

NATIONAL Assessment Centre Services

(Unit 1/2000)

MINA 18057505

Date: 08/05/2018 20:13
Tel No: NGA/C71/8008710/Y
Veh No: STP 5538 T
D.O.A: 02/05/2018 08:45
OD / TP: Response Only

| Job description | Date & Time Completed | Done by |
|---|-----------------------|---------|
| SAS e-illing | | |
| E-mail (with photo, etc) | | |
| Motor Claim Form | | |
| Motor VVO (with photo, etc) | | |
| Photo Uploaded | | |
| Assessment/Survey Report | | |
| Ass't Report by Fax/Hand to Owner/VVWSP | | |

TP Insure:

Preferred Wksp / INC Assign Wksp / CWI:

Tell

Fax

TP Particulars: Yeh No: SDS 8880B

INC () / Non-INC ()

Owner/Driver:

Tell

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

% (Note: BSL Status (WO): NI 0-20%; PI 21-79%; P: 80-100%)

Year of Registration:

Warranty: YES () / NO ()

Excess:

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In:

Towed-In:

Invoice:

YES () / NO ()

Towing Co:

Remarks: NGA/C71/8008710/Y

Date & Time Completed

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

On-site:

Actions:

NIA 803029

Invoice Incorporation Checklist

Vehicle/Engine:

1) AR: Accident Report/Log (100)

Driver/Owner:

2) DA: Damage Assessment (100)

Policy No:

3) TP: Towing Fee (100)

Assigned Position:

4) TP: Follow through Survey (100)

5) TP: Follow through Survey (Recovery) (100)

6) TR: Repair/Repair (100)

7) HIL: DA + SMART Survey (100)

8) NTUC Additional Survey (100)

9) NTUC Additional Survey (100)

10) NTUC Additional Survey (100)

11) NTUC Additional Survey (100)

12) NTUC Additional Survey (100)

13) NTUC Additional Survey (100)

14) NTUC Additional Survey (100)

15) NTUC Additional Survey (100)

16) NTUC Additional Survey (100)

17) NTUC Additional Survey (100)

18) NTUC Additional Survey (100)

19) NTUC Additional Survey (100)

20) NTUC Additional Survey (100)

21) NTUC Additional Survey (100)

22) NTUC Additional Survey (100)

23) NTUC Additional Survey (100)

24) NTUC Additional Survey (100)

25) NTUC Additional Survey (100)

26) NTUC Additional Survey (100)

27) NTUC Additional Survey (100)

28) NTUC Additional Survey (100)

29) NTUC Additional Survey (100)

30) NTUC Additional Survey (100)

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 | 02/05/2018 20:13 |
| Date Of Accident | 02/05/2018 08:45 |
| Exact Location Of Accident | ALONG TELOK BLANGAH HEIGHTS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJD5538T |
| Insured/Policyholder | |
| Name Of Registered Owner | YIP SIEW LING |
| NRIC No | S7332894B |
| Email Address | JENNIFERYIPSL@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90072873 |
| Alternative Phone No | OTHERS-90072873 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | REPORTING ONLY |
| 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 | DMPCSN1431901703 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | YIP SIEW LING |
| NRIC No | S7332894B |
| Date Of Birth | 15/09/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/09/2010 |
| Driving Experience | 7 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90072873 |
| Fax Number | |
| Contact Number | OTHERS-90072873 |
| Email Address | JENNIFERYIPSL@HOTMAIL.COM |

| | |
|---|---|
| Address | BLK 57 TELOK BLANGAH HEIGHTS #03-123 |
| Postcode | 100057 |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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: : SON GENDER: : MALE |

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SDS8880B |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GERALD |
| NRIC/Passport Number | |
| Contact Number | 83088088 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

