

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NA 4/9003987

Date In: 09/01/2019 15:44	Job description	Date & Time Completed	Done by
Ref No: NGA/CPE/9000576/4	SAS e-filing		
Veh No: SDM 7333C	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 09/01/2019 07:35	I-Motor Claim Form		
OID: (P) 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: SJL 4845X

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Dates:

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/Non-INC) (C/P) (W/O) (T/P) (E/M) (A/C) (S/M) (D/M) (O/M) (P/M) (N/M) (R/M) (I/M) (U/M) (V/M) (W/M) (X/M) (Y/M) (Z/M)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: ()

NA 1900292

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref 1:

1 2 3

Invoice No: ()

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$80)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against UNC Only (ver 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NTUC Additional Services:

OP:

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (N11): TP (N-in INC) against INC \$20

*N12: Idea Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA 1900292

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 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. 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	09/01/2019 15:44
Date Of Accident	09/01/2019 07:35
Exact Location Of Accident	AYE TOWARDS LOWER DELTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM7333C
Insured/Policyholder	
Name Of Registered Owner	CHOO HWEE YEN
NRIC No	S7021742B
Email Address	YOSHIKIMASTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98513888
Alternative Phone No	OTHERS-90886888

Vehicle Particulars

Manufacturer	BMW
Model	320i
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	DMPCSN3053331802
Cover Note Number	

Driver

Name of Driver	HIAH NGEE YEOW (YAN YIYAO)
NRIC No	S7704329B
Date Of Birth	21/02/1977
Occupation	INDOOR
Date Of Driving Pass	22/07/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90886888
Fax Number	
Contact Number	OTHERS-98513888
Email Address	YOSHIKIMASTER@GMAIL.COM

Address	17C SIMEI STREET 4 #09-16
Postcode	529884
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) 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: : CHOO HWEE YEN 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL4845X
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAY MYO OO
NRIC/Passport Number	S7868155A
Contact Number	96709895
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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: 09/01/2019
12.45pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 09.01.19
12.45pm

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]

AYE TOWARDS LOWER DATA EXIT

ACCIDENT

A) SDM 733

B) SJL 424

IT WAS A TRAFFIC JAM DUE TO ACCIDENT. SO ALL CARS WERE PROCEEDING VERY SLOWLY INCLUDING MYSELF SINCE IT WAS VERY SLOW MOVING. BUT UNFORTUNATELY THE CAR BEHIND ME EVENTUALLY STILL BANG ON TO BACK OF MY CAR.

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

Date & Time: 09/01/2019

Date & Time: 09-01-19
12:55pm

Reporting Centre Personnel's Signature
Name: Keshi Luthi
NRIC/FIN No.: 99010100100

ACCIDENT STATEMENT

ACCIDENT DATE: (9, 01, 2019) (DD/MM/YYYY), TIME: (7:38 AM) (HH:MM)

LOCATION: AYE TOWARDS LOWER DELTA EXIT.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDM 7333 C
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMP C8N 3053331802
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 320 COUPE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON 74A WAY TOWARDS
 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: CHOO HWEE YEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7021742 B CONTACT: 98513888
 c) ADDRESS: 17C SIMEI ST 4 #09-16 S529884

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HIAN NGEE YEOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7704329 B CONTACT: 90886888
 c) ADDRESS: 17C SIMEI ST 4 #09-16 S529884

* d) DATE OF BIRTH: (21 / 02 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22.07.1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SJ2 4845X MODEL: HYUNDAI I30
 b) DRIVER'S NAME: NAY MYO OO
 c) NRIC/FIN/PASSPORT: S7868155 A CONTACT: 97 96709895

9. THIRD PARTY VEHICLE

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

Email = YOSHIKIMASTER@gmail.com
 VIDEO

JOEY CITRUS

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7704329B



Name

HIAH NGEE YEOW
(YAN YIYAO)

顏義耀

Race

CHINESE

Date of birth

21-02-1977

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving Number S7704329B

Name

HIAH NGEE YEOW
(YAN YIYAO)

Birth Date 21 Feb 1977

Issue Date 31 Mar 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7021742B



CHOO HWEE YEN

朱慧艳

Race

CHINESE

Date of birth

27-06-1970

Country of birth

SINGAPORE

Sex

F

5280443



NRIC No. S7704329B



Date of issue
14-03-2014

Address

17C SIMEI STREET 4
#09-16
SINGAPORE 529884

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2200 kilograms

28 Mar 1995
22 Jul 1998



NP 4285

2844899



NRIC No. S7021742B



Blood Group Date of issue
A+ 14-06-1995

17C SIMEI STREET 4 #09-16
SINGAPORE 529884

NRIC No. S7021742B

Date: 12/06/2015

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.:

DMPCSN3053331802

Engine No : B2921968N46B20BD

Chano:WBAKD52050E492497

1. Index Mark and Registration
Number of Vehicle

SDM7333C

AUTOSAFE

2. Name of Policy Holder

CHOO HWEE YEN

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

21 June 2018

Named Drivers Ex Sect. I S\$750.00

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

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.

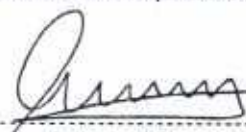
HIRE PURCHASE CO. : MAYBANK AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer
.....
Authorised Signatory