

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

SM 0920CC0009

Date In: 12/12/20 10:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013883/64	SAS e-filing		
Veh No: SLR 8037E	E-mail (within 3hrs, AIC 2hrs)		
DEA: 11/12/20 12:50	I-Motor Claim Form	11/12/20 14:35	
Off: D / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SCM 5573 B.

INC () / Non-INC ()

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Date:

Time:

Confirmed by: (

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 repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 20013883/64)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time:

Location:

NA 2100 348

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel. No:

2/2/20

Invoice Particulars		Amount (\$)	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against UNO Only (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
QD*			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Co-ordination	\$10		
*NT: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Coordination	\$5		
*NI: DV / Collect Excess Coordination	\$20		
TP (NI1): TP (INC) against INC	\$0		
9) NI2: Idao Mobile			
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 GI 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 Submission	12/12/2020 10:57 (SGT)
Date of Accident	11/12/2020 12:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE(AYE) BEFORE PIE(CHANGI) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8037E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIONG YAN YEE
NRIC No	SXXXX873C
Email Address	LIONG_YEE@YAHOO.COM
Mobile Phone No	(Phone) +65-93883605
Alternative Phone No	+65-93883605

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5093713515-03
Cover Note Number	-

DRIVER

Name of Driver	LIONG YAN YEE
NRIC No	SXXXX873C
Date Of Birth	04/04/1985
Occupation	Indoor

Date Of Driving Pass 31/07/2017
 Driving experience 3 YEARS AND 5 MONTHS
 Gender Female
 Mobile Number (Phone) +65-93883605
 Alt. Phone Number +65-93883605
 Email Address LIONG_YEE@YAHOO.COM
 Address 12 YISHUN AVE 9 #08-07
 Address complement -
 Postcode 768894
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? -
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 5
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name LIONG YAN CHYI
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201211/7020

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 SCM5573B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML7588H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIONG YAN CHYI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	BODY
Injuries Sustained	SLR8037E
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	

INJURED 2

Name of injured person	LIONG YAN YEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	BODY
Injuries Sustained	SLR8037E
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	


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.

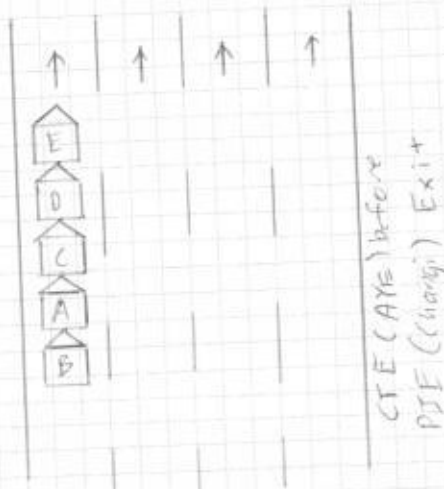

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

- (A) - SLR8037E
- (B) - SCM5573E
- (C) - SMLT588H
- (D) - unknown
- (E) - unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report attached -
Report No: T/20201211/7020

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.:



SINGAPORE POLICE FORCE



T/20201211/7020

1 of 3

Report No. T/20201211/7020

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 14:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIONG YAN YEE			Address: 12 YISHUN AVENUE 9 #08-07 SINGAPORE 768894		
ID Type / ID No.: NRIC NO / S8561873C			Contact No.: Home/Office:		Mobile: 93883605
Nationality: MALAYSIAN			Email: LIONG_YEE@YAHOO.COM		
Sex: Female	Age: 35	Date of Birth: 04/04/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2020 12:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN ACCIDENT			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCM5573B	Car					0
SLR8037E	Car	HONDA	SHUTTLE 1.5G CVT	Silver		0
SML7588H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20201211/7020

2 of 3

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

Report No. T/20201211/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR8037E	NTUC Income Insurance Co-Operative Limited	5093713515-03	29/08/2020	28/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIONG YAN CHYI	ID No.	S8266268E	
Related Vehicle	SLR8037E (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	11/12/2020	Date	11/12/2020	
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	LIONG YAN YEE	ID No.	S8561873C	
Related Vehicle	SLR8037E (Car)	Contact No.	93883605	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	11/12/2020	Date	11/12/2020	
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the 11/12/2020, at about 12.50PM, at along CTE(AYE) before PIE(Changi) Exit. I was travelling on Lane 4 of the above mentioned expressway, and when my front vehicles slowed down and stopped due to heavy traffic, hence i followed suit. After i have come to a complete stop, I suddenly felt a great impact from the rear. The impact pushed my Vehicle SLR8037E forward and collided into another Vehicle. After i alighted, i realised that it was Vehicle SCM5573B who collided into the rear portion of my Vehicle and caused me to collide into Vehicle SML7588H. It was a chain collision of 5 cars involved, however, i was unable to get the number plates of the other 2 vehicles in front of SML7588H.



**SINGAPORE
POLICE FORCE**



T/20201211/7020

3 of 3

Report No. T/20201211/7020

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
11/12/2020 14:12

Classification Of Case:

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093713515-03

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR8037E**
Chassis Number : GK81104127
2. Name of Policyholder : LIONG YAN YEE
3. Effective Date of Insurance : 29 Aug 2020
4. Expiry Date of Insurance : 28 Aug 2021
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/her 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIONG YAN YEE
NAMED DRIVER (1)	: SEOW ZHI WEN
NAMED DRIVER (2)	: LIONG YAN CHYI
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : I INSURANCE AGENCY (00000572538)
Date of Issue : 29 Jul 2020 22:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

VEHICLE NO: 3LR8037E

MAKE & MODEL : Honda Shuttle

AUTO / MANUAL

DATE OF ACCIDENT	11 / 12 / 2020	*C.C. 1500
TIME OF ACCIDENT	12.50 AM / PM	
LOCATION OF ACCIDENT	CTE (AYE) before PJE (Changi) Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Liong Yan Yee	
EMAIL	liong-yee@ho.yahoo.com	Office: MOBILE: 9388 3605
NRIC	S8561873C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5093713515-03	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	04 / 04 / 1985	
ANY PASSENGER	YES / NO : Liong Yan Chyi	
NAME OF PASSENGER	Liong Yan Chyi	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	31 / 07 / 2017	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9388 3605 Office: Home:	
EMAIL		
ADDRESS	12 Pishun Ave. 9 #08-07 S(768894)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURER:	
RELATIONSHIP	Employee / If No, Owner	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Liong Yan Yee - neck & back / Liong Yan Chyi - neck & back	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	S C 15573B Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	SML 7588 H Any Passenger:	
VEHICLE D NO.	unknown Any Passenger:	
VEHICLE E NO.	unknown Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

advanceag@ho.tmail.com