

NATIONAL Assessment Centre Services (wef 1 Jan 06)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: # 07/06/23 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CT1230058351J | SAS e-filing | | |
| Veh No: SMU 9076H | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 06/06/23 | 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: SMF3667X

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 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

NA2301671

Invoice Preparation Checklist

Am't (\$)

Ar

1st Bill

Ad

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

| | |
|---|--|
| 1) AR: Accident Reporting (\$30); | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | |
| 3) TF: Towing Fee \$40/\$45 | |
| 4) FT: Follow-Through Survey \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| For claiming against INC Only (wef 10 Jan 2005) | |
| 6) TR: Re-inspection \$75 | |
| 7) N1: Idac DA + SMRT Survey \$160 | |
| 8) NTUC Additional Services:- | |
| OD* | |
| *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 (N'n INC) against INC \$20 | |
| 9) N12: Idac 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 | 07/06/2023 11:20 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 06/06/2023 07:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS TUAS BEFORE PIONEER ROAD NORTH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMU9076H |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | LIM THIAM HOCK |
| NRIC No | SXXXX543A |
| Email Address | hbkelvinlim@gmail.com |
| Mobile Phone No | (Phone) +65-88853511 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Vezel |
| 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 hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00015632200 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | LIM THIAM HOCK |
| NRIC No | SXXXX543A |
| Date Of Birth | 30/06/1963 |
| Occupation | Indoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 09/10/1980 |
| Driving experience | 42 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88853511 |
| Alt. Phone Number | - |
| Email Address | hbkelvinlim@gmail.com |
| Address | APT BLK 219 ANG MO KIO AVENUE 1 |
| Address complement | # 08-827 |
| Postcode | 560219 |
| 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 | Raining |
| Road Surface | Wet |

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) | 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 | SIM EE LEE |
| Gender | Female |

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/20230606/7019

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 | SMF3667X |
| 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 THIAM HOCK |
| Gender | Male |
| Phone No | (Phone) +65-88853511 |
| Address | APT BLK 219 ANG MO KIO AVENUE 1 |
| Address Complement | # 08-827 |
| Post Code | 560219 |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK AND NECK PAIN |
| Injured person in which vehicle? | SMU9076H |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|--------------------|
| Name of injured person | SIM EE LEE |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BACK AND NECK PAIN |
| Injured person in which vehicle? | SMU9076H |
| 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 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

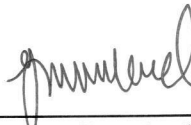
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time



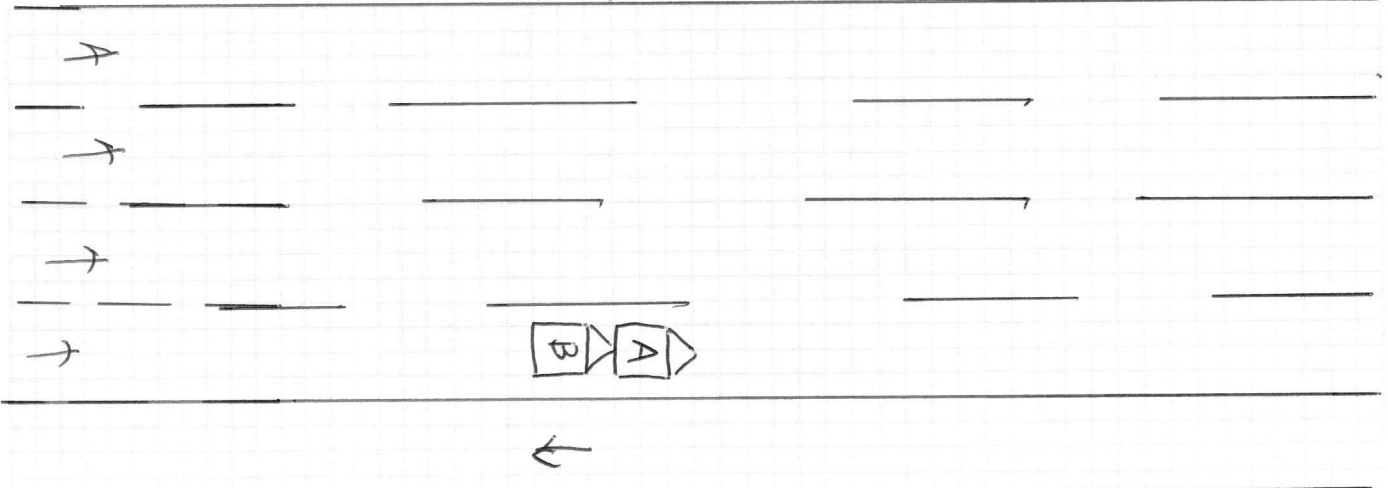
Driver's Signature (If driver is not the policyholder) / Date
& Time

 7/6/2023

Witnessed by Reporting Centre
Personnel

Sketch Plan

PIE towards TQAS before Pioneer Road North.



