

# NATIONAL Assessment Centre Services

Date In 17/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123005064/04	SAS e-filing		
Veh No SMR 7921Y	E-mail (w/ 2hrs, 4hrs, 8hrs, 24hrs)		
DOA 15/05/2023 10:00	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:	Veh No: SMQ 4341X	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%; R: 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

NA2301469	Invoice Preparation Checklist	Amc (\$)	Amc
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idau 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 Receipts Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$30		
	Invoice dated	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	16/05/2023 15:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRIVEWAY OF BLK 305B ANCHORVALE LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7921Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM PUAY HIANG ( LIN BEIXIAN )
NRIC No	SXXXX652D
Email Address	DELVINLIM1980@GMAIL.COM
Mobile Phone No	(Phone) +65-90401036
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	DMHCSNW00000772300

#### DRIVER

Name of Driver	LIM PUAY HIANG ( LIN BEIXIAN )
NRIC No	SXXXX652D
Date Of Birth	24/02/1980
Occupation	Outdoor



Date Of Driving Pass .....	09/01/2003
Driving experience .....	20 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90401036
Alt. Phone Number .....	-
Email Address .....	DELVINLIM1980@GMAIL.COM
Address .....	APT BLK 260 BUKIT BATOK EAST AVENUE 4
Address complement .....	# 09-293
Postcode .....	650260
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 .....	Side Swipe
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230515/7046

#### 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 .....	SMQ4341X
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM PUAY HIANG ( LIN BEIXIAN )
Gender .....	Male
Phone No .....	(Phone) +65-90401036
Address .....	APT BLK 260 BUKIT BATOK EAST AVENUE 4
Address Complement .....	# 09-293
Post Code .....	650260
Approximate Age Years Old .....	-
Injuries Sustained .....	BACKPAIN- GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SMR7921Y
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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

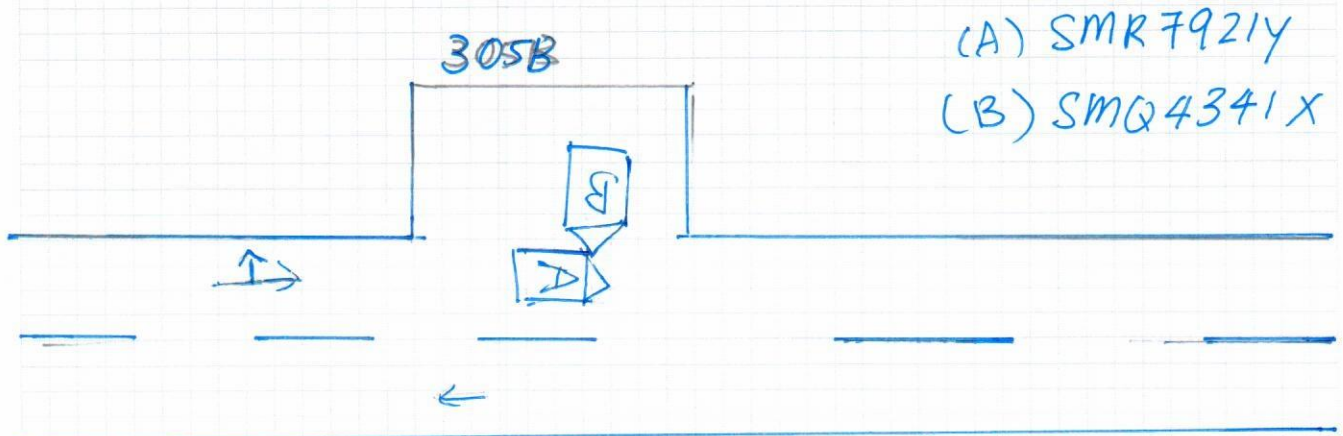
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
16/5/2023

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax  
Signature: \_\_\_\_\_

SKETCH PLAN Driveway of BLK 305B anchorvale Link.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached TP Report:  
7/20230575 / 7046

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**DECLARATION**

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

x

Policyholder's Signature  
Date & Time:

