

NATIONAL Assessment Centre Services

Page 1 of 2

19/01/2022

Date In: 10/03/2019 18:42	Job description	Date & Time Completed	Done by
Ref No: NA/1900306/4	SAS e-filing		
Veh No: SJR 670B	E-mail (Ref: 18/03/2019, AIC 2hrs)		
D.O.A: 18/02/2019 11:45	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: SJR 1182M	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA/1901222	Invoice Particulars		
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: 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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N11: Idao 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 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	18/02/2019 18:42
Date Of Accident	18/02/2019 11:45
Exact Location Of Accident	SLIP ROAD FROM TOA PAYOH LOR 6 TOWARDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6170B
Insured/Policyholder	
Name Of Registered Owner	YAM CHEE HOONG
NRIC No	S7015643A
Email Address	LARRYAM1705@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92711108
Alternative Phone No	OTHERS-92711108

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	TRAVEL FOR AN APPOINTMENT
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	DMPCSN3097161802
Cover Note Number	

Driver

Name of Driver	YAM CHEE HOONG
NRIC No	S7015643A
Date Of Birth	17/05/1970
Occupation	INDOOR
Date Of Driving Pass	17/09/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92711108
Fax Number	
Contact Number	OTHERS-92711108
Email Address	LARRYAM1705@GMAIL.COM

Address	BLK 652B JURONG WEST STREET 61 #03-404
Postcode	642652
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?	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)	5
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 2	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 3	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 4	NAME: : COLLEAGUE 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1182M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	WU YAO QUAN (HU YAOQUAN)
NRIC/Passport Number	S79361111
Contact Number	93620022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 18/2/2019
17-55

Driver's Signature

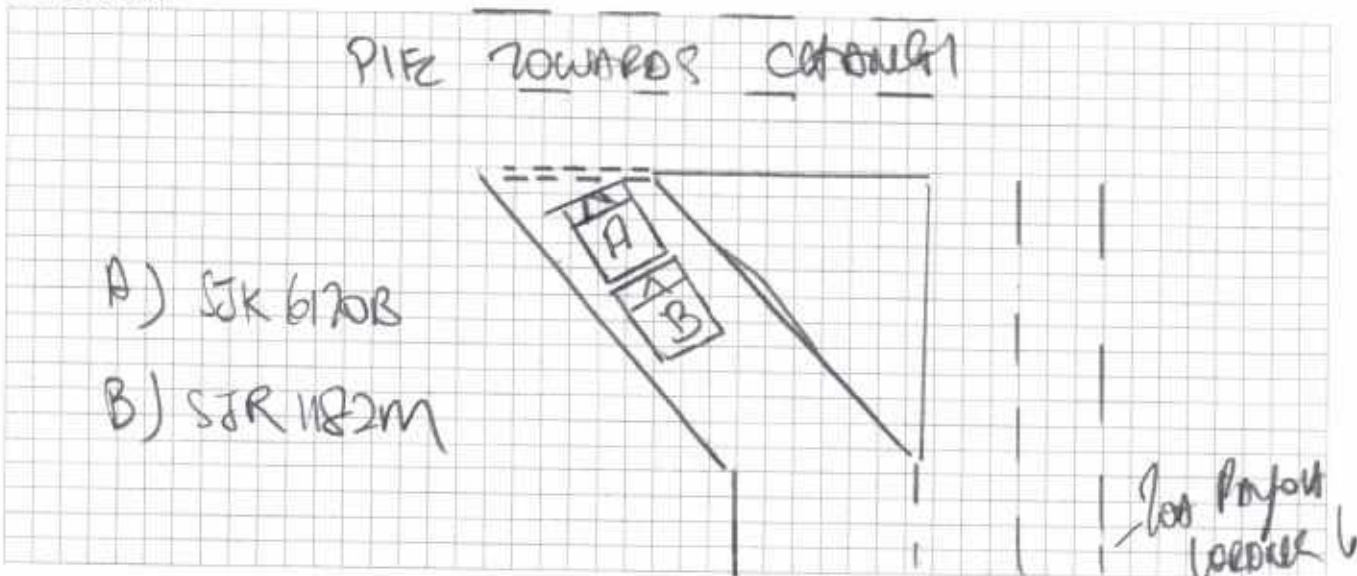
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 Feb 2019 11:45am, I and my 5 colleagues are driving from Toa Payoh to Kappel for an appointment. On the slip road @ Toa Payoh Lorong 6 to PIE Changi, I stopped my car to wait for a approaching car to clear first. Thereafter, while I about to merge to the PIE main road, a Toyota car hit on the back of my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 18/2/2019 17.55

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/02/2019

Reporting Centre Personnel's Signature

Name: Kashi Loo JAR

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (18/02/2019) (DD/MM/YYYY). TIME: (11:45) (HH:MM)

LOCATION: Too Payh Loring 6 to PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JK6170B
 b) INSURANCE COMPANY: China Taiping Insurance
 c) POLICY NUMBER: DMPCSN3077X61802
 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: Travel for an appointment
 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: YAM CHEE HOONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57015643A CONTACT: 92711108
 c) ADDRESS: BK 650B JURONG WEST ST 61 #03-404 S(642652)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YAM CHEE HOONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57015643A CONTACT: 92711108
 c) ADDRESS: BK 652B JURONG WEST ST 61 #03-404 S(642652)

*d) DATE OF BIRTH: (17/05/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS Sep 2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: STR1182M MODEL: Toyota
 b) DRIVER'S NAME: WU YAO QUAN (HU YAO QUAN)
 c) NRIC/FIN/PASSPORT: 57936111 CONTACT: 93620022

9. THIRD PARTY VEHICLE

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

email = larryyam1705@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7015643A



Name

YAM CHEE HOONG

任志鴻

Race

CHINESE

Date of birth

17-05-1970

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7015643A

Name

YAM CHEE HOONG

Birth Date: 17 May 1970

Issue Date: 17 Sep 2008



4881250

NRIC No S7015643A



Date of issue
16-02-2011

Address

APT BLK 652B JURONG WEST STREET 61
#03-404
SINGAPORE 642652

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

17 Sep 2008



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.
Co. Reg. No. 200208384E

MX1F
R SN
AN0421A
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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3097161802	Engine No :1NZX813220 Chano:MR053HY9305083138
1. Index Mark and Registration Number of Vehicle	SJK61708	AUTOSAFE
2. Name of Policy Holder	YAM CHEE HOONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 October 2018	Named Drivers 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	28 October 2019	
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\$500 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 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