

# NATIONAL Assessment Centre Services (wef 1/23/05)

Date In: <b>21/02/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CIT18003303/13</b>	SAS e-filing		
Veh No: <b>SJP15684</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>15/02/18</b> <b>1610</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>N-51</b> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SEA4885B</b> 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

<b>NA1801078</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	OH*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Cat. 2 / 3:</b>	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 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 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	21/02/2018 15:45
Date Of Accident	15/02/2018 16:10
Exact Location Of Accident	GEYLANG RD BETWEEN LOR 15 & LOR 17
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1568U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR YI FENG
NRIC No	S7884183D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81238071
Alternative Phone No	OTHERS-81238071

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1409081703
Cover Note Number	

### Driver

Name of Driver	MR YI FENG
NRIC No	S7884183D
Date Of Birth	26/04/1978
Occupation	INDOOR
Date Of Driving Pass	24/01/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81238071
Fax Number	
Contact Number	OTHERS-81238071
Email Address	NOEMAIL

Address	BLK 211 ANG MO KIO AVE 3 #09-1450
Postcode	560211
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SKA4885B
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)	




## SKETCH PLAN

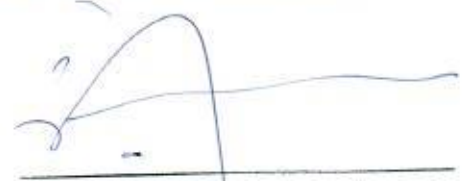
### IMPORTANT NOTICE

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:

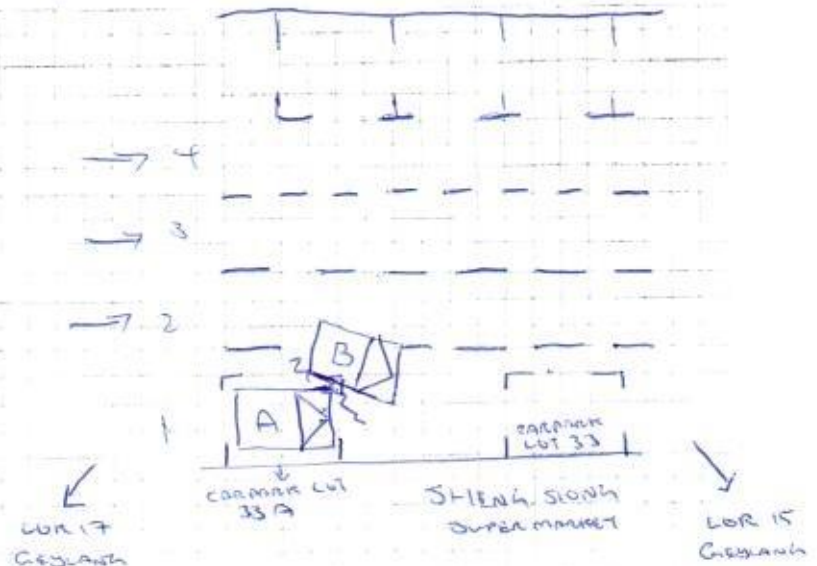
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

GEYLANG ROAD GRADUALLY KALLANG ROAD

VEHICLE A - SP1568U

VEHICLE B - SKA 4885B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARILY STOPPED AND PARK IN LOT NUMBER 33A ON THE EXTREME RIGHT SIDE OF THE ROAD ALONG GEYLANG ROAD TOWARDS KALLANG ROAD, (IN BETWEEN LOR 15 GEYLANG AND LOR 17 GEYLANG).

WHILE IN STATIONARY POSITION, SUDDENLY I FELT A IMPACT FROM THE LEFT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SKA4885B) SWERVED FROM THE (2nd LANE) INTO MY LANE, AND HIT ONTO THE LEFT FRONT PORTION OF MY VEHICLE, WHILE I'M IN STATIONARY POSITION IN THE PARKING LOT 33A.

VEHICLE A - SP1568U

VEHICLE B - SKA 4885B

## 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:

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



19/02/18 waiting for CI

<b>Vehicle No.</b>	SJP 1563U	<b>Model / Make</b>	HYUNDAI AVANTE
<b>Date of Accident</b>	15/02/18		
<b>Time of Accident</b>	16 10	<b>HRS</b>	
<b>Location of Accident</b>	GEYLANG ROAD IN MIDDLE OF LOR 15 AND LOR 17		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	YI FENG		
<b>Telephone No.</b>	H/P : 81238071	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7784193D		
<b>Address</b>	BLK 211 ANH MO KIO AVE 3 #09-1450 S(560211)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	CHINA TAIANH		
<b>Type of Coverage</b>	<b>Comprehensive</b>	<b>Third Party</b>	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	DMPCSN1409081703		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers : 1 (WIFE)		
<b>Date of birth</b>	26 APR 1978		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	24 JAN 2011		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state OWNER	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SKA 4885 B	Any Passengers :	
<b>Name of Driver</b>		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LEFT FRONT PORTION		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-SI AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email. ADDRESS</b>	sales@n-si.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7884183D



Name

YI FENG

易 鋒

Race

CHINESE

Date of birth

26-04-1978

Country/Place of birth

CHINA

Sex

M

S7884183D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7884183D

Name

YI FENG

Birth Date: 26 Apr 1978

Issue Date: 24 Jan 2011



5844720



NRIC No. S7884183D



Date of issue

11-12-2017

Address

APT BLK 211 ANG MO KIO AVENUE 3  
#09-1450  
SINGAPORE 560211

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Jan 2011



NP 428A





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200203984H

MXLF  
R SN  
AN0420A  
Cov. Type: C

MOTOR PRIVATE CAR

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1968  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCN1409081703	Engine No :G4FC9U0618048 Chassis:KHUBU418A9U712007
1. Input Mark and Registration Number of Vehicle	SJP1568U	AUTOSAFE
2. Name of Policy Holder	MR YI FENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 April 2017	Named Driver's EX Sect. I ..... S\$500.00 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
4. Date of Expiry of Insurance	09 April 2018	
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.  * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.	
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.  HINE PURCHASE CO. ; STANDARD CHARTERED BANK (SINGAPORE) LIMITED AS * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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



Issued By: .....  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

.....  
Authorised Signatory

3 Anson Road #18-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiiping.com