

# NATIONAL Assessment Centre Services

Date Inc: 06/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/MI21009361/12	SAS e-filing		
Veh No: SJC1683M	E-mail (within 3hrs, Aft 2hrs)		
DOA 04/09/21 1912	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within 0.5 hrs, 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: SKD3530R	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

NA2103894	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OH*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-n INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$10		
Cat. 2 / 3:	Invoice date: 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	06/09/2021 19:25 (SGT)
Date of Accident	04/09/2021 19:12 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CITY B4 BUKIT TIMAH EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1683M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MR YIP TINN CHIE WESLEY
NRIC No	SXXXX098D
Email Address	yiptcw90059751@gmail.com
Mobile Phone No	(Phone) +65-90059751
Alternative Phone No	+65-90059751

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	21-MT000086-R03
Cover Note Number	-

### DRIVER

Name of Driver	MR YIP TINN CHIE WESLEY
NRIC No	SXXXX098D

Date Of Birth	09/05/1971
Occupation	Indoor
Date Of Driving Pass	24/12/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059751
Alt. Phone Number	+65-90059751
Email Address	yiptcw90059751@gmail.com
Address	BLK 183 TOA PAYOH CENTRAL
Address complement	#03-272
Postcode	310183
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	PAULINE ANG AI LEEN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210904/2104

#### 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	SKD3530R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAVIER ENG TZE KAI
Contact Number	(Phone) +65-8939469
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	-
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	MR YIP TINN CHIE WESLEY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJC1683M
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

No

INJURED 2

Name of injured person

PAULINE ANG AI LEEN

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

SLIGHT

Injured person in which vehicle?

SJC1683M

Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

### 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.


AC 

Policyholder's Signature / Date & Time

\* 

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

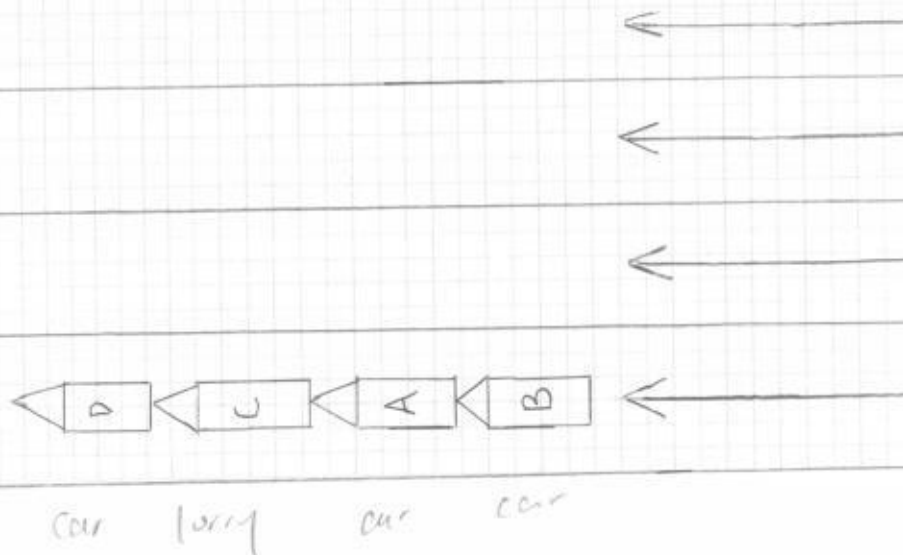
CTE CITY BEFORE BUKIT TIMAH EXIT

 06/09/21

Witnessed by Reporting Centre Personnel

VEH A: 53C 1633M  
VEH B: 5K03530R  
VEH C: - UNKN/UNKN  
VEH D: - UNKN/UNKN

### Sketch Plan



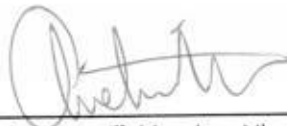
**Describe Circumstances of the Accident**


PLEASE REFER TO POLICE REPORT

**Declaration**

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

 06/09/21  
Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



11/01/2021/11/04

Police Station Of Origin:  
Toa Payoh N.P.C  
03 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 310104  
Tel No: 1800-2510999

1 of 1

Report No: 11/01/2021/11/04

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2021 23:10		Video Report No.:		Station Duty / No: 116	
<b>Informant's Particulars</b>					
Name of Informant: YIP TINN CHIE WESLEY			Address: APT BLK 183 TOA PAYOH CENTRAL #03-272 SINGAPORE 310103		
ID Type / ID No.: NRIC NO / S7115098D			Contact No.: Home/Office: Mobile: 90059751		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 09/05/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2021 19:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volumes: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC1683M	Car	HYUNDAI	HD AVANTE 1.6 A	Silver		1
SKD3530R	Car	BMW	523I A	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC1683M	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT000086	01/02/2018	31/01/2022





Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20210904/2104

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	PAULINE ANG AI LEEN	ID No.	S7600077H
Related Vehicle	SJC1683M (Car)	Contact No.	91763254
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	YIP TINN CHIE WESLEY	ID No.	S7115098D
Related Vehicle	SJC1683M (Car)	Contact No.	90059751
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	JAVIER ENG TZE KAI	ID No.	S8939469D
Related Vehicle	SKD3530R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 04/09/2021 at about 1912hrs, I was travelling in my vehicle (SJC1683M) together with my wife along Central Expressway(CTE) exit Rangoon Road.

I was traveling at the most left lane. It was raining heavily and the traffic was heavy at the point of time. My speed was about 50km/h. There was one lorry traveling in front of me stopped. As such, I stopped my vehicle behind the lorry. However, after I stopped behind the lorry, my wife and I felt a strong impact from the rear. The impact caused my vehicle to move in front and hit on the lorry's rear.



**SINGAPORE  
POLICE FORCE**



T/20210904/2104

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20210904/2104

**CONTINUATION OF REPORT**

After the collision, I came down from my vehicle and discovered a vehicle (SKD3530R) which was traveling behind my car, had hit onto my vehicle. No one was injured and required immediate medical attention. We then exchanged our particulars. Subsequently, Traffic police came down to scene.

Both my vehicle's front bonnet and car boot area sustain dent marks. My wife and I went to consult a doctor, we were given 3 days of MC dated from 04/09/2021 to 06/09/2021.

My vehicle do not have In-car camera.



**SINGAPORE  
POLICE FORCE**



T/20210904/2104

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20210904/2104

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
E /  
Sgt 3 XIA XUE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Signature Of Informant:

Date/Time:  
04/09/2021 23:16

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE  
DATE COMPLETED BY DAY

SN 168





# INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

## INTEMEDICAL

### MEDICAL CERTIFICATE

MC No: OD-  
KV0000151521

NAME: PAULINE ANG AI LEEN (PAULINE HONG  
AILING)

NRIC: S7600077H

This is to certify that the above patient name is Unfit for Duty for a period of 3 day  
from **04-09-2021** to **06-09-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial  
proceedings.

LOCUM

Issued by

Signature

Date

04/09/2021



# INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

## INTEMEDICAL

### MEDICAL CERTIFICATE

MC No: OD-KV0000151520

NAME: YIP TINN CHIE WESLEY (YE TIANCI)

NRIC: S7115098D

This is to certify that the above patient name is Unfit for Duty for a period of 3 day  
from **04-09-2021** to **06-09-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial  
proceedings.

LOCUM

Issued by

Signature

Date

04/09/2021

Date of Accident : 4 SEPT 2021 Accident Time: 19:12 (24-HR-Format)  
 Accident Place : CITE CITY BEFORE BUKIT TIMAH EXIT  
 Vehicle No. (Car Plate No.) : SSC 1683M Make/Model: AVANTIC  
 Insurance Company : TOKIO MARINE Policy No: 21-MT000086-R03  
 Owner or Company Name /IC No. : 57115098D / YIP TINN CHTE WESLEY  
 Owner or Company Contact No. : 90059751 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : YIP TINN CHTE WESLEY / 57115098D  
 DRIVER'S Date Of Birth : 09-05-1971 DRIVER'S License Pass Date 24 DEC 1999  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: \_\_\_\_\_  
 DRIVER'S Address : 183 TOA PAYOH CENTRAL #03-272  
 DRIVER'S Contact No./ Alt No. : 1) ^ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : yipcw90059751@gmail.com  
 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 at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): YES, DRIVER & PASSENGER (+ 3 DAYS)

#### Other Party Driver's Particular (if any)

Vehicle. No: <u>SKD 3530 R</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:**

PAULINE ANG AI LEEN (F)



## 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)**

Policy No.: 21-MT000086-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJC1683M Chassis No.: KMHDU41BR7U292211
2. Name of Policyholder MR YIP TINN CHIE WESLEY
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/02/2021
4. Date of Expiry of Insurance 31/01/2022
5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Insurance Plan: Third Party Cover Only

Account: 1407DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature