

NATIONAL Assessment Centre Services

Date In 05/01/2023	Job description	Date & Time Completed	Done by
REF No NAICT123000133/d4	SAS e-filing		
Veh No SML 4200 X	E-mail (within 8hrs. Aft 2hrs)		
DOA 04/01/2023	i-Motor Claim Form		
OD/ TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Vch No: SLS 3256.S 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: (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

NA2300042	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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			
	ON12: Idac Mobile \$0			

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 05/01/2023 13:39 (SGT)
Reported by Driver
Date of Accident 04/01/2023 07:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information BARTLEY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML4200X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DELVRON (SINGAPORE) PTE LTD
Company Reg No 2XXXXX504K
Email Address brianwlim@yahoo.com
Mobile Phone No (Phone) +65-98533900
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00129742200

DRIVER

Name of Driver BRIAN WILFRED LIM SHAU CHEW
NRIC No SXXXX568A

Date Of Driving Pass	04/01/1993
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-98533900
Alt. Phone Number	-
Email Address	brianwlim@yahoo.com
Address	499 YIO CHU KANG ROAD
Address complement	# 07-03
Postcode	787082
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF
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	IGNATIUS
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 THE ATTACHED STATEMENT

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	SLS3256S
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WHOO JIN HAO
NRIC No	SXXXX388G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

SKETCH PLAN

IMPORTANT NOTICE

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.

DELVRON (SINGAPORE) PTE LTD

Policyholder's Signature / Date & Time

5/1/23

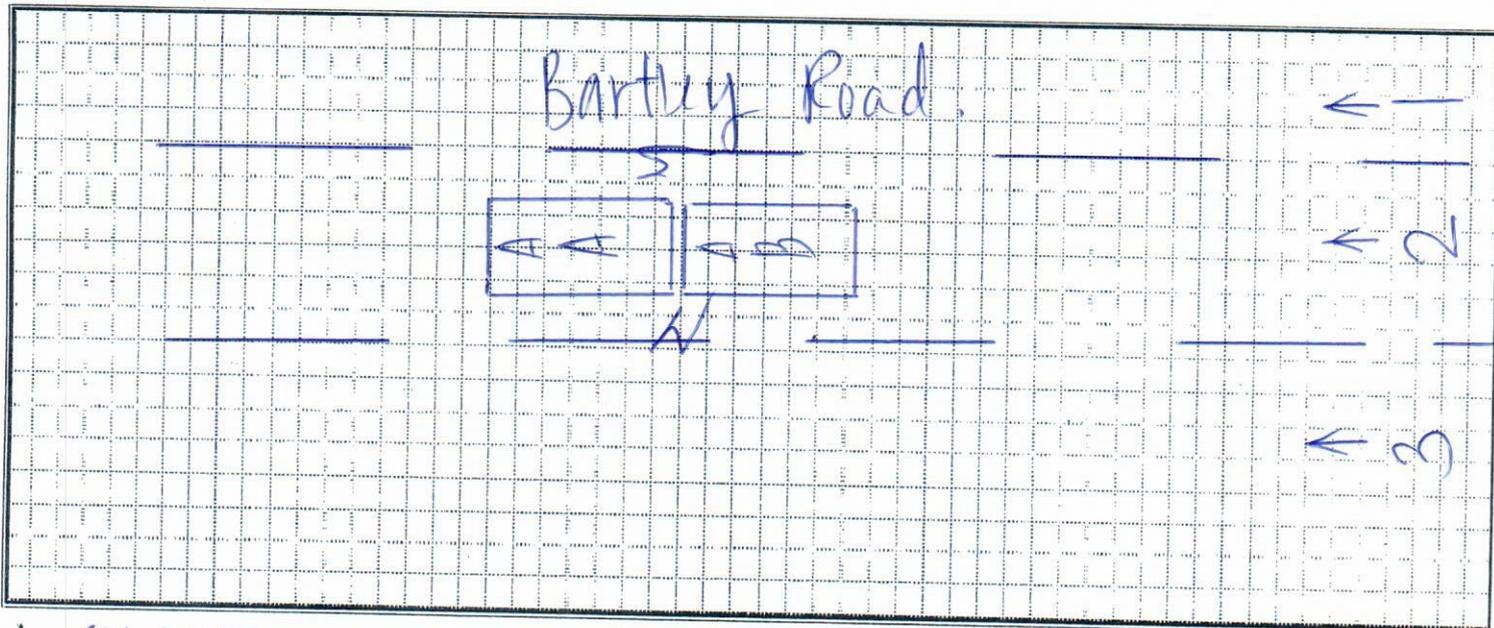
Driver's Signature (if driver is not the policyholder) / Date & Time

5/1/23

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

guelh 5/1/2023

Sketch Plan



A - SML4200X

B - SLS3256S

Describe Circumstance of the Accident

Car A was stationary when suddenly Car B came and hit the rear of my car (A).

Declaration

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

DELVRON (SINGAPORE) PTE LTD

Policyholder's Signature / Date & Time

5/1/23

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

5/1/23

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

5/1/23

VEHICLE NO: <u>SML 4200x</u>	MAKE & MODEL: <u>Honda Freed</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT	<u>04 / 01 / 2023</u>	*C.C. <u>1.5</u>
TIME OF ACCIDENT	<u>7.05 AM</u> (AM) / PM	
LOCATION OF ACCIDENT	<u>Bartley Rd</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>Delvon (S) P/L</u>	Email: <u>brianwlim@yahoo.com</u>
TELP NO	Mobile: <u>98533900</u>	Office: _____ Home: _____
NRIC	<u>200712504K</u>	
CLAIM TYPE	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / NO ?</u>	
INSURANCE CO.	<u>China Tai Ping</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO. <u>Brian Wifred Lim Chau Chew</u>	
NRIC	<u>S7326568 A</u>	
DATE OF BIRTH	<u>02 / 08 / 1973</u>	
ANY PASSENGER	<u>YES / NO : 1</u>	
NAME OF PASSENGER	<u>Ignatius</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>04 / 01 / 1993</u>	
GENDER	<u>Male / Female</u>	
CONTACT NO.	Mobile: _____ Office: _____ Home: _____	
EMAIL		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. _____	INSURER: _____
RELATIONSHIP	<u>Employee</u> / If No. <u>Self</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other: _____	
ROAD SURFACE	<u>Dry</u> / Wet / Other: _____	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES: WHO?
VEHICLE B NO.	<u>SLS3256S</u>	Any Passenger: <u>0</u>
NAME	<u>Wheo Jin Hao / S8213388G</u>	
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 / <u>NO</u>
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>

Motor Private Car

MX4F

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)

N SN

AN0055A

Cov. Type:C

CERTIFICATE No.	DMPCSNW00129742200	Engine No.: LEB5621335 Cha. No.:GB71084067
1. Index Mark and Registration Number of Vehicle	SML4200X	AUTOSAFE *****
2. Name of Policy Holder	DELVRON (SINGAPORE) PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/05/2022 (15:32:20)	Named Drivers Ex Sect. I \$S500.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	24/05/2023	Ex Sect. I - Age <= 25 \$S3,000.00 Ex Sect. I - Age >= 26 \$S500.00 * Age as at date of accident EX ON WINDSCREEN . \$S100.00
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their 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 \$S500 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: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer



Authorised Signatory