

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

Date In: 27/6/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C7123006548 /d4	SAS e-filing		
Yeh No: SR 462	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/6/2023 16:10	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: FB1 5569P	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%. P: 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

NA2301926

Invoice Preparation Checklist

Amf (\$)
 Ist Bill
 Ac

Claimant's Particulars:	1) AR : Accident Reporting (\$30);	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TF : 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)	
Cat. 1:	6) TR : Re-inspection \$75	
Cat. 2 / 3:	7) N1 : Idac 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 (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	27/06/2023 18:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER CHANGI ROAD TOWARDS BEDOK AT LAMPOST 78
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SR46Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SIEW LUN
NRIC No	SXXXX339I
Email Address	FIRSTLINCO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93828643
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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	5998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00034152300

DRIVER

Name of Driver	LIM SIEW LUN
NRIC No	SXXXX339I
Date Of Birth	21/12/1950

Occupation	Indoor
Date Of Driving Pass	27/08/1977
Driving experience	45 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93828643
Alt. Phone Number	-
Email Address	FIRSTLINCO@HOTMAIL.COM
Address	25 TOH CRESCENT
Address complement	-
Postcode	507934
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)	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	UNKNOWN
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 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	FBT5569P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHD DANIAL BIN HAMDI ABDULLAH
NRIC No	SXXXX110E
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 27-6-23

Driver's Signature (if driver is not the policyholder) / Date & Time 27-6-23

Witnessed by Reporting Centre Personnel 27/6/2023

Sketch Plan

VEH A: SR 46 Z

VEH B: FBT 5569P

Along upper changi Road
towards Bedok at lamp
post 78

UPP Changi Rd East

→ [B] → [A] →

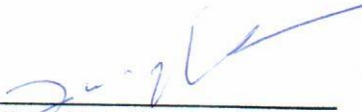


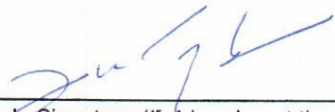
Describe Circumstances of the Accident

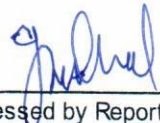
On 26-6-23 at about 4.10pm, whilst driving along Upper Changi Road East on the extreme left lane, I was driving slowly as my vehicle had no power, suddenly a motor cycle (B) FBT5569P hit on to the rear portion of my vehicle (A) SR46Z.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 27-6-23


Driver's Signature (If driver is not the policyholder) / Date
& Time 27-6-23

 27/6/2023
Witnessed by Reporting Centre
Personnel

From : Premium Carz Services Pte Ltd

Tel : 6636 9100

Fax : 6636 9113

Email : candice@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	26-6-23
Time	4.10 PM
Location	ALONG UPP. CHANGI RD TWDS BEDOK AT Lamp post 78
VEHICLE (A)	SR46Z
Name of owner	MODEL: Bentley
Name of owner	HM SIEW LUN
NRIC no	50144339J
Date of birth	21-12-1950
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	Male / <input checked="" type="radio"/> Female
Contact	HP: 938 28643 Tel: Fax:
Address	25 TOH CRESCENT S(507934)
Driving Passed date	
Email Address	FIRSTLINCO@HOTMAIL.CO.UK
Type of claim	Own Damaged / <input checked="" type="radio"/> Third Party / Reporting Only
Insurance Company	CHINA TAIPING INS
Type of Policy	<input checked="" type="radio"/> Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	DMPCSNW00034152300
Name of driver	AS ABOVE
NRIC no	50144339J
Date of birth	21-12-1950
Occupation	<input checked="" type="radio"/> Indoor / <input type="radio"/> Outdoor
Gender	Male / <input checked="" type="radio"/> Female
Contact	938 28643
Address	25 TOH CRESCENT S(507934)
Driving Passed date	27-8-1977
Email Address	FIRSTLINCO@HOTMAIL.CO.UK
Relationship with the Insured	<input checked="" type="radio"/> Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	<input checked="" type="radio"/> No / if Yes : Vehicle no: Ins. Co:
Type of Collision	Head to Rear - TP hit Insured.
Weather conditions / Road surface	<input checked="" type="radio"/> Clear / Raining - <input checked="" type="radio"/> Dry / Wet / Others:
Any Police Report lodged	<input checked="" type="radio"/> No / Yes : Where?
Notice of Intended Prosecution Given?	<input checked="" type="radio"/> No / Yes : Against who?
Anybody injured in the accident ?	<input checked="" type="radio"/> No / Yes : Who / Vehicle no?
Any other material or property damaged?	No / <input checked="" type="radio"/> Yes
Any foreign vehicle involved ?	<input checked="" type="radio"/> No / Yes : Vehicle no:
Any video captured by car camera ?	<input checked="" type="radio"/> No / Yes
Number of passengers (including driver)	F : 2 M : NIL
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO
VEHICLE (B) - THIRD PARTY	FBT 5569P
Name of driver	MUHD DANIAL BIN HAMDI ABDULLAH
NRIC / FIN no. / Passport number	59829110E
Contact	
Number of passengers (including driver)	
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name : NIL HP :
	Email :
Other Vehicles	(C) NIL (D) NIL
Number of passengers (including driver)	



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)

MX1/B

N SN

AN0083A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00034152300

Engine No.: BWR019587

Cha. No.: SCBDE23W08C059030

1. Index Mark and Registration
Number of Vehicle

SR46Z

2. Name of Policy Holder

LIM SIEW LUN

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

19/02/2023

Named Drivers Ex Sect. I S\$6,000.00

Excess Sect. I (Outside Singapore) S\$12,000.00

EX ON WINDSCREEN S\$1,000.00

4. Date of Expiry of Insurance

18/02/2024

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 SIEW LUN
SIMON DAWSON

KHAW CHENG EE

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.

* 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: _____
KCB AGENCY
_____, Authorised Officer

Authorised Signatory