

NATIONAL Assessment Centre Services. part 1 Job only SN 09212 M 000K

Date In: 22/2/21 16:38	Job description	Date & Time Completed	Done by
Ref No: NA1 CTI 21902450/64	SAS e-filing		
Veh No: SMX 2798 M	E-mail (within 3hrs, AIC 2hrs)		
DDA: 21/2/21 15:13	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Worker		

Preferred Wksp / INC Assign Wksp / AW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SKA 87P. 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 repolier.

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

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

Completed (INC/Non-INC/Other)	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Day/Time: \_\_\_\_\_

NA201728

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Adaptors/Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Call 1:	6) TR: Re-inspection \$75	
Call 2:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Non-INC) against INC \$20	
	9) NI: Idao 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 Submission ..... 22/02/2021 16:38 (SGT)  
Date of Accident ..... 21/02/2021 15:13 (SGT)  
Exact Location of Accident ..... 154 Yishun Street 11, Singapore 760154  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX2798M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG YING XIAN  
NRIC No ..... SXXXX083F  
Email Address ..... BRYAN\_NG@HOTMAIL.SG  
Mobile Phone No ..... (Phone) +65-91123479  
Alternative Phone No ..... +65-91123479

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Odyssey  
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 ..... DMPCSNW00027002100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG YING XIAN  
NRIC No ..... SXXXX083F  
Date Of Birth ..... 21/05/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/06/2009
Driving experience .....	11 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91123479
Alt. Phone Number .....	+65-91123479
Email Address .....	BRYAN_NG@HOTMAIL.SG
Address .....	BLK 155 YISHUN ST 11 #10-98
Address complement .....	-
Postcode .....	760155
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	0
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? .....	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/20210222/7014

#### 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 .....	SKA87P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -

## 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 complete 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:



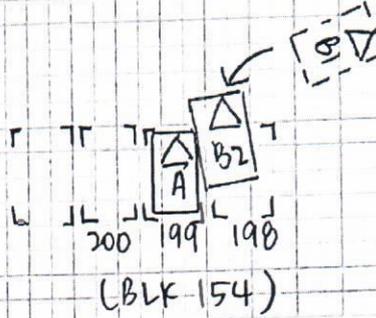
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

(BLK 155)

Vehicle A: SMX2798M

Vehicle B: SKA87P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG YINGXIAN	ID No.	S8818083F
Related Vehicle	SMX2798M (Car)	Contact No.	91123479
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 21/02/2021, I PARKED MY VEHICLE IN THE CARPARK BETWEEN BLK 155 & 154 YISHUN STREET 11 IN THE MORNING. WHEN I RETURNED TO MY VEHICLE 16:00HR, I REALISED THAT MY VEHICLE HAD BEEN DAMAGED ON THE FRONT RIGHT PORTION. I THEN RETRIEVE MY IN-CAR CAMERA AND SAW THAT VEHICLE NUMBER - SKA87P, HAD REVERSED INTO MY VEHICLE WHEN PARKED. THE SAID VEHICLE THEN DROVE OFF WITHOUT LEAVING ANY NOTE.



**SINGAPORE  
POLICE FORCE**



T/20210222/7014

3 of 3

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

Report No. T/20210222/7014

**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 /  
KALESWARI PALANI  
Contact No.: 65476902

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:  
22/02/2021 13:22

Classification Of Case:

Motor Private Car

MX1F

N SN

AN0685A

Cov. Type:C

**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)Engine No.: K24W72010640  
Cha. No.:JHMRC1890GC201494

CERTIFICATE No. DMPCSNW00027002100

1. Index Mark and Registration Number of Vehicle SMX2798M

AUTOSAFE  
=====

2. Name of Policy Holder NG YING XIAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 01/02/2021 (10:44:42)

Named Drivers Ex Sect. I S\$1,000.00  
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 31/01/2022

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

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.

HIRE PURCHASE CO.: STANDARD CHARTERED BANK(S)LIMITED

\* 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: WEE WEE MANAGEMENT PTE LTD.  
Authorised Officer  
Authorised Signatory

**SINGAPORE ACCIDENT STATEMENT**

**Accident Details**

Date of Accident: 21/02/2021

Time of Accident: 3:13 (AM /  PM)

Location of Accident: CARPARK of BIK 154 YISHUN ST 11

Country/State of Loss: SG

Type of Accident: collide onto stationary vehicle.

Weather Condition:  Clear / Raining / Not in List

If Not in List, please specify \_\_\_\_\_

Road Surface:  Dry / Wet / Not in List

If Not in List, please specify \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? Yes /  No

If No, please state action to be taken Third  Party / Reporting Only

Was any foreign vehicle involved in accident? Yes /  No

If yes, please state Vehicle No: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes /  No

Was the accident reported to the police?  Yes / ~~No~~

If yes, police station name: TRAFFIC POLICE HQ.

Was notice of Prosecution given? Yes /  No

If yes, against whom? \_\_\_\_\_

**Details of Own Vehicle**

Vehicle Registration No: SMX2798M

Vehicle Category: Private

Vehicle Manufacturer: Honda Vehicle Model: Odyssey

Transmission: Manual /  Auto Cc: \_\_\_\_\_

No. of passengers (including driver) 0

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

**Own Vehicle Policy**

Handling Insurer: China Taiping

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes /  No

Registered Owner Name: Ng Ying xian

ID Type: UEN /  NRIC / Passport or FIN / Work Permit

Registered Owner ID: C9818 083F.

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_

**Driver's Information**

Is the driver the policy holder?  Yes / No

Name of Driver: As above

Gender:  Male / Female

ID Type:  NRIC / Passport or FIN / Work Permit

Driver's ID: As above

Date of Birth: 21/05/1988

Driving Pass Date: 29/06/2009

Mobile No: 9112 3479

Email: \_\_\_\_\_

Address 1: 155 Tphum St 11 #10-9B

Address 2: \_\_\_\_\_

Postal Code: 760155

Occupation: Indoor / Outdoor

Driver Owner Relationship OWNER

Does Driver own other vehicles?  Yes /  No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

**TP Vehicle or Property**

Was there any other vehicle or property damaged?  Yes /  No

If yes, please provide:

(i) Vehicle Registration No: SKA87P

(ii) Vehicle Category: Private

(iii) No. of passengers (including driver) UNKNOWN.

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No