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

2nd May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

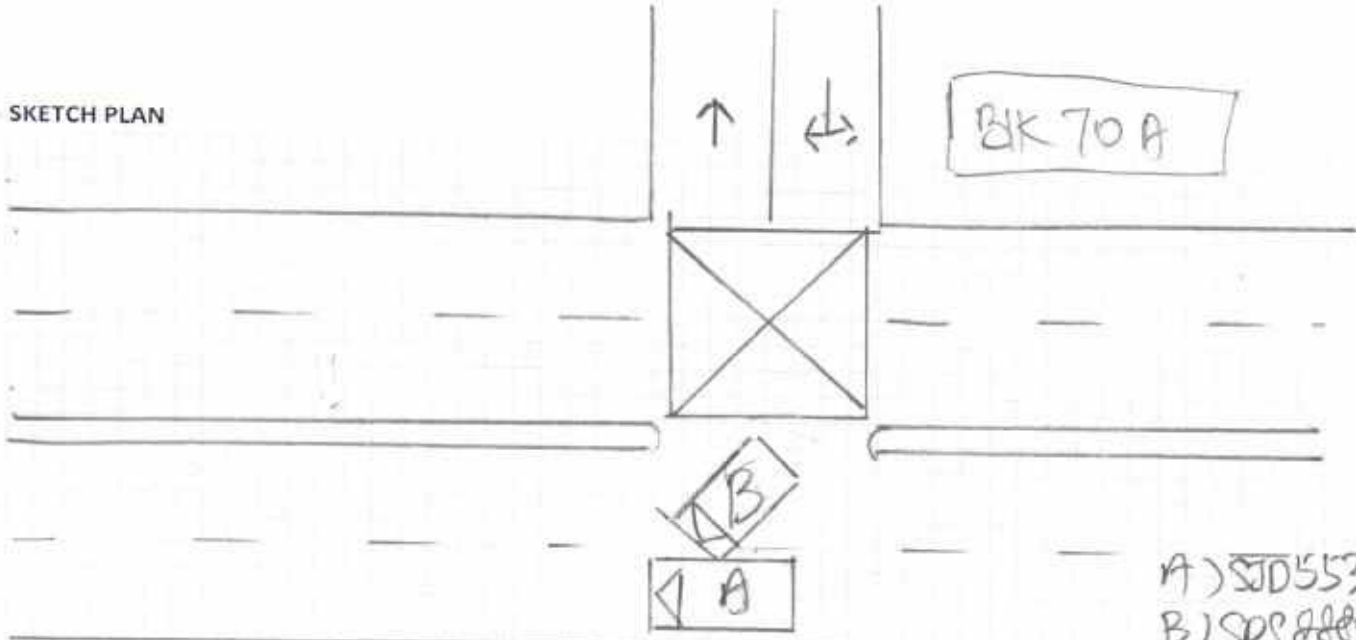
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

14/05/2018

SKETCH PLAN



A) SD5538T
B) SD8880B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Telok blangan heights, left lane. Just after the Carpark entrance / exit of block 70A, a white BMW (SD8880B) hit my (SD5538T) Toyota Vios on the right driver door. We moved to the side away from exit / entrance to exchange particulars. The white BMW was not damaged.

DECLARATION

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

Policyholder's Signature

Date & Time:

2nd May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/05/2018

14/05/2018

Private Settlement Agreement

Date / Time of Accident : 02/05/2018 @ 0830hrs

Location : Telok Blangah Heights towards Henderson Road
(in front Blk 709 Telok Blangah Heights)

Terms of Agreement:

1. Neither party shall make a police report as there are no bodily injury(s) or death involved.
2. This matter is settled amicably as follows (please tick):
 - ☐ Neither party shall be liable to compensate the other party for any loss or damages (directly or indirectly) incurred or to be incurred as a result of the accident.
 - ☒ Party A has paid Party B a sum of S\$ 380/xx which Party B unconditionally accepts and hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Xinya Auto Services
Pte Ltd

Particulars of Drivers Involved in Accident

(Party A)

Name : PHG KENG MENG
NRIC No. : S7601029C
Telephone : 83 088 088
Vehicle No. : SDS 8880B
Signature : [Signature]

