

NATIONAL Assessment Centre Services

(Form 1-25-2005)

Date In: 30/12/2017 16:46	Job description	Date & Time Completed	Done by
Ref No: NA/DAI17024749/K4	SAS e-filing		
Veh No: SKH 8161T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/12/2017 12:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SJR6581S

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bills

- 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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

Invoice dated / Invoice dated

Fee Charged / Fee Charged

15

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 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 ability.
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 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 Report	30/12/2017 16:46
Date Of Accident	30/12/2017 12:00
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8161T
Insured/Policyholder	
Name Of Registered Owner	YAP, AH YENG
NRIC No	S2665319C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97354423
Alternative Phone No	OTHERS-97354423

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0L
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00424277
Cover Note Number	

Driver

Name of Driver	YAP, AH YENG
NRIC No	S2665319C
Date Of Birth	02/11/1962
Occupation	INDOOR
Date Of Driving Pass	13/07/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354423
Fax Number	
Contact Number	OTHERS-97354423
EMail Address	NOEMAIL

Address	BLK 350 YISHUN AVE 11 #04-221
Postcode	760350
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171230/2088

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6581S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YAP AH YENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKH8161T
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YAP ZHI KAI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKH8161T
Were seat belts worn? YES
Was this injured conveyed to hospital by
ambulance?
Address
Postcode


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:

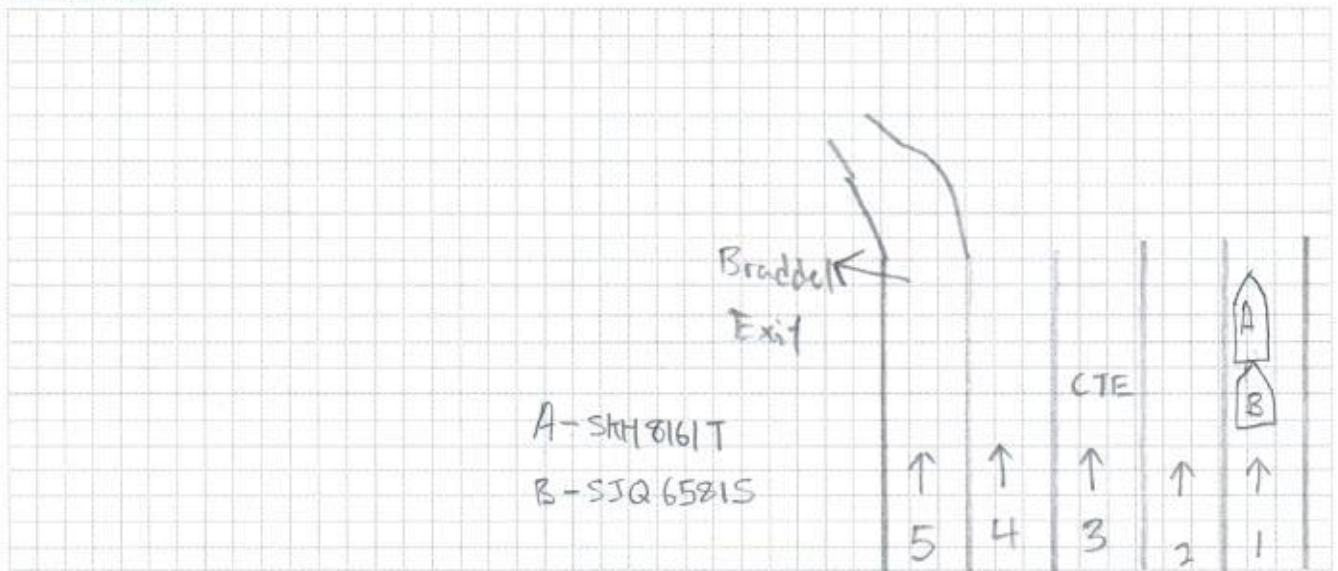
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 30/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

