

NATIONAL Assessment Centre Services

Date In 16/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000521/d4	SAS e-filing		
Veh No SMR 2414C	E-mail (within 2hrs. Aft 2hrs)		
DOA 15/01/2023 1230	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: Vch No: SMQ 7766J 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%; 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: ()

NA2300164

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Auditors' Comments:-

Invoice Preparation Checklist

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

Am't (\$)

1st Bill

Am't (\$)

Add Bill

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	16/01/2023 19:08 (SGT)
Reported by	Both
Date of Accident	15/01/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 2 TOWARDS LENTOR AVENUE BEFORE YISHUN RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2414C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SHEN
NRIC No	SXXXX379F
Email Address	limshen1861@yahoo.com
Mobile Phone No	(Phone) +65-91177007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00024092202

DRIVER

Name of Driver	LIM SHEN
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Occupation	Outdoor
Date Of Driving Pass	22/09/1980
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91177007
Alt. Phone Number	-
Email Address	limshen1861@yahoo.com
Address	483 ADMIRALTY LINK
Address complement	# 12-35
Postcode	750483
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)	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?	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ7766J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Name of Driver	ROHAIZAIT BIN RAHMAT
Contact Number	(Phone) +65-96270647
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 SHEN
Gender	Male
Phone No	(Phone) +65-91177007
Address	483 ADMIRALTY LINK
Address Complement	# 12-35
Post Code	750483
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMR2414C
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:

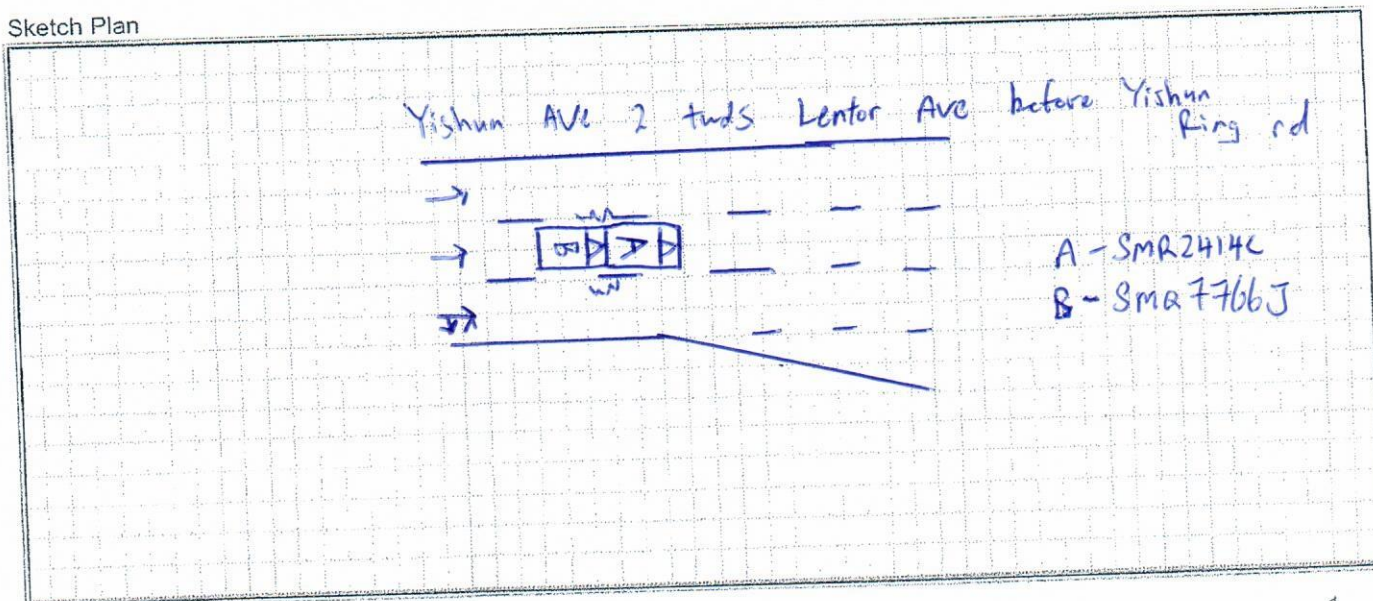
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan




Describe Circumstance of the Accident


As per above date and time, I was driving SMR 2414C along Yishun Ave 2 towards Lenton Ave on the center lane. Somewhere before Yishun ring rd, my vehicle was stationary stopped due to traffic light ahead was red. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh (B) SMQ 7766J front portion collided onto my vehicle rear portion.

