

NATIONAL Assessment Centre Services		Ref: 201001		201001/22827	
Date In: 21/09/2008 17:29	Job description	Date & Time Completed	Done by		
Ref No: NEA/1001/2008/1263/4	SAS e-filing				
Veh No: 8KB 4765J	E-mail (within 3hrs, AOC 2hrs)				
D.O.A: 25/08/2008 10:20	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: JRW 4675	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				

NA2806101

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2008)			
	6) TR: Re-inspection	\$75		
	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 (Non INC) against INC	\$20		
	9) N12: Idac Mobile	\$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:	Invoice dated	Fee Charged		
Cal 1:				
Cal 2/3:				

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 willful 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	21/09/2018 17:39
Date Of Accident	25/08/2018 10:20
Exact Location Of Accident	CTE BEFORE MERCHANT ROAD AND CLEMENCEAU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4765J
Insured/Policyholder	
Name Of Registered Owner	YIP CHEE SENG
NRIC No	S0027608A
Email Address	STYIP9919@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96505630
Alternative Phone No	OTHERS-96505630
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.0 T6 R-DESIGN A/T AWD S/R (A)
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120032611700
Cover Note Number	

Driver

Name of Driver	YIP CHEE SENG
NRIC No	S0027608A
Date Of Birth	30/06/1950
Occupation	INDOOR
Date Of Driving Pass	29/05/1974
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96505630
Fax Number	
Contact Number	OTHERS-96505630
Email Address	STYIP9919@GMAIL.COM

Address	BLK 84 TELOK BLANGAH HEIGHTS #07-329
Postcode	100084
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?	YES
Foreign Vehicle Registration Number	JRW4675 (MOTORCYCLE)
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: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180825/2111

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	JRW4675
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	OH JUN XIANG
NRIC/Passport Number	920220016357
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:

Wan Guan 21/9/18
16.10

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

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

[Signature] 21/09/2018
[Signature]

SKETCH PLAN

ETK BEFORE, MARCHANT ROAD / MARCHANT ROAD



A) SKB 4765 J

B) JRW 4675

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
21/20180825 / 2111

DECLARATION

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

Policyholder's Signature
Date & Time: 21/9/18
16.10

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

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



SINGAPORE POLICE FORCE



T/20180825/2111

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20180825/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2018 17:29	Vide Report No.:	Station Diary No.: 119
--	------------------	---------------------------

Informant's Particulars

Name of Informant: YIP CHEE SENG			Address: APT BLK 84 TELOK BLANGAH HEIGHTS #07-329 SINGAPORE 100084	
ID Type / ID No.: NRIC NO / S0027608A			Contact No.: Home/Office:	Mobile: 96505630
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 30/05/1950	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/08/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Before Merchant Road and Clemenceau Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
JRW4675	Motorcycle					0
SKB4765J	Car	VOLVO	XC90 T6 R- DESIGN A/T AWD S/R	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20180825/2111

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20180825/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB4765J	UNITED OVERSEAS INSURANCE LIMITED	DHOM120032611700	22/11/2017	21/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YIP CHEE SENG		ID No. S0027608A
Related Vehicle	SKB4765J (Car)		Contact No. 96505630
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

Brief Details.

On the 25th August 2018 at about 10.20am, I was driving my car SKB4765J, along CTE and was about to exit at Merchant Road and Clemenceau Road. The traffic was moderate hence I was driving very slowly when suddenly I heard a loud sound coming from the right rear portion of my car. I then realized that a Malaysian-registered motorcycle, JRW4675, had hit my car. The said motorcycle had hit two other cars behind me as well. I wish to state that there were no injuries on anyone other than the said motorcyclist whom had some abrasion on his left hand.

Due to the collision, my car's right rear bumper has scratches and the right rear tail light's cover is broken. The particulars of the said motorcyclist is Oh Jun Xiang, Malaysian ID 920220016357. I wish to state that I do not have any in-car camera.



**SINGAPORE
POLICE FORCE**



T/20180825/2111

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20180825/2111

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 MOHAMED NASZRUL BIN MOHD HELMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/08/2018 17:29

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 25/08/2018 (DD/MM/YYYY), TIME: 10:20 (HH:MM)

LOCATION: CIR. BIF MARCOPNT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 4765J
 b) INSURANCE COMPANY: 401
 c) POLICY NUMBER: DMPSSM 3040071800
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VOLVO XC90
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USING
 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: YIP CHEE SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50027608A CONTACT: 96505630
 c) ADDRESS: BLK 84, TELUK BELANGAH HEIGHT, SINGAPORE 100084

* 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: 30/5/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/5/1994

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: BEDOK NORTH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JRW 4675 MODEL: MOTOR CYCLE
 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: st yip 9919@gmail.com

VIDEO =


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0027608A



YIP CHEE SENG
葉治成
Race
CHINESE
Date of Birth
30-05-1950
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0027608A



YIP CHEE SENG

Birth Date: 30 May 1950
Issue Date: 06 Aug 2013

1002210151C

2572831



NRIC No. S0027608A



Blood Group: O+
Date of Issue: 06-02-1995

APT 5K 54 TELUK BLANGAH HEIGHTS #07-329
SINGAPORE 100084
Date: 15-08-2002 No. 1585221

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

EFFECTIVE DATE: 29 May 1974

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

NP 426A

Licence No: S0027608A



UNIDRIVE
THE SCHEDULE

ORIGINAL

Agency A000401	Class of Policy MOTOR UNIDRIVE	Policy Number	DHOM120032611700
Account A000401	Issued on 06/11/2017 in UOI		
Client 0366996	Acceptance Date 06/11/2017	Replacing Cover Note	18605

Period of Insurance from 22/11/2017 to 21/11/2019, both dates inclusive

Insured's Name.....	MR YIP CHEE SENG
Mailing Address.....	84 TELOK BLANGAH HEIGHTS #07-329 SINGAPORE 100084

Business/Occupn... INDOOR
Financial interest DBS FINANCE LTD

Premium	ANNUAL PREMIUM	SGD1,294.90		
	Total Annual Premium	SGD1,294.90	Premium Due	SGD2,589.80
			Premium GST	SGD181.29
			Total Due	SGD2,771.09

EXCESS FOR NAMED DRIVER
REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN
THREE (3) YEARS.

Risk No. 001	UNIDRIVE			
1. Registration	SK84766J	Make/Model ..	VOLVO XC90 T5 R-DESIGN AT - SUN ROOF	
Type of Cover	COMPREHENSIVE	No. of seats	4	Body Type STATION WAGON
Engine No. ..	B4204T271681946	Capacity cc's	1969	Yr of Manuf/Regn 2016/2016
Chassis No. .	YV1LFA2ACH1114670			NCB%..... 50.00
				Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE		
NAMED DRIVERS - OPTION 2		SGD750.00		
OTHERS		SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00		
WINDSCREEN DAMAGE CLAIM		SGD100.00		
Named Drivers YIP CHEE SENG		YAP HUI MENG		
YIP CHAN YONG				

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY
2 - EXCESS - DAMAGE CLAIMS
AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
15 - HIRE PURCHASE
PAYMENT BEFORE COVER WARRANTY
TERRORISM EXCLUSION ENDORSEMENT
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
25 - STRIKE RIOT AND CIVIL COMMOTION
SECTION III - MEDICAL EXPENSES
SECTION IV - PERSONAL ACCIDENT BENEFITS
2 E - YOUNG AND INEXPERIENCED DRIVERS