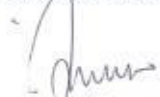


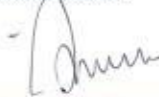
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

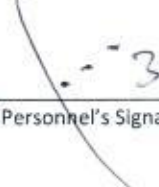
Pls Refer to the Police Report
T/20171230/2088

DECLARATION

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


Policyholder's Signature
Date & Time:


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

 30/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171230/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20171230/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 15:47	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: YAP AH YENG			Address: APT BLK 350 YISHUN AVENUE 11 #04-221 SINGAPORE 760350		
ID Type / ID No.: NRIC NO / S2665319C			Contact No.: Home/Office: Mobile: 97354423		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 02/11/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2017 12:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ6581S	Car	TOYOTA	VIOS J AUTO	Black	Slightly Damaged	0
SKH8161T	Car	HONDA	ACCORD 2.0L	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH8161T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00424277	25/11/2017	24/11/2018



**SINGAPORE
POLICE FORCE**



T/20171230/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20171230/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMED AZHAR BIN YUSOF	ID No.	S7243379C
Related Vehicle	SJQ6581S (Car)	Contact No.	96946384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YAP AH YENG	ID No.	S2665319C
Related Vehicle	SKH8161T (Car)	Contact No.	97354423
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my car bearing registration number SKH8161T along Central Expressway (CTE) towards City on the lane 1 of the said expressway. My son namely, Yap Zhi Kai, NRIC: T0225081G, mobile number: 93872336 was at the front passenger seat beside me. All of a sudden, I felt something collided onto the rear of my vehicle. I then came down to make a check and discovered a car bearing registration number SJQ6581S had collided onto the rear of my vehicle and caused my rear bumper to be dented.

We then exchange particulars and left the place. As my son and myself felt pain onto our neck and back area. Both of us went to Mount Alvernia Hospital and we are given 5 days of medical leave. I wish to state that during the time of incident, no government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20171230/2088

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20171230/2088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 SHAHRIN AZHAR BIN JUMADI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

30/12/2017 15:47

Classification Of Case:

Reported on 30/12/2017
@ 630428.

ACCIDENT STATEMENT

ACCIDENT DATE: (30/12/2017) (DD/MM/YYYY), TIME: (1200) (HH:MM)

LOCATION: CTE towards City.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 8161 T
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97354423
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SJQ 6581 S MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2665319C



Name
YAP AH YENG

葉亞源

Race
CHINESE

Date of Birth: 02-11-1962 Sex: M

Country of Birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2665319C

Name
YAP AH YENG

Birth Date: 02 Nov 1962

Issue Date: 09 May 2017




8221365



NRIC No. S2665319C



Nationality
MALAYSIAN

Blood Group: A+ Date of issue: 24-10-1996

Address
APT 814 356 YISHUN AVENUE 11 #04-221
SINGAPORE 760350

NRIC No: 81645319C Date: 17-04-1997 No: 8134968

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	13 Jul 1994
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	13 Jul 1994

NP 428A



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)


This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00424277
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SKH8161T
Chassis No.	: MRHCP16309P020106
2) Name of Policy Holder	: Yap, Ah Yeng
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 25/11/2017 00:00
4) Date/Time of Expiry of Insurance	: 24/11/2018 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	: Tokyo Century Leasing (Singapore) Pte Ltd
Main driver	: Yap, Ah Yeng
Named driver	: None
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.	

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 the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 23/10/2017


Edip Okur
Chief Underwriting Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA117171265 Vehicle Registration No: SKH8161T
Name (as shown in NRIC) : YAP, AH YENG NRIC/FIN/Passport No : S2665319C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 350 YISHUN AVE11 #04-221 Singapore (760350)
Contact (Tel) : — Mobile No. : 97354423
Email Address : NOEMAIL
Date of Accident : 30/12/2017 Time of Accident : 12:00
Place of Accident : OTE TWDS CITY
Insurance Company : Direct Asia Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Injury person.

Policyholder / Driver's Signature
Date:

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