Declaration

I/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

 16/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>SMR2414C</u>	MAKE & MODEL: <u>H. Shuttle Hybrid</u> <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: <u>15/01/23</u>	CC: <u>1-5</u>
TIME OF ACCIDENT: <u>12:30</u> HRS	
LOCATION OF ACCIDENT: <u>Yishun Ave 2 turns Lenton Ave before Yishun Ring rd</u>	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER: <u>Lim Shen</u>	
TEL NO:	H/P: <u>9117 7007</u> OFFICE: HOME:
NRIC: <u>S1523379F</u>	
ADDRESS: <u>483 Admiralty Link #12-35 150750483</u>	
EMAIL: <u>LINSHEN1861@Yahoo.com</u>	
CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY: <u>YES / NO?</u>	
INSURANCE COMPANY: <u>China Taiping</u>	
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO: <u>DMHCSNA00024092202</u>	
NAME OF DRIVER: <u>AS ABOVE / IF NO:</u>	
NRIC: <u>As above</u>	ANY PASSENGER: <u>N/A</u>
DATE OF BIRTH: <u>17/08/1962</u>	LICENCE PASSED DATE: <u>27/09/1980</u>
OCCUPATION: <u>OUTDOOR / INDOOR</u>	
GENDER: <u>MALE / FEMALE</u>	
CONTACT NO: <u>H/P: As above</u>	OFFICE: HOME:
ADDRESS: <u>As above</u>	
EMAIL: <u>As above</u>	
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:
RELATIONSHIP: <u>owner</u>	
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>	
ROAD SURFACE: <u>DRY / WET / OTHER:</u>	
ANY INJURIES: <u>NO / IF YES, WHO?</u>	
NAME & CONTACT: <u>Lim Shen, 9117 7007</u>	
NAME & CONTACT:	
POLICE REPORT: <u>NO / IF YES, WHERE?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>	
VEHICLE B REG NO: <u>SMR7766J</u>	ANY PASSENGERS: <u>unknown</u>
NAME OF DRIVER: <u>Rehai Zait Bin Rahmat</u>	CONTACT NO: <u>9627 0647</u>
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE? <u>YES / NO</u>	
WAS THERE ANY AUDIO RECORDED? <u>YES / NO</u>	
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>	
ACCIDENT PORTION: <u>Rear portion</u>	YES / <input checked="" type="radio"/> NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>	
CONTACT NO: <u>68420051 / 67440510</u>	
CONTACT PERSON: <u>Jul Ming</u>	
FAX NO: <u>67410510</u>	
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>	



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

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)

MZ406L/B

R SN

AN0450A

Cov. Type:C

CERTIFICATE No.	DMHCSNA00024092202	Engine No.: LEB7102245	Cha. No.: GP72001614
1. Index Mark and Registration Number of Vehicle	SMR2414C	AUTOSAFE	=====
2. Name of Policy Holder	LIM SHEN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/12/2022 (00:00:00)	Excess Sect. I .	\$S\$1,250.00
		Excess Sect. I (Outside Singapore)	\$S\$2,500.00
		Excess Sect. II	\$S\$1,250.00
4. Date of Expiry of Insurance	25/12/2023	Excess Sect. II (Outside Singapore).	\$S\$2,500.00
		EX ON WINDSCREEN .	\$S\$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. LIM SHEN		
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. : GOLDBELL FINANCIAL SERVICES PTE. LTD. * 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: Muhammad Safwan Bin Mohamed
Authorised Officer

张世义
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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