

NATIONAL Assessment Centre Services

Date In 13/01/2023	Job description	Date & Time Completed	Done by
REF NO NA/C123000451/d4	SAS e-filing		
Veh No SNE 5140D	E-mail (within 8hrs, AM 2hrs)		
DOA 12/01/2023 12:30	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/Wksp		

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

TP Particulars: Vch No: SHD 6012K 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:	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 :-	Invoice Preparation Checklist	
	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP : Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120	
Auditors' Comments :-	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	

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 13/01/2023 15:14 (SGT)
Reported by Both
Date of Accident 12/01/2023 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF KAKI BUKIT ROAD 3 TOWARDS KAKI BUKIT AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE5140D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN BAOMING
NRIC No SXXXX507I
Email Address alvino.lin21@gmail.com
Mobile Phone No (Phone) +65-92477708
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00005532200

DRIVER

Name of Driver LIN BAOMING

Occupation	Outdoor
Date Of Driving Pass	30/06/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92477708
Alt. Phone Number	-
Email Address	alvino.lin21@gmail.com
Address	APT BLK 280 A SENGKANG EAST AVENUE
Address complement	# 07-643
Postcode	541280
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?	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	LIM BEI YI
Gender	Female

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/20230113/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

Vehicle Registration Number	SHD6012K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG HIN LENG
Contact Number	(Phone) +65-82008090
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	LIN BAOMING
Gender	Male
Phone No	(Phone) +65-92477708
Address	APT BLK 280 A SENGKANG EAST AVENUE
Address Complement	# 07-643
Post Code	541280
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, RIGHT SHOULDER, AND BACK
Injured person in which vehicle?	SNE5140D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM BEI YI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFER PAIN DUE TO THE ACCIDENT
Injured person in which vehicle?	SNE5140D
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 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

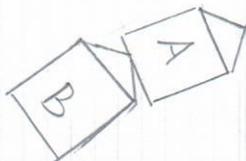
Driver's Signature (if driver is not the policyholder) / Date
& Time

gaur 13/1/2023

Witnessed by Reporting Centre
Personnel

Sketch Plan

Junction of Kaki Bukit Road 3 towards Kaki Bukit Avenue 1



A = SNE 5140D

B = SHD 6012K

kaki bukit road 3



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
SNE5140D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000055 32200	02/04/2022	30/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG HIN LENG		ID No.	S0233298A
Related Vehicle	SHD6012K (Car)		Contact No.	82008090
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	ALVINO LIN BAOMING		ID No.	S85015071
Related Vehicle	SNE5140D (Car)		Contact No.	89097364
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious
Passenger				
Name	LIM BEI YI		ID No.	G1818788X
Related Vehicle	SNE5140D (Car)		Contact No.	81434022
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230113/7023

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

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Report No. T/20230113/7023

CONTINUATION OF REPORT

Brief Details.

ON 12.01.2023 AT ABOUT 1230 HRS. I WAS TRAVELLING ALONG JUNCTION OF KAKI BUKIT ROAD 3 TOWARD KAKI BUKIT AVENUE 1. I WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY I FELT AN IMPACT, THE VEHICLE (SHD 6012K) COLLISION ONTO REAR PORTION OF MY VEHICLE (SNE 5140D).

I FELT PAIN ON MY NECK, RIGHT SHOUDLE, AND BACK AFTER THE ACCIDENT. I SAW DOCTOR AT "A LIFE CLINIS PTE LTD" AND I WAS GIVEN 7 DAYS MC ON THE CLINIC.

I HAD 1 PASSENGER (LIM BEI YI) IN MY CAR AND SHE WAS PAIN IN THE ACCIDENT AND GIVEN 7 DAYS MC FROM SAME CLINIC.



**SINGAPORE
POLICE FORCE**



T/20230113/7023

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

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Report No. T/20230113/7023

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
13/01/2023 12:02

Classification Of Case:



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
SNE5140D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000055 32200	02/04/2022	01/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG HIN LENG		ID No.	S0233298A
Related Vehicle	SHD6012K (Car)		Contact No.	82008090
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
Passenger				
Name	LIM BEI YI		ID No.	G1818788X
Related Vehicle	SNE5140D (Car)		Contact No.	81434022
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious
Driver				
Name	ALVINO LIN BAOMING		ID No.	S8501507I
Related Vehicle	SNE5140D (Car)		Contact No.	92477708
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230113/7024

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

3 of 4

Report No. T/20230113/7024

CONTINUATION OF REPORT

Brief Details.

ON 12.01.2023 AT ABOUT 1230 HRS. I AM PASSENGER IN THE CAR (SNE 5140D). WE WAS TRAVELLING ALONG JUNCTION OF KAKI BUKIT ROAD 3 TOWARD KAKI BUKIT AVENUE 1. OUR CAR STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY WE FELT AN IMPACT, THE VEHICLE (SHD 6012K) COLLISION ONTO REAR PORTION OF OUR VEHICLE (SNE 5140D).

I FELT PAIN ON MY NECK, RIGHT SHOUDLE, AND BACK AFTER THE ACCIDENT. I SAW DOCTOR AT "A LIFE CLINIS PTE LTD" AND I WAS GIVEN 7 DAYS MC ON THE CLINIC.



**SINGAPORE
POLICE FORCE**



T/20230113/7024

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

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Report No. T/20230113/7024

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
13/01/2023 12:11

Classification Of Case:

Date of Accident : 12-01-2023 Accident Time : 1230hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : junction of kaki bukit road 3 toward
kaki bukit avenue 1

Vehicle No (Car Plate No) : SNE 5140D Make/Model: Honda Freed Hybrid 1.5G

Insurance Company : China Taiping Policy No: DMHC SNW00005532200

Fleet Policy : YES / NO

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

Name of Owner / IC No : Lin Baoming (S8501507 I)

Owner Contact No : 9247 7708 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 05.01.1985 Driver's License Pass Date: 30 Jun 2010

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

Driver's Address : Apt Blk 280A Sengkang East Avenue #07-643
Singapore 541280

Driver's Contact No : 1) - 2) -

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

Email Address : alvino.lin21@gmail.com

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) : 2 person (1 Driver , 1 Passenger)

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 2 person

Other Party Driver's Particular (if any)

VEH B : SHD 6012K Name & Contact No: Ang Hin Leng 8200 8090

VEH C : _____ Name & Contact No: _____

VEH D : _____ Name & Contact No: _____

VEH E : _____ Name & Contact No: _____

*NEW - Passenger's Name & Gender:

F = Lim Bei Yi

Alvino

Motor Hire Car

MZ406L/B

N SN

AN0055A

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.	DMHCSNW00005532200	Engine No.: LEB5615654	Cha. No.:GB71079505
1. Index Mark and Registration Number of Vehicle	SNE5140D	AUTOSAFE	=====
2. Name of Policy Holder	LIN BAOMING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/04/2022 (00:00:00)	Excess Sect. I .	\$\$1,250.00
		Excess Sect. I (Outside Singapore)	\$\$2,500.00
		Excess Sect. II	\$\$1,250.00
4. Date of Expiry of Insurance	01/04/2023	Excess Sect.II (Outside Singapore).	\$\$2,500.00
		EX ON WINDSCREEN .	\$\$100.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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.		
	LIN BAOMING		
6. Limitations as to use*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.		
	The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : CAR TIMES CAPITAL PTE. LTD. <i>* 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>			

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