

NATIONAL Assessment Centre Services		Sul 823520004	
Date In: 08/05/2023 08:20	Job description	Date & Time Completed	Done by
Ref No: NBS/C122300406/4	SAS e-filing		
Val No: 823520004	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 20/04/2023 15:57	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within 3hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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: (UNC: 6013; 6018; 6015) ; Date of Job = Completion Date ; Done by	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

<p>NP2301296</p> <p>Incident's Particulars:</p> <p>Driver/Owner:</p> <p>Vehicle No:</p> <p>Damaged Portion:</p> <p>Checked by (Engt-In-Charge):</p> <p>Remarks/Comments:</p>		<p>Invoice Preparation Charge</p> <p>1) AAR: Accident Reporting (\$300)</p> <p>2) DA: Damage Assessment (\$1000) INC (\$50)</p> <p>3) TP: Towing Fee \$200/\$40</p> <p>4) PF: Follow-Through Survey \$120</p> <p>5) PF: Collision Through Survey (Estimate) \$50</p> <p>6) TR: Repairs/Inspection \$25</p> <p>7) NR: New DA + Short Survey \$140</p> <p>8) NTUC Additional Fee (\$10)</p> <p>QTY</p> <p>*NR: Courtesy Car / Taxi Allowance \$50</p> <p>*NR: Repair Coordination \$10</p> <p>*NR: Post Repair Inspection \$20</p> <p>*NR: DV / Collision Unsett Coordination \$5</p> <p>TP (NTUC) TP (NR + INC) Invoice INC \$20</p> <p>PN: NTUC Invoice \$0</p> <p>Invoice dated</p> <p>Page 1 of 1</p>	
--	--	---	--

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	03/05/2023 09:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/04/2023 15:57 (SGT)
Exact Location of Accident	Flora Dr, Singapore
Additional Location Information	JUNCTION WITH FLORA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3032G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM HEE SANG VIVIAN
NRIC No	SXXXX357F
Email Address	vivianlimhs@icloud.com
Mobile Phone No	(Phone) +65-9657786
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00009002306

DRIVER

Name of Driver	LIM HEE SANG VIVIAN
NRIC No	SXXXX357F
Date Of Birth	25/09/1952
Occupation	Indoor

Date Of Driving Pass	14/08/1974
Driving experience	48 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-9657786
Alt. Phone Number	-
Email Address	vivianlimhs@icloud.com
Address	BLK 618B PUNGGOL DRIVE #10-713
Address complement	-
Postcode	822618
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)	3
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	YVONNE WO SHU LING
Gender	Female

PASSENGER 2

Name	MIKAELA FOO LER SHUEN
Gender	Female

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	YQ3737C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHMAD SHAIRIL BIN MAWI
Contact Number	(Phone) +65-87802150
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

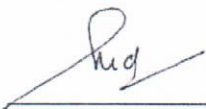
IMPORTANT NOTICE

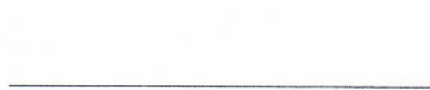
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.

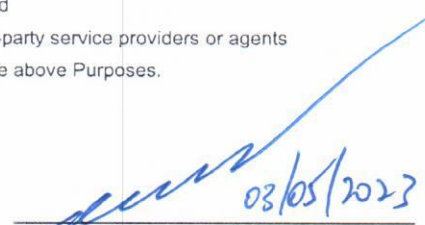
8. Consent under the Personal Data Protection Act (PDPA)

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

June 2023 AT FLORA DRIVE / FLORA ROAD

A-SKE3032G.

B-YQ3737C

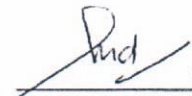


Describe Circumstance of the Accident

I was at the traffic junction at Flora Drive. The traffic light was red. The vehicle YQ 3737C driven by Mr Ahmad Shairil Bin Mawi rammed into the back of my vehicle SKF 3032G with a great impact that the behind windscreen was shattered.

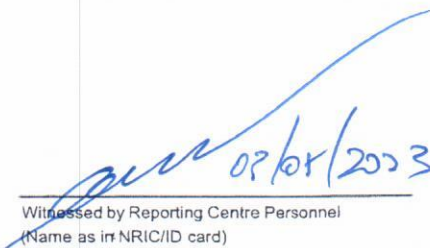
Declaration

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


Policyholder's Signature / Date & Time

2/5/2023

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


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

02/05/2023



Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 30/4/2022 (dd/mm/yy) Time of Accident: 15:57 (24-HR-FORMAT)

Vehicle No.: SKE 3082 G Vehicle Make & Model / Engine (cc): Toyota Wish 1.8 Auto / 1794 CC Private Hire: (Y/N) (N)

Exact location of Accident: Traffic junction at Flora Drive / Flora Road

Policyholder's Name / IC No.: Lim Hee Sang Vivian / 50186357 F ROC/UEN (Company) NA

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 96577386 Company Contact No / Owner Contact No: 96577386

Driver's Address: 6188 Punggol Drive #10-713 Singapore 822618

Owner Email address: vivianlimhs@icloud.com Insurance Company: China Taiping Insurance (Singapore)

Driver Email address: same as above Pte Ltd. DMPCSNW0000900306

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 3

*Passenger Name: Yvonne Wo Shu Ling

Gender: ~~Male~~ / Female x(1)

*Passenger Name: Mikaela Foo Lee Shuey

Gender: ~~Male~~ / Female x(2)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: Don't have rear camera

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: NA Injured Person in Which Vehicle: NA

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Ahmad Shairil Bin Mawi Vehicle No: YQ 3737C

Driver's Contact No: 87802150 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Private 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)

MX1WF

R SN

AN0634A

Cov Type:C

CERTIFICATE No.

DMPCSNW00009002306

Engine No.: 1ZZ3216224

Cha. No.: JTDER12W703001468

1. Index Mark and Registration
Number of Vehicle

SKE3032G

AUTOSAFE

2. Name of Policy Holder

LIM HEE SANG VIVIAN

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

19/01/2023

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 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 will be doubled). A Flat S\$5,000

Excess shall apply for Theft Losses occurring outside Singapore. 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.

HIRE PURCHASE CO.: MAYBANK 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: JETSPRINT AUTO ENTERPRISES

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