

# NATIONAL Assessment Centre Services

Date In 09/01/2023

Ref No

Veh No SGP 1008H

DOA 09/01/2023

OD/TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs. APT 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 70 2936B

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Int. 1:

## Invoice Preparation Checklist

Amt (\$)  
1st Bill

Amt (\$)  
Add Bill

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

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

3) TF : 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:-

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

9) N12: Idac Mobile 30

Invoice date:

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	09/01/2023 14:30 (SGT)
Reported by	Both
Date of Accident	08/01/2023 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK PREMISES OF BLOK 410A SERANGOON CENTRAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1008H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOON KIM
NRIC No	SXXXX391H
Email Address	adlasia@singnet.com.sg
Mobile Phone No	(Phone) +65-97653008
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1796

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00125482209

#### DRIVER

Name of Driver	LIM KOON KIM
NRIC No	SXXXX391H



Date Of Driving Pass .....	28/06/1980
Driving experience .....	42 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97653008
Alt. Phone Number .....	-
Email Address .....	adlasia@singnet.com.sg
Address .....	1 YOUNGBERG TERRACE
Address complement .....	# 10-08
Postcode .....	357741
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 THE ATTACHED POLICE REPORT- T/20230108/7021

#### 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 .....	YQR2936B
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RANAKRISHNAN RAVICHANDRAN
Work Permit No .....	0XXXXXX496
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## 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.

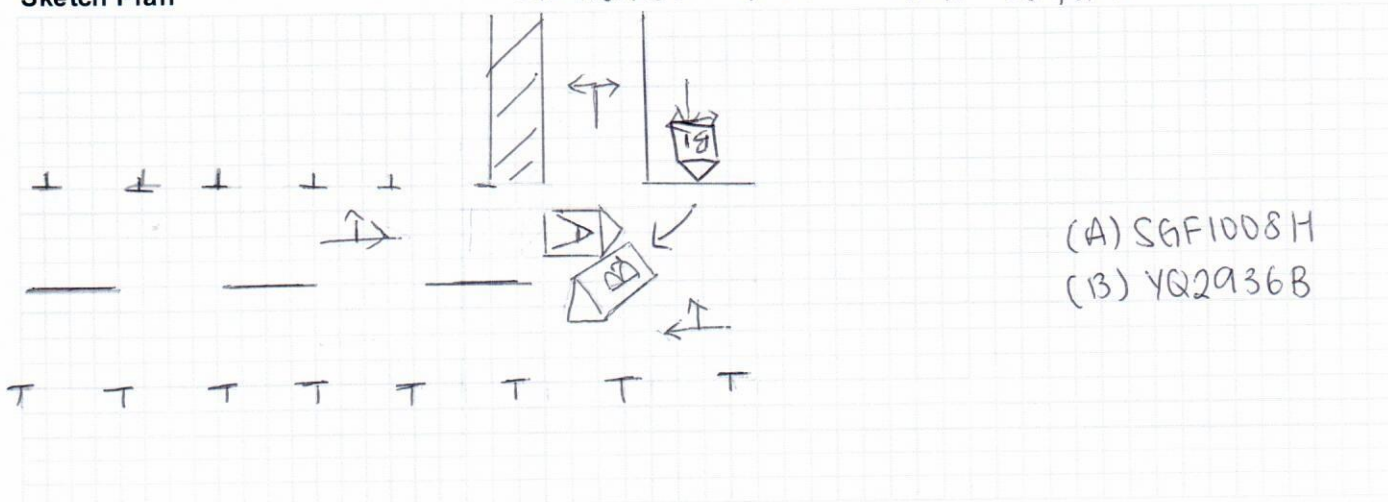
Amee plui  
Policyholder's Signature / Date & Time

Amee plui  
Driver's Signature (If driver is not the policyholder) / Date & Time

9/1/2023  
Witnessed by Reporting Centre Personnel

### Sketch Plan

BK410A Serangoon Central Carpark



**Describe Circumstances of the Accident**

Refer to Traffic police report.

