

**NATIONAL Assessment Centre Services** (Ref: 123456) **SNA 231K000**

Date In: **20/01/2023 08:15** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NB817123000681** E-mail (within 3hrs, A/C 2hrs)

Veh No: **SKK 2345 D** I-Motor Claim Form

D.O.A: **19/01/2023 10:20** I-Motor W/O (Within 24 hrs, 24 hrs)

**00 / 79 / Reporting Only** I-Photo Uploaded

Assessment/Survey Report

TP Insurer: Ass't Report by Fax / Hand to Owner/Whse

Preferred Wkap / INC Assgn Wkap / QW: ( ) Tel: Fax: ( )

TP Particulars: Veh No: **SCP 638 J** 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) INC hotline: 0788 6616

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: Action:

**NA2300208**

TP Particulars:

Driver/Owner:

Contact No:

Damaged Portion: ( )

Checked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist:

Item	Amount	INC	Non-INC
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$50)	
3) TP: Towing Fee	\$50/\$40		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$50		
6) TR: Re-inspection	\$75		
7) NI: NI/DA + SMART Survey	\$140		
8) NIUC: Additional Services			
9) NI: NI/DA + SMART Survey			
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## 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	20/01/2023 09:57 (SGT)
Reported by	Both
Date of Accident	19/01/2023 10:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2345D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE YONG
NRIC No	SXXXX997C
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-97927021
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	1999

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00109782200

#### DRIVER

Name of Driver	LIM CHEE YONG
NRIC No	SXXXX997C
Date Of Birth	17/08/1977
Occupation	Indoor

Date Of Driving Pass .....	18/01/1996
Driving experience .....	27 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97927021
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 33 HOW SUN ROAD #03-15
Address complement .....	-
Postcode .....	538501
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 .....	Chain Collision
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) .....	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 SKETCH PLAN

#### 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 .....	SLP638J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	LEE CHENG TING
NRIC No .....	SXXXX969Z

## 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.

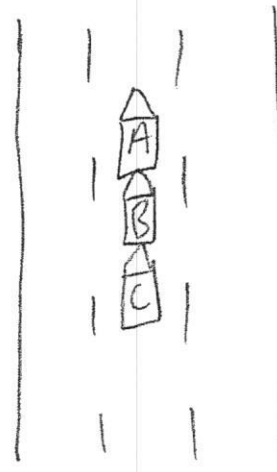
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Vehicle A SKK 2345 D  
Vehicle B SLP 638 J  
Vehicle C SLF 6889 P



Describe Circumstance of the Accident

On 19/01/2023 about 10.20 am morning. My vehicle was travelling along PIE Expressway towards twin, Below toh tuck Flyover. In front there is Road construction and I slow down stop as follow front vehicles doing too. After few seconds, vehicle B "SLP 638J" collided onto my rear car portion with impact very heavy and badly. I came down and notice is chain collision. vehicle C "SLF 6889P" collided onto vehicle B "SLP 638J" then vehicle "SLP 638J" collided onto my rear car portion. After left the scene accident I felt unwell and pain on my ~~left~~ back body and neck. I went to consult doctor given 2 days mc. there is no one convey into ambulance at the accident.

Declaration

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

Lim.  
Policyholder's Signature / Date & Time

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

gan 20/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card)



<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 19/01/2023 Time: 10:20am (24 hr format)
Exact Location of Accident *	P1E Towards Tuas Below Toh Tuck Flyover
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SKK 2345D Make & Type: Jaguar XF
Name of Registered Owner *	Lim chee Yong
NRIC / FIN / Passport / Co Regn No. *	S7722997C winson_tingwei@hotmail.com
Contact Number *	9792 7021 Email/Fax No: Winson_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMP C SN W 00109782200
<b>DRIVER</b>	
Name of Driver *	Lim chee Yong (Lin Zhi Rong) Gender: Male / Female
NRIC / FIN / Passport Number *	S7722997C
Date of Birth *	17/08/1977 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	18/01/1996
Contact Number *	9792 7021
Address	Blk 33 How Sun Road #03-15 S (538501)
Email Address / Fax Number *	Email: Winson_tingwei@hotmail.com Fax: —
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / Dry / Others:
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(03)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station: _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes (No)	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		SLP 638 J	SLF 6889 P
Vehicle Registration Number *	1)	SLP 638J	2) SLF 6889P
Vehicle Make / Model / Colour		TOYOTA Altis / Blue	TOYOTA AXIO / Silver
Damage to Vehicle/Property?			
Vehicle Category *			
Name of Driver		Lee cheng feng	MISBARI BIN ZAINAL
NRIC/Passport Number		S9425969Z	S0499554F
Contact Number		9678 0768	8754 2865
Address			
Insurance Company Name			
DETAILS OF WITNESS			
Name			
Contact No. / Email Address			



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 Private Car

MX1E

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, 1959  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00109782200

Engine No.: 015322063918204PT  
Cha. No. SAJBB4AGXHCY50431

1. Index Mark and Registration  
Number of Vehicle

SKK2345D

2. Name of Policy Holder

LIM CHEE YONG

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

29/04/2022  
(00:00:00)

Named Drivers Ex Sect. I

SS\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

4. Date of Expiry of Insurance

30/05/2023

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 SS\$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.: OCBC BANK 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: COWELL INSURANCE (AGENCY) PTE LTD  
Authorised Officer

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

www.sg.cntaiping.com