

Date In	Job description	Date & Time Completed	Done by
15/05/2023	SAS e-filing		
Ref No NAICT123004914/W	E-mail (within 2hrs. Aft 2hrs,		
Veh No SLR 9894R	i-Motor Claim Form		
DOA 12/05/2023	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ TP/ Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKs		

Fax:

Confirmed by : ( \_\_\_\_\_ ) Date: \_\_\_\_\_ Time: \_\_\_\_\_ )

Excess: (\$)      Loading: \$1,000 ( ) / \$2,000 ( )

**Total Loss Case : to e-mail Insurer URGENTLY.**

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

Remarks:	INC Chorline 62886619	DRG 22 June Completed	Done by
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Apply for Transport Allowance ( ) / Courtesy Car ( )		
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QC Check / Post Repair Inspection	( )		
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Upload Resurvey Photo [Repair Cost > \$3000]	( )	∴	
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*injury* :

Time	Actions
10:00	Arrived at the office. Checked email and messages.
10:15	Met with the marketing team to discuss the new campaign.
10:30	Reviewed the budget for the upcoming quarter.
11:00	Attended a meeting with the client to discuss their requirements.
11:30	Worked on the project proposal for the new client.
12:00	Lunch break.
12:30	Continued working on the project proposal.
13:00	Received a call from the finance department regarding the budget.
13:30	Discussed the budget with the finance team.
14:00	Completed the project proposal and submitted it to the client.
14:30	Reviewed the day's work and prepared for the next day.
15:00	Left the office.

\_\_\_\_\_

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\_\_\_\_\_

**Section 2** **Statistical Report number:**

\_\_\_\_\_

	Amc (\$)	Amc
<b>Antineoplastic Preparation, Specialist</b>		

NA2301426				
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1) AR: Accident Reporting (\$50);	
2) DA: Damage Assessment (\$100);	INC (\$80)

3) TP: Towing Fee	\$40543	
NET: Follow-Through Survey	\$120	

4) FT : Follow-Through Survey		
5) FT : Follow-Through Survey (Resurvey)	£30	

Fact No:	For claiming against INC Only (wef 10 Jan 2005)	\$75
	6) TR: Re-inspection	

7) NL : Idao DA + SMRT Survey	\$160
8) NLTC Additional Services:	

Checked by (Name-In-Charge): \_\_\_\_\_

*N5: Curfew/ Car/ 1pt Allowance	\$10.
*N6: Repair Cu-ordination: . . . .	\$25

itors' Comments:	*N7: Post Repair Inspection	\$5
	*N8: DV / Collect Process Coordination	\$5



## 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 .....	15/05/2023 14:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/05/2023 17:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Edgedale Plains
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR9894R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Wong Loke Ngee
NRIC No .....	SXXXX708H
Email Address .....	shannenjoellelim@gmail.com
Mobile Phone No .....	(Phone) +65-96623280
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00204042200

#### DRIVER

Name of Driver .....	Shannen Joelle Lim Rui Li
NRIC No .....	TXXXX861J
Date Of Birth .....	20/11/2000
Occupation .....	Indoor

Date Of Driving Pass .....	28/08/2019
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82822582
Alt. Phone Number .....	-
Email Address .....	shannenjoellelim@gmail.com
Address .....	20 Riverina Walk
Address complement .....	-
Postcode .....	518326
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 - Change/cross lane
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) .....	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 .....	Passenger
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20230512/2101.

#### 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 .....	Yes, with police.

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number .....	SKC1818E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## ACCIDENT STATEMENT

ACCIDENT DATE: 12/05/2023 (DD/MM/YYYY), TIME: 17:20 (HH:MM)

LOCATION: Edgedale Plains

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 9894 R  
b) INSURANCE COMPANY: CTI  
c) POLICY NUMBER: DMPCSNW00204042200  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 3 AUTO / MANUAL  
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Wong Loke Ngce (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1774708H CONTACT: 9662 3280  
c) ADDRESS: 20 Riverina Walk 518326

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Shannen Joelle Lim Rui Li (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: T0046861 J CONTACT: 8282 2582  
c) ADDRESS: 20 Riverina Walk 518326

\* d) DATE OF BIRTH: 20/11/2000 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2810912019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Step father

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKC 1818 E MODEL: 1818  
b) DRIVER'S NAME: 1818  
c) NRIC/FIN/PASSPORT: 1818 CONTACT: 1818

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 1818 MODEL: 1818  
e) DRIVER'S NAME: 1818  
f) NRIC/FIN/PASSPORT: 1818 CONTACT: 1818

Email = Shannenjoellelim@gmail.com

Fax =

VIDEO = yes, with police



## IMPORTANT NOTICE

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

(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:

- Policyholder's Signature / Date & Time

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

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

### Sketch Plan

Refer to Sketch Provided

[illegible]

