

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 0000501

Date In: 21/10-13:24	Job description	Date & Time Completed	Done by
Ref No: 1191 C72 2006045474	SAS e-filing		
Veh No: 5JC 24947	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/1/10-22:20	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: SW 63825	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% F: 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

1191002916	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idnc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: Idnc Mobile \$0		
	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	07/01/2020 17:24
Date Of Accident	06/01/2020 22:20
Exact Location Of Accident	JUNC TAMPINES AVE 2 & TAMPINES ST 23
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7474T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG CHAN CHONG
NRIC No	SXXXXX987I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96495604
Alternative Phone No	OFFICE-96495604

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
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	DMPCSN3005811901
Cover Note Number	

### Driver

Name of Driver	YONG CHAN CHONG (YANG ZHANZHANG)
NRIC No	SXXXXX987I
Date Of Birth	23/10/1978
Occupation	INDOOR
Date Of Driving Pass	20/03/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96495604
Fax Number	
Contact Number	OFFICE-96495604
EEmail Address	NOEMAIL

Address	BLK 474 TAMPINES STREET 43 #04-102
Postcode	520474
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	YES
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)	4
Passenger 1	NAME: : WONG IRENE GENDER: : FEMALE
Passenger 2	NAME: : YONG CHONG HEN GENDER: : MALE
Passenger 3	NAME: : YONG CHONG LEN 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

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 Witness 1

Name	VIVIAN YONG
Phone Number	97891687
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6382S
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEONG AIK NGI
NRIC/Passport Number	SXXXX892I
Contact Number	94455938
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### DETAILS OF INJURED PERSON 1

Name	YONG CHAN CHONG (YANG ZHANZHANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK7474T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	YONG CHONG HEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK7474T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	WONG IRENE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK7474T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

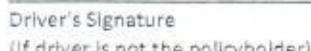
### IMPORTANT NOTICE

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:

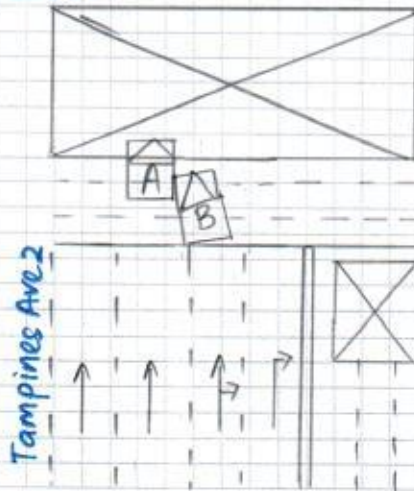
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Tampines Street 23

Vehicle A: SJK7474T

Vehicle B: SLN6382S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06.01.2020 at about 10:20pm, I was travelling along Tampines Ave 2. I was on my rightful lane travelling straight, when suddenly, I felt an impact from the right portion of my vehicle. Vehicle B made a sudden change of lane to the left and collided onto my vehicle. I have a video footage of the accident.

After the accident, I felt pain on my neck and back. My passengers, who are my wife and sons were also not feeling well. We will be seeing the doctors to get check up.

## 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.:



VEHICLE NO:	SJK7474T		MAKE & MODEL:	Mercedes E200K	
DATE OF ACCIDENT	06 / 01 / 2020				
TIME OF ACCIDENT	10:22 AM / PM				
LOCATION OF ACCIDENT	T-Junction of Tampines Ave 2 & Tampines Street 23				
Exact Purpose use during accident					
NAME OF OWNER	Yong Chan Chong (Yang Zhanzhang)				
TELP NO	96495604				
NRIC	S7831987I				
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only				
INSURANCE CO.	China Taiping				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMP C SN3005811901				
NAME OF DRIVER	<u>As above</u> / If No.				
NRIC					
DATE OF BIRTH	23 / 10 / 1978		Any passengers: 3		
OCCUPATION	Outdoor / Indoor (Unemployed)		F- Wong Irene		
DATE OF DRIVING PASS	20 / 03 / 1997		M- Yong Chong Hen		
GENDER	<u>Male</u> / Female		M- Yong Chong Len		
CONTACT NO.	96495604		Office. Home.		
ADDRESS	474 Tampines Street 43, # 04-102, Singapore 520474				
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No. Owner				
RELATIONSHIP	Employee / If No. Owner				
WEATHER CONDITION	Clear / <u>Raining</u> / Other. Drizzling				
ROAD SURFACE	Dry / <u>Wet</u> / Other.				
ANY INJURIES	No / If yes, Who? Yes - Driver - Yong Chan Chong				
CONTACT NO.	96495604		male - Yong Chong Hen		
POLICE REPORT	No / If yes, Where?		Female - Wong Irene		
VEHICLE B NO.	SLN6382S		Any Passenger: 2 - Females		
NAME	Yeong Aik Ng (S8103892I)				
CONTACT NO.	94455938				
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS	Yes. Vivian Yong (Have video footage)				
WITNESS CONTACT NO.	97891687				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
PARTICULAR WORKSHOP					
TELP NO	Z-ONE AUTOMOTIVE PTE LTD				
CONTACT PERSON	1 Kaki Bukit Ave 6, Bldg D				
EX NO.	#01-8777 Autobay @ Kaki Bukit				
	Singapore 417883				
	Tel: +65 6634 2112 Fax: +65 6634 2122				





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208354E

MX1E  
R SN  
AN0575A  
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. DMPCSN3005811901 Engine No : 27195631044044526  
ChaNo: WDB2110412B353526

1. Index Mark and Registration Number of Vehicle SJK7474T AUTOSAFE

2. Name of Policy Holder YONG CHAN CHONG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 31 October 2019 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

4. Date of Expiry of Insurance 30 October 2020

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 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: OH GIM KONG  
Authorised Officer

Authorised Signatory