

NATIONAL Assessment Centre Services.

(ver 1 Jan 08)

21082110004

Date In: 18/01/2021 18:44	Job description	Date & Time Completed	Done by
Ref No: 1168112100082114	SAS e-filing		
Veh No: 8MUC528C	E-mail (by date 2hrs, A/C 2hrs)		
D.O.A: 15/01/2021 19:25	I-Motor Claims Form		
(ID) TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLH22		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8MUC528C	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 > \$3000] ()		

Injury: ()	

NA2100636	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA + Damage Assessment (\$100)	\$40/43
Contact No:	3) TP Towing Fee	\$120
Damaged Portion:	4) PT Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (ver 10 Jan 2008)	\$75
	6) TR Re-inspection	\$160
	7) NI Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	\$3
	• NI: Courtesy Car / Tpl Allowance	\$10
	• NI: Repair Coordination	\$23
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (Non INC) at least ONE	\$0
	9) NI: Idea 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 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 Submission	18/01/2021 14:44 (SGT)
Date of Accident	15/01/2021 19:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS TOWN NEAR BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8528C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEAN YEO SIN HAW
NRIC No	SXXXX528E
Email Address	dypd888@gmail.com
Mobile Phone No	(Phone) +65-93870394
Alternative Phone No	+65-93870394

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00137082000
Cover Note Number	-

DRIVER

Name of Driver	DEAN YEO SIN HAW
NRIC No	SXXXX528E

Date Of Driving Pass	09/01/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-93870394
Alt. Phone Number	+65-93870394
Email Address	dypd888@gmail.com
Address	83 YISHUN AVENUE 11 09-29
Address complement	-
Postcode	768864
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMM5697J
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ERIC CHAN WAI LOON
NRIC No	SXXXX580H
Contact Number	(Phone) +65-93870394
Address	-
Address complement	-

Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

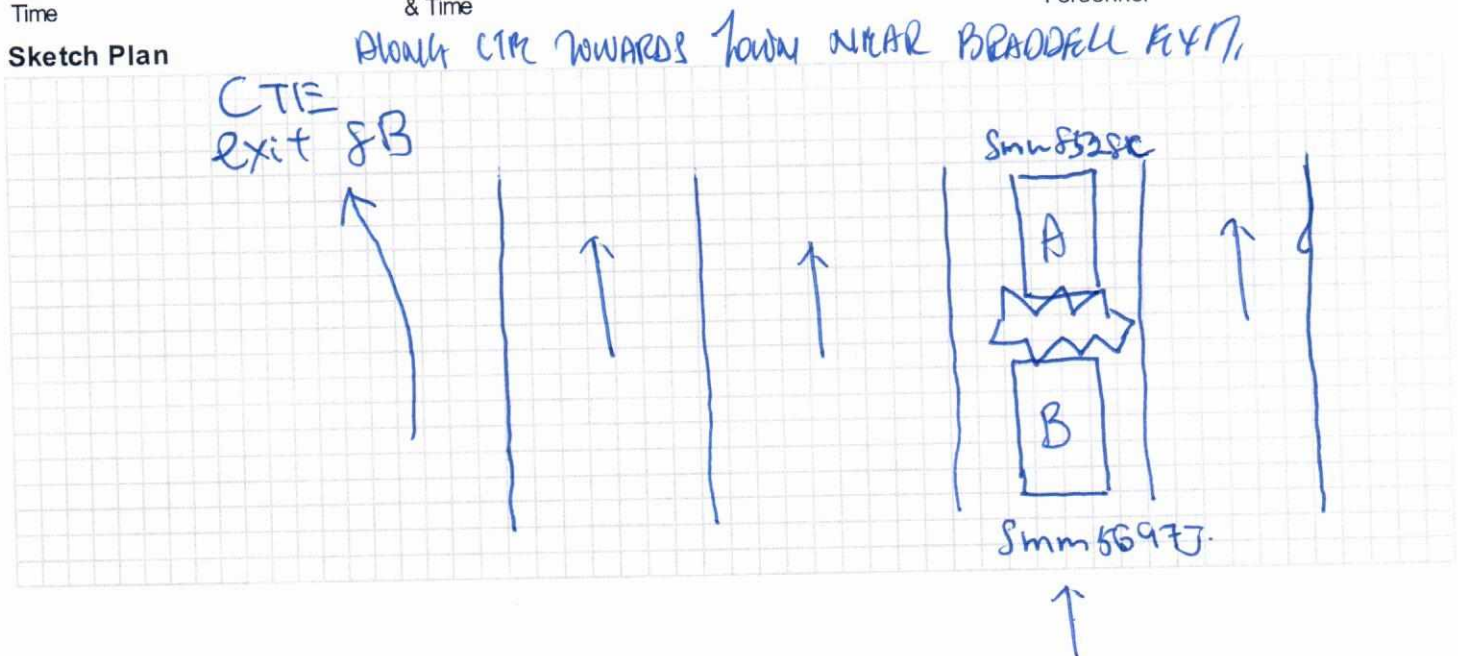
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On 15/01/2021 at about 1925hrs, I Dean Yee Sin Hawn (NRIC no. 87722528E) driving vehicle no. Smu 8528E along CTIE towards Orchard was nearing CTIE Bouldell Exit 8B^{and} was coming to a stop. As my vehicle stopped, I felt a crash from the back of my vehicle causing ~~I managed to brake~~ ~~As my foot was~~ ~~The my~~ vehicle to jerk forward. As my foot was still on the brake, I managed to prevent my vehicle from colliding with the vehicle in front. I ~~immediately~~ immediately got out of my vehicle to check and ~~noted~~ ~~that~~ realised that the vehicle behind my car had knocked / crashed into the back of my car. The vehicle no. that had crashed into my car ~~is~~ was Smu 5697J driven by one Eric Chan Wai Hoon (NRIC no. S783558014). He apologised to me for crashing into my vehicle and we exchanged particulars. That is all.


Declaration

We declare the foregoing particulars are true in every respect.

 18/01/21 1223pm.

Policyholder's Signature / Date & Time

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

 18/01/2021.
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 01 / 2021 (DD/MM/YYYY), TIME: 19 : 25 (HH:MM)

LOCATION: Along CT2 towards town near Braddell exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Smm 8528C
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DmPCSNW00137082000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes E200 W211
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use to get to destination
 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: Dean Yeo Sin Hwa (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7722528E CONTACT: 93870394
 c) ADDRESS: Blk 83 Yishun Ave 11 #09-29 S(768864)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Eric Chan Wai Loon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7835580H CONTACT: 98873323
 c) ADDRESS: _____

*d) DATE OF BIRTH: 30 / 11 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: Smm 5697J MODEL: Toyota CHR
 b) DRIVER'S NAME: Eric Chan Wai Loon
 c) NRIC/FIN/PASSPORT: S7835580H CONTACT: 98873323

9. THIRD PARTY VEHICLE

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

Email: dypd888@gmail.com
 VIDEO

Motor Private Car

MX1E

N SN

AN0498A

Cov. Type:C

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)

CERTIFICATE No.	DMPCSNW00137082000	Engine No.: 27194130747003
		Cha. No.: WDB2110422A950393
1. Index Mark and Registration Number of Vehicle	SMU8528C	AUTOSAFE =====
2. Name of Policy Holder	DEAN YEO SIN HAW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/09/2020 (11:11:11)	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	27/10/2021	
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 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: NEO & COMPANY INSURANCE AGENCY
Authorised Officer

Authorised Signatory