

NATIONAL Assessment Centre Services

(Part 1 of 2)

NA 9420050256

Date In: 08/06/2020 16:11	Job description	Date & Time Completed	Done by
Ref No: N/A/CTT 20006/58/7	SAS e-illing		
Veh No: SR 5732L	E-mail (Update this, A/C this)		
O.D.A: 07/06/2020 11:55	L-Motor Claim Form		
OID: 14 Reporting Only	L-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	L-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whiz		

Preferred Whsp / INC Assign Whsp / QW: (Tel:	Post:
TP Rank/Type:	Veh No: SR 5732A	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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 > \$9000) ()	

Injury: _____

XIA2003100	Driver/Owner:	1) AK: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:		3) TP: Towing Fee	\$170
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$10
		5) PT: Follow-Through Survey (Resurvey)	\$10
		6) TR: Re-inspection	\$75
		7) NI: IDA + SMRT Survey	\$160
		8) NI: UCA Additional Services	
		9) NI: Courtesy Car / Tpt Allowance	\$3
		10) NI: Repairs Coordination	\$25
		11) NI: Post Repair Inspection	\$3
		12) NI: DV / Collect Excess Coordination	\$3
		13) NI: TP (NI) / TP (NI) / TP (NI) / TP (NI)	\$3
		14) NI: IDA + SMRT	
		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	08/06/2020 15:11
Date Of Accident	07/06/2020 11:55
Exact Location Of Accident	PIE BEFORE TPE EXIT TOWARDS UPPER CHANGI RD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4632L
Insured/Policyholder	
Name Of Registered Owner	SON YEW SAN
NRIC No	SXXXX686J
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-91782481
Alternative Phone No	OTHERS-91782481

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	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	DHMCNSNA00000231900
Cover Note Number	

Driver

Name of Driver	SON YEW SAN
NRIC No	SXXXX686J
Date Of Birth	10/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1978
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91782481
Fax Number	
Contact Number	OTHERS-91782481
Email Address	INFO@CARSMITH.BIZ

Address	BLK 407 YISHUN AVENUE 6 #11-1284
Postcode	760407
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200607/7005

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR5732A
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 INJURED PERSON 1

Name SON YEW SAN

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SJR4632L

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:

PIE BEFORE THE EXIT TOWARDS UPPER CHANGIN LN NORTH

A SJR 4632 L

B SJR 5732 A



Refer to police Report 7/2020607/7005

I've decided the foregoing particulars are true in every respect.

Date: 18 June

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

1400/C/PH/1400

Date of Accident : 7/6/2020 Accident Time: 11:05 (24-HR-Format)
 Accident Place : P1E Before TPE Exit toward Upper Chang Road North
 Vehicle No. (Car Plate No.) : 33R 4633 L Make/Model: _____
 Insurance Company : Chien Tai ping Policy No: DMHCSNA00000251900
 Owner or Company Name/IC No. : San Yew San
 Owner or Company Contact No. : 9173 2421 Owner's Hp: _____ Company Tel: _____
 DRIVER'S Name/IC No. : San Yew San 5138 9665 3
 DRIVER'S Date Of Birth : 10/3/1959 DRIVER'S License Pass Date: 25/7/2003
 Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others:
 DRIVER'S Address : Blk 407 Yishun Ave 5 #11-1224 S760407
 DRIVER'S Contact No./Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
 Email Address : _____ 1760@corinth.biz
 Weather & Road Surface : (CLEAR & DRY) RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance
 Number of Passengers (Including Driver): 02
 Was there any video captured by car camera? (YES) NO
 Exact purpose for which vehicle was being used in the time of accident: Private use Work purpose
 Any injury (If YES, Pls state): 21 driver

Other Party Driver's Particular (if any)

Vehicle No: <u>53R 5732 A</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No./Driver Contact: _____	IC No./Driver Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20200607/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20200607/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2020 22:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SON YEW SAN			Address: APT BLK 407 YISHUN AVENUE 6 #11-1284 SINGAPORE 760407		
ID Type / ID No.: NRIC NO / S1389686J			Contact No.: Home/Office: Mobile: 91782481		
Nationality: SINGAPORE CITIZEN			Email: sunnysunringo.ss@gmail.com		
Sex: Male	Age: 61	Date of Birth: 10/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4A,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2020 11:55	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR4632L	Car	TOYOTA	COROLLA+ ALTIS+1.6+ AUTO	Black		0
SJR5732A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR4632L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000023 1900	15/11/2019	14/11/2020



**SINGAPORE
POLICE FORCE**



T/20200607/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200607/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SON YEW SAN	ID No.	S1389686J
Related Vehicle	SJR4632L (Car)	Contact No.	91782481
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A,4,5 Date of Expiry: NIL
Date Treatment	07/06/2020	Date Discharge	07/06/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On stated time and date I was driving SJR4632L on PIE Before TPR exit filter lane toward upper changing road north. I was at the left most lane exiting suddenly I felt an impact on my right I came to a stop. And realise VeH B SJR5732A had collide onto my vehicle we exchange particular and left the scene shortly. I went home and felt uncomfortable and pain at my neck, right shoulder and my lower back therefore I went to clinic and received 4 days.



**SINGAPORE
POLICE FORCE**



T/20200607/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200607/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/06/2020 22:27

Classification Of Case:

Motor Type C

M2465/S

N SN

AHO21A

Car Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 186)
 Motor Vehicles (Third Party Risks and Compensation) Rules, 1961
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1979 (Singapore)

CERTIFICATE No.

05HC3NAD00021100

Engine No. M24604054

Chassis No. MBK53ZET16G148015

1. Motor Risk and Registration
Name of Vehicle

S2045121

AUTOSAFE

2. Name of Policy Holder

SON YEW SAN

3. Effective Date of the Commencement of Insurance for the purposes of the Employees' Compensation Act

15/11/2015
(17.17.45G)

Excess Sect 1 \$21,200.00

Excess Sect. 1 (Outside Singapore) \$12,500.00

Excess Sect. 8 \$1,500.00

4. Date of Issuance of Insurance

14/11/2015

Excess Sect. 8 (Outside Singapore) \$13,000.00

EX ON WINDSCREEN \$1,000.00

5. Signature of Person(s) entitled to drive

At (or Named Driver(s)) listed below

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.

SON YEW SAN

ANY AUTHORIZED DRIVER

6. Exclusions as to use*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pack-trailing, reliability test or speed-testing.

(2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO., CREATIVE AUTO LEASING PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 186) and Section 95 of the Road Transport Act 1987 (Malaysia), and not to be included under these headings.

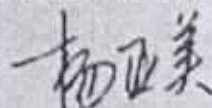
I/We hereby Certify

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 186) and Part IV of the Road Transport Act, 1987 (Malaysia).

Witness and countersign

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Lai Lee Chai
Authorized Officer


Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208354F)

1 Anson Road #16-00 Springhill Tower Singapore 079509

Tel: 6399 6111

Fax: 6222 1033

www.sg.cntaiping.com