(A) SMU9076H

(B) SMF3667X

Describe Circumstances of the Accident

Attached
TP Report
7/20230606/7019

[Handwritten signature]

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.

[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 7/6/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230606/7019

1 of 3

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

Report No. T/20230606/7019

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 06/06/2023 12:03 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: LIM THIAM HOCK | | | Address: 219 ANG MO KIO AVENUE 1 #08-827 SINGAPORE 560219 | | |
| ID Type / ID No.: NRIC NO / S1575543A | | | Contact No.: Home/Office: Mobile: 88853511 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: HBKELVINLIM@GMAIL.COM | | |
| Sex: Male | Age: 59 | Date of Birth: 30/06/1963 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Private-hire car driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/06/2023 07:10 | Type of Location: Straight Road |
| Location: PIE TOWARDS TUAS BEFORE PIONEER ROAD NORTH | | | | |
| Weather: Drizzling | | Road Surface: Wet | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|----------------|--------|----------|-------|
| SMF3667X | Car | | | | | 0 |
| SMU9076H | Car | HONDA | VEZEL 1.5X CVT | Silver | | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



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

Report No. T/20230606/7019

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMU9076H | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMHCSNW000156 32200 | 02/10/2022 | 01/10/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|---|--------------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Passenger | | | | |
| Name | SIM EE LEE | | ID No. | NIL |
| Related Vehicle | SMU9076H (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |
| Driver | | | | |
| Name | LIM THIAM HOCK | | ID No. | S1575543A |
| Related Vehicle | SMU9076H (Car) | | Contact No. | 88853511 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 06/06/2023 | | Date | NIL |
| No. of Days granted Medical Leave | 07 | | Degree of | Serious |

Brief Details.

On 06/06/2023 at about 07:10 hours at along PIE towards Tuas before Pioneer road north exit . I was travelling at the extreme right lane on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit.
Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle. After the accident, I went to consult a doctor and was given 7 days MC for my injury.

Vehicles involving in the situation:

- (A) SMU9076H
- (B) SMF3667X



**SINGAPORE
POLICE FORCE**



T/20230606/7019

3 of 3

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

Report No. T/20230606/7019

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
06/06/2023 12:03

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|----------------|----------------|----------------------|
| Accident Date: | 6/6/23 | Time: | 07.10 | (hh:mm) 24 hr format |
| Location | PIE towards MAS before Pioneer Road north. | | | |
| Vehicle Number | SMU 9076H | | | |
| Insured Name | LIM THIAM HOCK | | | |
| NRIC / FIN | S1575543A | Contact Number | 888 535 11 | |
| Make | HONDA | Model | VEZEL 1.5X CVT | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | CHINA TAIPING | | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | DMHCSNN00015632200 | | | |
| Name of Driver | (<input checked="" type="checkbox"/>) Same as Insured | | | |
| NRIC / FIN | S1575543A | Contact Number | 888 535 11 | |
| Date of Birth | 30-06-1963 | | | |
| Driving Pass Date | 09-OCT-1980 | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | |
| Email Address | hbk@vinlim@gmail.com | | () NO EMAIL | |
| Address of Driver | BLK 219 ANG MO KIO AVENUE 1 #01-827 S (560219) | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| (<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others | | | | |
| Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| If yes, injured detail Driver + passenger back & neck pain | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report | | | | |
| DETAILS OF 3 rd party | Name / Nric | Contact | | |
| Veh B | SMF 3667X | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

passenger (F) Sim ee lee

Motor Hire Car

MZ406L/B

N SN

AN0707B

Cov. Type C

CERTIFICATE OF INSURANCEMotor 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. | DMHCSNW00015632200 | Engine No.: L15B5553467 | |
| | | Cha. No.: RU11303459 | |
| 1. Index Mark and Registration Number of Vehicle | SMU9076H | AUTOSAFE | ***** |
| 2. Name of Policy Holder | LIM THIAM HOCK | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 02/10/2022 (00:00:00) | 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 | 01/10/2023 | 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 THIAM HOCK | | |
| 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. | | |

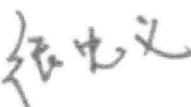
HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

* 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: KHC HOLDINGS PTE LTD
Authorised Officer

Authorised Signatory