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

16/5/2023

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20230515/7046

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230515/7046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/05/2023 15:07	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: LIM PUAY HIANG		Address: 260 BUKIT BATOK EAST AVENUE 4 #09-293 SINGAPORE 650260	
ID Type / ID No.: NRIC NO / S8005652D		Contact No.: Home/Office: Mobile: 90401036	
Nationality: SINGAPORE CITIZEN		Email: DELVINLIM1980@GMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 24/02/1980	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2023 10:00	Type of Location: Straight Road
Location:  ANCHORVALE LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ4341X	Car					0
SMR7921Y	Car	HONDA	FREED HYBRID 7- SEATER 1.5G AUTO	Blue		0



**SINGAPORE  
POLICE FORCE**



T/20230515/7046

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230515/7046

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7921Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000007 72300	21/01/2023	20/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PUAY HIANG		ID No. S8005652D
Related Vehicle	SMR7921Y (Car)		Contact No. 90401036
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/05/2023		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 15/05/2023 at about 1000 hours at along driveway of Blk 305B Anchorvale Link. I was travelling on the above mentioned road and Suddenly, a vehicle (B) from my left veered into my lane without cautious and without checking his blind spot and hit onto the left portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury.

Vehicles involving in the situation:

(A)SMR7921Y

(B)SMQ4341X





**SINGAPORE  
POLICE FORCE**



T/20230515/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230515/7046

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
15/05/2023 15:07

Classification Of Case:

VEHICLE NO: <u>SMR 7921</u>		MAKE & MODEL: <u>HONDA FREED HYBRID</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT	<u>15 / 05 / 2023</u>		<u>1.5</u> *C.C.
TIME OF ACCIDENT	<u>10-00</u> <u>AM</u> / PM		
LOCATION OF ACCIDENT	<u>Driveway of BIK 305B anchorvale Lnk</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>		
NAME OF OWNER		<u>Lim RAY HIANH</u>	
EMAIL: <u>DELVINLIM1980@gmail.com</u>	Office:	MOBILE: <u>9040 1036</u>	
NRIC	<u>S8005652D</u>		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY:	YES <u>NO</u> ?		
INSURANCE CO.	<u>CHINA TAIPING INSURANCE</u>		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DMHCSNW00000772300</u>		
NAME OF DRIVER		<u>AS ABOVE</u> / IF NO:	
NRIC			
DATE OF BIRTH	<u>24 / 02 / 1980</u>		
ANY PASSENGER	YES / <u>NO</u> :		
NAME OF PASSENGER	<u>Q</u>		
GENDER OF PASSENGER	MALE / FEMALE <u>Q</u>		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	<u>09 JAN 2003</u>		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: <u>9040 1036</u>		Office:
EMAIL	<u>DELVINLIM1980@gmail.com</u>		
ADDRESS	<u>Blk 760 BUKIT BATOK EAST AVENUE 4 #09-293</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.		INSURER: <u>S (650260)</u>
RELATIONSHIP	Employee / If No: <u>owner</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes: <u>Who?</u> <u>Driver back &amp; pain</u>		
CONVEYED BY AMBULANCE	<u>No</u> / If yes: <u>Who?</u>		
POLICE REPORT	<u>No</u> / If yes: Where? <u>online</u>		
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?		
VEHICLE B NO.	<u>SMQ 4341X</u>		Any Passenger: <u>Q</u>
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
Who is Reporting	<u>Driver / Owner / Both</u>		
Original Language Used	<u>English / Mandarin / Others:</u>		
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?	YES <u>NO</u>		



Motor Hire Car

MZ406L/B

**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)

N SN

AN0450A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00000772300

Engine No.: LEB5609338

Cha. No.: GB71074391

1. Index Mark and Registration  
Number of Vehicle

SMR7921Y

AUTOSAFE

=====

2. Name of Policy Holder

LIM PUAY HIANG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

21/01/2023

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

20/01/2024

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 PUAY HIANG

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.: TEMBUSU 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: INXPIRE N SOLUTIONS

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