

# NATIONAL Assessment Centre Services (NAC) SMO 822C 67004

Date In: 16/12/2022 17:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBB/ML22018612/4	E-mail (within 3hrs, A/C this)		
Veh No: SMF 6635R	I-Motor Claim Form		
D.O.A: 15/12/2022 16:35	I-Motor W/O (within 24 hrs, 24 hrs)		
OD: TP / Reporting Only	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: Veh No: YP 4188E INC ( ) / Non-INC ( )		
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) (Note: Bst 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 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:

NA2203496	Invoice Preparation Checklist	Added
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$55)	
3) TP: Towing Fee	\$40/\$40	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
Excluding GST (GST Only, Govt 12 Jan 2023)		
6) TR: Re-inspection	\$75	
7) NT: 12hr DA + SMRT Survey	\$140	
8) NTUC Additional Services:		
GR:		
*NT: Courtesy Car / Tpl Allowance	\$5	
*NT: Repair Coordination	\$10	
*NT: Post Repair Inspection	\$25	
*NT: DV / Collect Excess Coordination	\$5	
*TP (NT): TP (Non-INC) against INC	\$30	
*NT: 12hr Mow	10	
Invoice dated:	Fee Charged:	
Invoice total:		

## 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	16/12/2022 17:21 (SGT)
Reported by	Both
Date of Accident	15/12/2022 16:30 (SGT)
Exact Location of Accident	Yishun Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6635R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM BENG HWA (LIN MINGHUA)
NRIC No	SXXXX028Z
Email Address	waytowark80@yahoo.com.sg
Mobile Phone No	(Phone) +65-83230131
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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	1496

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900167121-03

### DRIVER

Name of Driver	LIM BENG HWA (LIN MINGHUA)
NRIC No	SXXXX028Z
Date Of Birth	20/03/1979
Occupation	Indoor

Date Of Driving Pass	27/09/1999
Driving experience	23 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83230131
Alt. Phone Number	-
Email Address	waytowark80@yahoo.com.sg
Address	BLK 451 YISHUN RING ROAD #12-128
Address complement	-
Postcode	760451
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	Side Swipe
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)	1
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	-

#### 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

PLEASE REFER TO POLICE REPORT T/20221215/7042

#### 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	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4188K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Etiqa Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM BENG HWA (LIN MINGHUA)
Gender .....	Male
Phone No .....	(Phone) +65-83230131
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMP6635R
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 Authorised 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. 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.

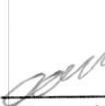
(collectively the "Purposes")

(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

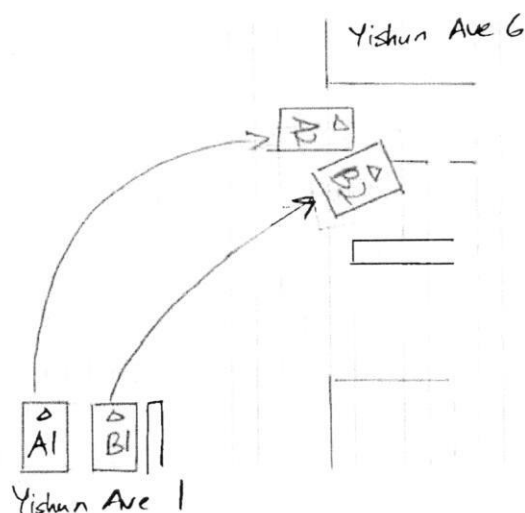
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

 16/12/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

 16/12/2022  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



A = SMP 6635R

B = YP 4188K

Please Refer Police Report No :T/2022/215/7042

16/12/2022

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20221215/7042

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

1 of 3

Report No. T/20221215/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2022 20:41		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM BENG HWA		Address: 451 YISHUN RING ROAD #12-128 SINGAPORE 760451			
ID Type / ID No.: NRIC NO / S7909028Z		Contact No.: Home/Office: Mobile: 83230131			
Nationality: SINGAPORE CITIZEN		Email: waytowork80@yahoo.com.sg			
Sex: Male	Age: 43	Date of Birth: 20/03/1979	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2022 16:30	Type of Location: Straight Road
Location:  YISHUN AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP6635R	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT	Grey	Seriously Damaged	0
YP4188K	Lorry	ISUZU		White	Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20221215/7042

2 of 3

Report No. T/20221215/7042

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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP6635R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900167121-03	09/10/2022	08/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM BENG HWA	ID No.	S7909028Z	
Related Vehicle	SMP6635R (Car)	Contact No.	83230131	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	LIU DEXIN	ID No.	G892150P	
Related Vehicle	YP4188K (Lorry)	Contact No.	85495967	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: 24/06/2026	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

A sideswipe car accident happened along at straight road at Yishun AVE 6 after the right turn from Yishun AVE 1. The straight road at Yishun AVE 6 has 2 lanes. Prior to the car accident, a lorry, with car plate number YP4188K was at lane 1 (right side of the straight road) and my car with car plate number SMP6635R was at lane 2 (left side of the straight road). When both vehicles were at the straight road along Yishun AVE 6, the lorry abruptly changed the lane from lane 2 to lane 1. The move of the lorry damaged right-side front bumper cover of my vehicle. The was recorded with my in-car camera





**SINGAPORE  
POLICE FORCE**



T/20221215/7042

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

3 of 3

Report No. T/20221215/7042

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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

Date/Time:  
15/12/2022 20:41

Classification Of Case:

Date of Accident : 15.12.2022 Accident Time : 16:30hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Yishun Avenue 6

Vehicle No (Car Plate No) : SMP 663SR Make/Model: Mitsubishi Eclipse Cross 1.5

Insurance Company : AIG Policy No: 1900167121-03

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Lim Beng Hwa (S7909028Z)

Owner Contact No : 83230131 Owner's Hp — Company Tel —

Driver Name / IC No : As above

Driver's Date of Birth : 20.03.1979 Driver's License Pass Date: 27 Sep 1999

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 451 Yishun Ring Road #12-128 Singapore

Driver's Contact No : 1) — 2) —

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : waytowark80 @ yahoo.com.sg

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

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Person

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes, 1 Driver

Other Party Driver's Particular (if any)

VEH B : YP 4188K (Etiga) Name & Contact No: \_\_\_\_\_

VEH C : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

VEH D : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

VEH E : \_\_\_\_\_ Name & Contact No: \_\_\_\_\_

\*NEW - Passenger's Name & Gender:

*Li*



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM BENG HWA (LIN MINGHUA)  
Period of Insurance : 09 Oct 2022 To 08 Oct 2023  
Engine No. : 4B40GH1592  
Chassis No. : JMAXTGK1WKZ000761

Vehicle No. : SMP6635R  
Policy No. : 1900167121-03  
Endorsement No. :  
Issued Date : 14 Sep 2022 10:41

### ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5  
Engine Capacity/Tonnage : 1,499.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2019  
Insuring with COE/PARF : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition  
Mileage Condition : Unlimited Mileage

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM BENG HWA (LIN MINGHUA) - \$800 (Own Damage), \$800 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720785

CYCLE & CARRIAGE - BEVERW(MIT)

239 ALEXANDRA ROAD  
SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP