

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA11817793**

Date In: <b>11/9/18 17:50</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C7218017009/24</b>	SAS e-filing		
Veh No: <b>54 89893</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>11/9/18 - 11:30</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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: **JUR1533K** 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

<b>NA1805952</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);	<b>Int Bill</b>	<b>Add Bill</b>
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$30)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	<b>For claiming against INC Only (wef 10 Jan 2005)</b>		
<b>Ref 1:</b>	6) TR : Re-inspection \$75		
<b>Ref 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<b>OR:</b>		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	<b>TP (N11): TP (Non INC) against INC \$20</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	19/09/2018 17:50
Date Of Accident	19/09/2018 11:30
Exact Location Of Accident	JUNC RAFFLES QUAY & TELEGRAPH ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8989J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR YIAP WING MING
NRIC No	S1696637A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96222665
Alternative Phone No	OFFICE-96222665

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	DMPCSN3057371800
Cover Note Number	

### Driver

Name of Driver	YIAP WING MING
NRIC No	S1696637A
Date Of Birth	10/09/1965
Occupation	INDOOR
Date Of Driving Pass	17/08/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96222665
Fax Number	
Contact Number	OFFICE-96222665
EMail Address	NOEMAIL

Address	BLK 262 BOON LAY DRIVE #08-577
Postcode	640262
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

#### 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

REFER TO 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	SLR1533K
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFT988Z
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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.:

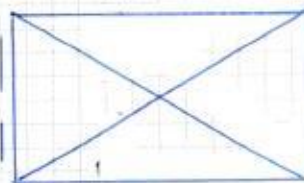
# SKETCH PLAN

Vehicle A: SJH 8989J

Vehicle B: SLR 1533 K

Vehicle C: SFT 988Z

Rattles Quay



Telegraph St ←



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A, SJH8989J, was stationary on the stated venue due to heavy traffic. Suddenly, I felt an impact on my stationary vehicle's rear portion. I then realised I was involved in a chain collision of 3 vehicles.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 09 / 2018) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Junction of Patties Quay and Telegraph Street

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 8989J  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: 2MP CJ 13057371800  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes Benz C180  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Tiap Wing ming (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1696637A CONTACT: 9622 2665  
 c) ADDRESS: 262 Boon Lay Drive #08-577 S(640262)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\*d) DATE OF BIRTH: (10 / 09 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 1533K MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFT 988Z MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1696637A**



Name

**YIAP WING MING**

Race

**CHINESE**

Date of birth

**10-09-1965**

Sex

**M**

**S1696637A**

Country/Place of birth

**SINGAPORE**

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S1696637A**

Name:

**YIAP WING MING**

Birth Date: **10 Sep 1965**

Issue Date: **29 Aug 2003**



000783097D



5218106



NRIC No. S1696637A



Date of Issue  
16-09-2013

Address

APT BLK 262 BOON LAY DRIVE  
#08-577  
SINGAPORE 640262

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	09 Nov 1987
Class 2A	Motorcycles between 201 cc and 400 cc	09 Nov 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug 1990

SGS 82312

NP 428A



Licence No: S1696637A



**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCEN3057371800

Engine No : 27191031347173

Chassis No: WDC2040452A595945

1. Index Mark and Registration  
Number of Vehicle

SJH8989J

2. Name of Policy Holder

MR YAP WING MING

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

27 AUGUST 2018  
[11:30 HOURS]  
26 AUGUST 2019

NAMED DRIVERS EX SECT. 1 ..... S\$1,500.00  
IN ADDITION TO NAMED DRIVERS EX:  
EX SECT. 1 - AGE <= 25 ..... S\$3,900.00  
EX SECT. 1 - AGE >= 26 ..... S\$500.00  
\* AGE AS AT DATE OF ACCIDENT  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

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.

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.

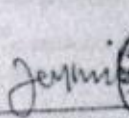
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT)  
WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT  
OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)  
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 180) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse  
For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

  
Authorised Officer

  
Authorised Signatory