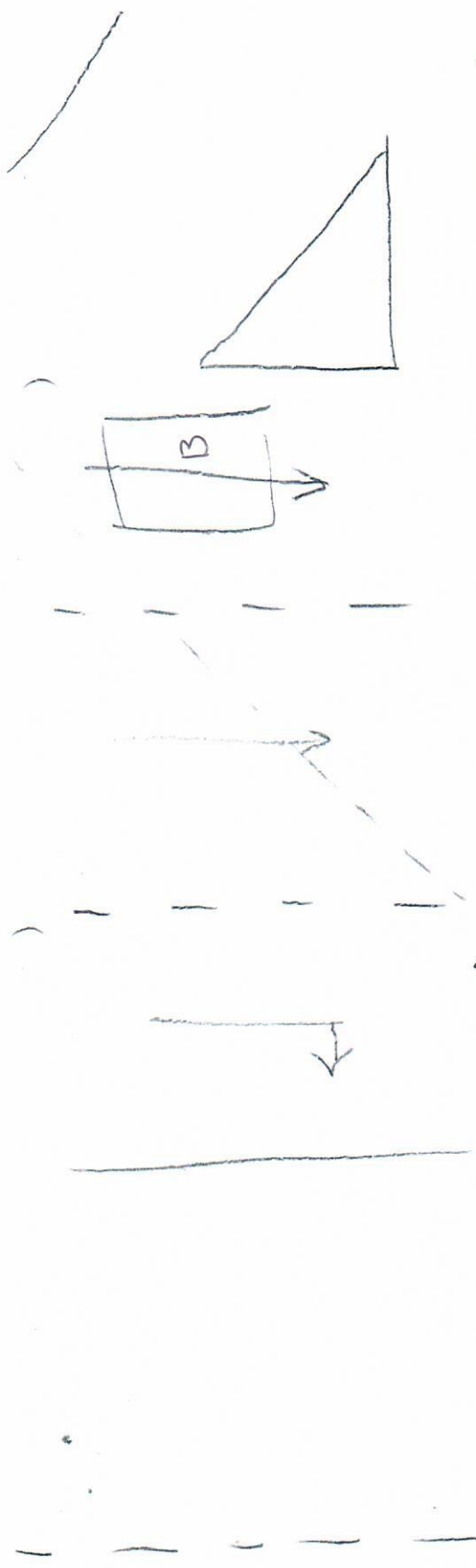
174A

Edge dale  
Plains.

A=SLR 9894 R

B=SKC 1818 E

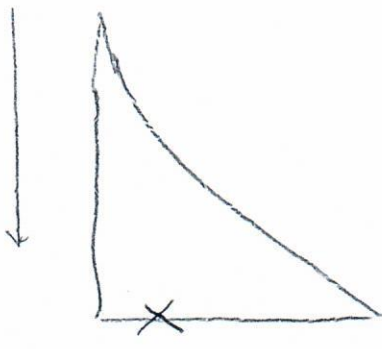
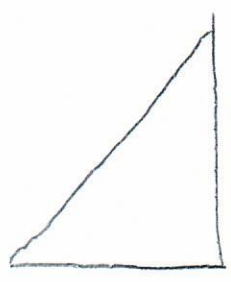
Howes  
19/03/23



Line of  
sight.

Point of  
contact  
X

Edge dale Plains



Punggol Field Rd



sketch  
Final sketch  
X



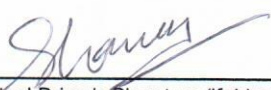
Describe Circumstance of the Accident


Refer to Police Report No. T/20230512/101

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

 15/05/23  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time

 15/05/23  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20230512/2101

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20230512/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/05/2023 21:49	Vide Report No.: F/20230512/0107	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: SHANNEN JOELLE LIM RUI LI			Address: 20 RIVERINA WALK SINGAPORE 518326		
ID Type / ID No.: NRIC NO / T0046861J			Contact No.: Home/Office: Mobile: 82822582		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 20/11/2000	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/05/2023 17:20	Type of Location: X-Junction
Location:  EDGEDALE PLAINS				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Front right rear hit another front right rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR9894R	Car				Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230512/2101

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

2 of 3

Report No. T/20230512/2101

**CONTINUATION OF REPORT**

**Brief Details.**

oN THE 12/5/23 at around 1720hrs, I got into an accident located at Punggol Field turning toward Edgedale plains. My vehicle SLR9894R collided with another vehicle SKC1818E. The front right rear of my car hit the other vehicle front right rear when I was making a right turn. I wish to inform that the curb and electrical box was damage in the accident, but it was not by me. Traffic Police ASP Jusin Khan attended to me and my 32 GB SD 'iRoad' SD card was taken by him. I also wish to inform that no one was injured and No ambulance was called. That is all.





**SINGAPORE  
POLICE FORCE**



T/20230512/2101

3 of 3

Police Station Of Origin:

Punggol N.P.C

151 Punggol Central SINGAPORE 828727

Tel No: 1800-6049999

Report No. T/20230512/2101

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SGT 2 ALOYSIUS CHEW YAO  
HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT Ahmad Syafiq Bin Harris  
Contact No.: 65476201

Signature Of Informant:

Date/Time:

12/05/2023 21:49

Classification Of Case:

NP168



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

### 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)

MX1F

N SN

AN0667A

Cov. Type:C

CERTIFICATE No.	DMPCSNW00204042200	Engine No.: P520462192	Chs. No.: JM6BNZ2A8H0171684
1. Index Mark and Registration Number of Vehicle	SLR9894R	AUTOSAFE	*****
2. Name of Policy Holder	WONG LOKE NGEE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/08/2022 (00.00.00)	Named Drivers Ex Sect. I	S\$500.00
4. Date of Expiry of Insurance	03/09/2023	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/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.			
HIRE PURCHASE CO.: DBS 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.			

**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: TRILLIUM 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