

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date	24/04/2023		
Ref No	NA/CT123004179/d4		
Veh No	SLC 6653T		
DOA	21/04/2023 18:10		
OD/TP/Reporting Only			
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 8hrs, Aft 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			

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 810 4666A	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (
Insured/Driver Liability: (Date: Time: (
Year of Registration: (
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	Am't (\$)	Am't Add
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idan 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: Idan Mobile 30		
	Invoice date	Fee Charged	
	Invoice dated	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	24/04/2023 10:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/04/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD TOWARDS UPPER SERANGOON AT LAMP POST 107
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6653T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YAM CHUANG
NRIC No	SXXXX206Z
Email Address	honbroth@singnet.com.sg
Mobile Phone No	(Phone) +65-97538712
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00111842200

DRIVER

Name of Driver	LIM YAM CHUANG
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Occupation	Indoor
Date Of Driving Pass	19/03/1980
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97538712
Alt. Phone Number	-
Email Address	honbroth@singnet.com.sg
Address	APT BLK 141 BEDOK RESERVOIR ROAD
Address complement	# 09-1515
Postcode	470141
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?	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?	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	SJP4666A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLC 6653T

B: SJP 4666A

Braddell Road Towards upper serangoon at lamp post 107

Braddell Rd.

Describe Circumstances of the Accident

On 21-4-23 at about 6.10pm, whilst driving along Braddell Road towards Upp Serangoon, slow moving traffic, vehicle in front of me stop, I follow suit, suddenly vehicle (B) SJP 4666A came from behind hit into the rear portion of my vehicle (A) SLC 6653T.

Declaration

We declare the foregoing particulars are true in every respect.




21/4/23

8.35pm



21/4/23

8.35pm

 24/4/2023

From : Premium Carz Services Pte Ltd
Tel : 6636 9100 Fax : 6636 9113

Email : candice@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	21-4-23
Time	6:10pm
Location	BRADDELL RD TWDS UPP SERANGOON at Lamp Post 107
VEHICLE (A)	SLC 6653T MODEL: TOYOTA ACTIS
Name of owner	Lim YAM CHUAN
NRIC no	S2572206Z
Date of birth	12-9-1960
Occupation	Indoor / Outdoor Male / Female
Gender	
Contact	HP: 97538712 Tel: Fax:
Address	BLK 141 BEDOK RESERVOIR RD #09-1515 S470141
Driving Passed date	19-3-1980
Email Address	HONBROTH@SINGNET.COM.SG
Type of claim	Own Damaged / Third Party / Reporting Only
Insurance Company	CHINA TAIPING INSURANCE
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	DMPCSNW00111842200
Name of driver	As above
NRIC no	
Date of birth	
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	9753 8712
Address	As ABOVE
Driving Passed date	19-3-1980
Email Address	HONBROTH@SINGNET.COM.SG
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:
Type of Collision	Head to Rear (TP hit Insured)
Weather conditions / Road surface	Clear / Raining / Dry / Wet / Others:
Any Police Report lodged	No / Yes : Where?
Notice of Intended Prosecution Given?	No / Yes : Against who?
Anybody injured in the accident ?	No / Yes : Who / Vehicle no?
Any other material or property damaged?	No / Yes
Any foreign vehicle involved ?	No / Yes : Vehicle no:
Any video captured by car camera ?	No / Yes
Number of passengers (including driver)	F : NA M : ONE
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICLE (B) - THIRD PARTY	SJP 4666A
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Number of passengers (including driver)	ONE
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name : NIL HP :
	Email :
Other Vehicles	(C) NA (D) NA
Number of passengers (including driver)	



Motor Private Car

MX1F

N SN

AN0706B

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.	DMPCSNW00111842200	Engine No.: 1ZRY277232 Cha. No.:MR053REH104549107
1. Index Mark and Registration Number of Vehicle	SLC6653T	AUTOSAFE =====
2. Name of Policy Holder	LIM YAM CHUANG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/05/2022 (00:00:00)	Named Drivers Ex Sect. I \$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$500.00 * Age as at date of accident EX ON WINDSCREEN . \$100.00
4. Date of Expiry of Insurance	22/05/2023	
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 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.		

* 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: HON BROTHERS PTE. LTD.
Authorised Officer

Authorised Signatory