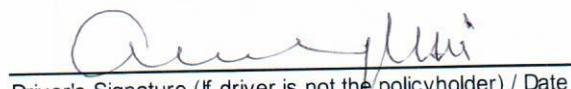
NO. T/20230108/7021

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**Declaration**

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

 9/1/2023  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230108/7021

1 of 3

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

Report No. T/20230108/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/01/2023 15:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM KOON KIM			Address: 1 YOUNGBERG TERRACE #10-08 SINGAPORE 357741		
ID Type / ID No.: NRIC NO / S1312391H			Contact No.: Home/Office:		Mobile: 97653008
Nationality: SINGAPORE CITIZEN			Email: adlasia@singnet.com.sg		
Sex: Male	Age: 64	Date of Birth: 25/05/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2023 11:45	Type of Location: Car Park
Location:  SERANGOON CENTRAL				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGF1008H	Car	MERCEDES BENZ	E 200CGI	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF1008H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001254 82209	18/06/2022	17/06/2023



**SINGAPORE  
POLICE FORCE**



T/20230108/7021

2 of 3

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

Report No. T/20230108/7021

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM KOON KIM	ID No.	S1312391H
Related Vehicle	SGF1008H (Car)	Contact No.	97653008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Dear Sir,

Accident involving SGF1008H and YQ2936B on 8/1/2023 along Serangoon Central Carpark

On 8/1/2023 hrs at 1145am, as I was driving along the Serangoon Central carpark at block 410A, a lorry bearing the plate number (YQ2936B) did not make a stop at the "STOP" sign and drove out in a rush from the stop line.

After driving out from the stop line and turn right, his lorry hit onto the right rear of my vehicle (SGF1008H).

The right rear body, bumper & light of my vehicle was damaged.  
The weather was sunny and the traffic condition was clear.

Both drivers exchanged particulars, below is the details of the lorry driver.

Name : Mr Ranakrishnan Ravichandran

Work Permit No. : 0 32761496/Employer : Ironhide Demolition & Construction Pte Ltd

Lorry Company : Wave Cart Express Pte Ltd

Thanks & Rgds  
Lim Koon Kim  
NRIC : S1312391H  
M. 97653008





**SINGAPORE  
POLICE FORCE**



T/20230108/7021

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

3 of 3

Report No. T/20230108/7021

**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:  
08/01/2023 15:19

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 08/01/2023		Time: 1145hrs.		(hh:mm) 24 hr format	
Location: Carpark premises of B1F 410A Serangoon Central.					
Vehicle Number: SGE 1008H					
Insured Name: Lim Koon Kim					
NRIC / FIN: S1312391H		Contact Number: 9765 3008			
Make: Mercedes		Model: Benz E200			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting					
Insurance Company: China Taiping					
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number: DMPCSNW00125482209					
Name of Driver: ( / ) Same as Insured					
NRIC / FIN: S1312391H		Contact Number: 9765 3008			
Date of Birth: 25/05/1958					
Driving Pass Date: 28/06/1980					
Occupation ( / ) Indoor ( ) Outdoor					
Gender ( / ) Male ( ) Female					
Email Address: adlasia@singnet.com.sg ( ) NO EMAIL					
Address of Driver: 1 Youngberg Terrace #10-08 S(357741)					
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No					
If No, Relationship of the Driver with the Insured					
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( / ) Clear ( ) Raining ( ) Others					
Road Surface ( / ) Dry ( ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No					
Was anybody injured in the accident? ( ) Yes ( / ) No					
If yes, injured detail					
Was there any video captured by Car Camera? ( ) Yes ( / ) No					
Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B	YQ 2936B	—		1 passenger	
Veh C					
Veh D					
Veh E					
Veh F					

1 people including driver



Motor Private Car

MX1E

R SN

AN0006A

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)Engine No.: 27186030006881  
Cha. No.: WDD2120482A091105

CERTIFICATE No.

DMPCSNW00125482209

1. Index Mark and Registration  
Number of Vehicle

SGF1008H

2. Name of Policy Holder

LIM KOON KIM

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

18/06/2022  
(00:00:00)

4. Date of Expiry of Insurance

17/06/2023

Named Drivers Ex Sect. I

S\$600.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 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/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 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. : STANDARD CHARTERED BANK(S) LIMITED 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Elise Lim Xin Yi  
Authorised Officer  
Authorised Signatory