

# NATIONAL Assessment Centre Services

Date In 06/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT/23000209/d4	SAS e-filing		
Veh No SJM 9664M	E-mail (within 8hrs. Aft 2hrs)		
DOA 06/01/2023 1330	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLQ 9660D

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%. 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 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

NA2300058

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OT\*

\*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



## 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	06/01/2023 15:28 (SGT)
Reported by	Both
Date of Accident	06/01/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FRANKEL AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9664M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM TECK HOE
NRIC No	SXXXX238B
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-96706577
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00002752202

#### DRIVER

Name of Driver	LIM TECK HOE
NRIC No	SXXXX238B



Date Of Driving Pass .....	20/05/1976
Driving experience .....	46 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96706577
Alt. Phone Number .....	-
Email Address .....	autohub325@gmail.com
Address .....	APT BLK 376B HOUGANG STREET 32
Address complement .....	# 10-18
Postcode .....	532376
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 .....	3
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 .....	NG GEK CHOO ( WIFE)
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 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 .....	SLQ9660D
Vehicle Manufacturer .....	-

Vehicle Colour	.....	-
Vehicle Category	.....	Private car
Name of Driver	.....	BHAVANA AJU MURJANI
NRIC No	.....	SXXXX278D
Contact Number	.....	-
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	.....	SKS1760C
Vehicle Manufacturer	.....	-
Vehicle Model	.....	-
Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	Private car
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	.....	LIM TECK HOE
Gender	.....	Male
Phone No	.....	(Phone) +65-96706577
Address	.....	APT BLK 376B HOUGANG STREET 32
Address Complement	.....	# 10-18
Post Code	.....	532376
Approximate Age Years Old	.....	-
Injuries Sustained	.....	CHEST PAIN
Injured person in which vehicle?	.....	SJM9664M
Were seat belts worn?	.....	-
Was this injured conveyed to hospital by ambulance?	.....	No

##### INJURED 2

Name of injured person	.....	NG GEK CHOO
Gender	.....	Female
Phone No	.....	(Phone) +65-96706577
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	CHEST PAIN
Injured person in which vehicle?	.....	SJM9664M
Were seat belts worn?	.....	-
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.

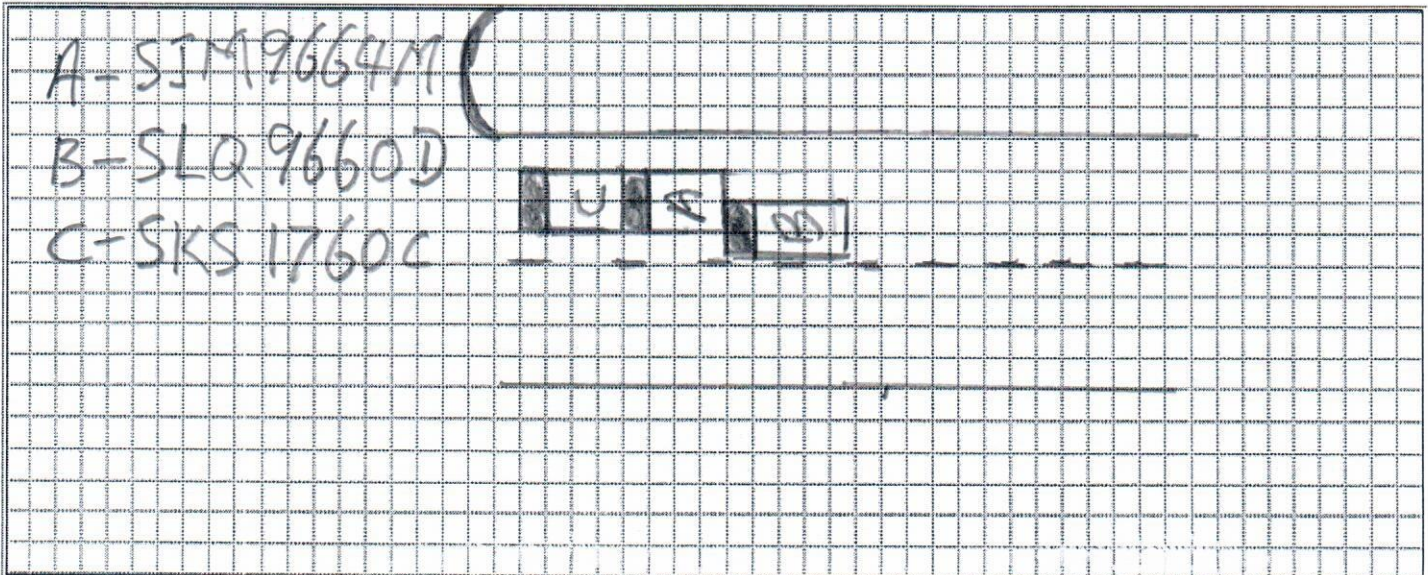
Del 6/1/23  
Policyholder's Signature / Date & Time

Del 6/1/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

quell 6/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### Sketch Plan

FRANKEL AVENUE






Describe Circumstance of the Accident


I was on Frankel Avenue going to East coast Road together with my wife. It was a one way two lane Road and I was driving on the right lane. Incident happen when Vehicle C was in front of me and I noticed he stop his vehicle so I also stop my vehicle and when I stopped, I heard a bang sound on the rear left portion of my vehicle. It was Vehicle B hit my rear left portion of my vehicle. I got down from the car and took some photos of the Incident and the car damages and we exchange particulars. I am making this report to claim against Vehicle B.

Declaration

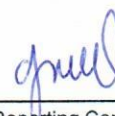
I/We declare the foregoing particulars are true in every respect.

 6/1/23

Policyholder's Signature / Date & Time

 6/1/23

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

 6/1/2023

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 01 / 2023) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Frankel Avenue

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 9664 M  
b) INSURANCE COMPANY: Chirei Taiping  
c) POLICY NUMBER: DMPCSNW00000752202  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA STREAM AUTO / MANUAL  
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
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 TECK HOE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1188238B CONTACT: 96706577  
c) ADDRESS: APT BLK 376B Hanger Street 32 # 10-18  
S532376

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (19 / 12 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/05/1976

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) chest pain (Driver + Passenger)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLQ 9660D MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Bhavani Aja Muthani  
c) NRIC/FIN/PASSPORT: S8134278D CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = autohub325@gmail.com

Fax = \_\_\_\_\_

VIDEO = NO





Motor Private Car

MX1F

R SN

AN0420A

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.

DMPCSNW00002752202

Engine No.: R18A1791962

Cha. No.: RN61082880

1. Index Mark and Registration  
Number of Vehicle

SJM9664M

AUTOSAFE  
=====

2. Name of Policy Holder

LIM TECK HOE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

22/01/2022  
(00:00:00)

Named Drivers Ex Sect. I      S\$750.00  
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

4. Date of Expiry of Insurance

21/01/2023

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. : EFIZZIG CREDIT PTE LTD AS HP OWNER

\* 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

Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory