspection	\$25		
	*NI: DV / Collect Excess Coordination	\$5		
	*TP (NI): TP (Non INC) against INC	\$10		
	9) NI: Issue Mobile	\$10		
	Invoice dated	Fee Charged		
	Invoice total	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	05/12/2022 16:09 (SGT)
Reported by	Both
Date of Accident	03/12/2022 12:38 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6227T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM ZI HUI JOLINE
NRIC No	SXXXX569H
Email Address	jolinelimzihui@gmail.com
Mobile Phone No	(Phone) +65-96971591
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005057-00-000

DRIVER

Name of Driver	LIM ZI HUI JOLINE
NRIC No	SXXXX569H
Date Of Birth	01/10/1991
Occupation	Indoor

Date Of Driving Pass	15/08/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96971591
Alt. Phone Number	-
Email Address	jolinelimzihui@gmail.com
Address	BLK 53 STRATHMORE AVENUE #36-169
Address complement	-
Postcode	140053
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	HUSBAND
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 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	SKL2298B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH HAI FEE PHILIP
NRIC No	SXXXX707B
Contact Number	(Phone) +65-96358632
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

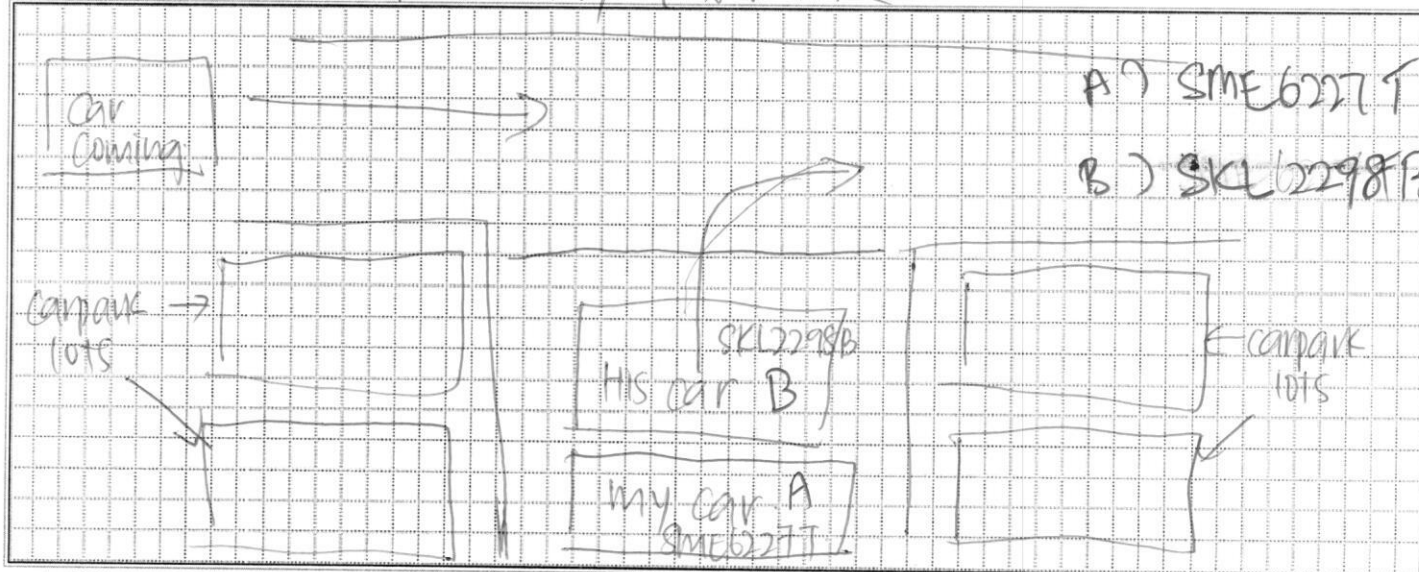
[Signature] 5/12/2022
Policyholder's Signature / Date & Time

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

[Signature] 05/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

VIVO CITY CARPARK



Describe Circumstance of the Accident

Our cars are both in Vivo city carpark. He was driving in front of me. There is a junction where there is a white line and we need to give way to cars from the left. He suddenly reverse very fast and knock the front of my car.

Declaration

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

 5/12/2022

Policyholder's Signature / Date & Time

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

 05/12/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 12 / 2022) (DD/MM/YYYY), TIME: (12 : 38 PM) (HH:MM)

LOCATION: Vivo City Mall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 6227 T
 b) INSURANCE COMPANY: Great America
 c) POLICY NUMBER: MCHVP 000005067
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mitsubishi Attrage
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Shopping
 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: Lim Jihui Joline (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S9135569H CONTACT: 96971521
 C) ADDRESS: B1K 53 Stratmore Avenue #36-169 S(140053)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Jihui Joline (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9135569H CONTACT: 96971521
 c) ADDRESS: B1K 53 Stratmore Avenue #36-169 S(140053)

* d) DATE OF BIRTH: (01 / 10 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/8/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Self

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKL 2298B MODEL:

b) DRIVER'S NAME: Lim Hai Foe Philip CONTACT: 9635 8632

c) NRIC/FIN/PASSPORT: S1107707B

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME: CONTACT:

f) NRIC/FIN/PASSPORT:

email = jorinelimjihui@gmail.com

VIDEO

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) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVP000005057-00-000	Cover	: Private Car (Comprehensive)
Registration Number	: SME6227T	Chassis Number	: MMBSTA13AJH003893
NCD Entitlement	: 40% No Claim Discount	Engine Number	: 3A92UHH8149
Policyholder Name	: ZI HUI JOLINE LIM		
Hire Purchase	: United Overseas Bank Limited		
Period of Insurance	: From 09/10/2022 (00:00) To 08/10/2023 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
b) Any Named Driver as stated in the policy
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing
c) Use for carriage of goods (other than samples) in connection with any trade of business
d) Use for any purpose in connection with Motor Trade

* 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

Excess (Section 1) Including Fire & Theft - Outside Singapore	: N/A		
Excess (Section 1) - In Singapore	: SGD 700.00	Preferred Workshop	: Dealer Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: No
Additional Excess	: Please refer overleaf		

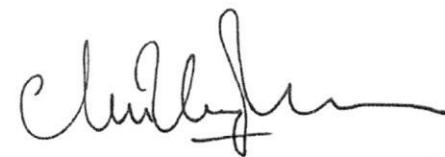
Driver Details

Main Driver	: ZI HUI JOLINE LIM
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: Lee Wen Wei
Date of Issue	: 05/10/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory
wenwei.lee@axaplanner.com.sg