SID5538T

47797

(Party B)

Name : YIP SIEN LING
NRIC No. : S7332894B
Telephone : 90072873
Vehicle No. : SID5538T
Signature : [Signature]

Witnessed By

Name : NA
NRIC No. : NA
Signature : NA

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 05 / 2018) (DD/MM/YYYY), TIME: (08 : 50) (HH:MM)

LOCATION: Telok Blangah Heights

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STD 5538T
b) INSURANCE COMPANY: China TaiPing Insurance (S) P/L
c) POLICY NUMBER: DMPCSN 1431901703
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Vios
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) only

2. INSURED / POLICY HOLDER

- A) NAME: YIP SIEN LING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7332894B CONTACT: 90072873
c) ADDRESS: BLK 57, #03-123 Telok Blangah Heights
S (100057)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (15 / 09 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/09/2010 (DD/MM/YYYY)

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDS 8880B MODEL: Bmw
b) DRIVER'S NAME: Geraki
c) NRIC/FIN/PASSPORT: _____ CONTACT: 83088088

9. THIRD PARTY VEHICLE

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

Email = jenniferyips1@hotmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7332894B



Name

YIP SIEW LING

叶秀伶

Race

CHINESE

Date of birth

15-09-1973

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7332894B

Name

YIP SIEW LING

Birth Date 15 Sep 1973

Issue Date 07 Sep 2010



NRIC No. S7332894B



Date of issue

23-07-2004

Address

APT BLK 57 TELOK BLANGAH HEIGHTS
#03-123
SINGAPORE 100057

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

EFFECTIVE DATE:

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2000kg

NP 428A





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

2 Anson Road #16-00 Springvale Tower Singapore 079909

Tel: 6360 5111 Fax: 6222 1031

Website: www.ctaiping.com

Co. Reg. No. 200008284E

ORIGINAL

THE SCHEDULE

| | | | | | |
|---------|---------|-----------------|-------------------------|----------------------|------------------|
| Agency | AN0551A | Class of Policy | MOTOR PRIVATE CAR | Policy Number | DMPCSN1431901703 |
| Account | AN0551A | Issued on | 19/09/2017 in SINGAPORE | Replacing Policy no. | DMPCSN1431901602 |
| Client | 3134501 | Acceptance Date | 19/09/2017 | | |

Period of Insurance from 26/09/2017 to 25/09/2018, both dates inclusive

Insured's Name... MISS YIP SIEW LING
Address... BLK 57 TELOK BLANGAH HEIGHTS
#03-123
SINGAPORE 100057

Business/Occupn... MANAGER

| | | | |
|---------|---------------------------|-------------|-----------------------|
| Premium | Base Annual Premium | \$52,117.00 | |
| | Less 15% Loyalty Discount | \$5317.55- | |
| | Less 20% Autosafe Scheme | \$5359.89- | |
| | No Claim Discount 50.00% | \$5719.78- | |
| | Total Annual Premium | \$5719.78 | Premium Due \$5719.78 |
| | | | Premium GST \$550.38 |
| | | | Total Due \$5770.16 |

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 26/3/2008

| | | | |
|-----------------|-------------------|---------------|--------------------|
| 1. Registration | SJD5538T | Make/Model | TOYOTA VIOS E AUTO |
| Type of Cover | Comprehensive | No. of seats | 5 |
| Engine No. | 1NZX635643 | Capacity cc's | 1497 |
| Chassis No. | MR053HY9305031982 | | |

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss

| | |
|---|-------------|
| Named Drivers Ex Sect. I | \$5500.00 |
| Additional Ex Other than Named Drivers: | |
| Ex Sect. I - Age <= 25 | \$53,000.00 |
| Ex Sect. I - Age >= 26 | \$5500.00 |
| * Age as at date of accident | |
| EX ON WINDSCREEN | \$5100.00 |
| Named Drivers THE INSURED | |

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only) - \$500.00
Notwithstanding anything contained to the contrary, we will waive up to the first \$5500.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

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