

NATIONAL Assessment Centre Services

Form NA 1003939

Date In: 13/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21009555/13	SAS e-filing		
Veh No: 5G109239R	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 11/09/21 1240	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OE 2hrs. 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: SLH5531S	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 () / Towel-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

NA2103939	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) rT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160		
Cat. 2/3:	8) NTUC Additional Services:-		
	9) Q1* *N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	13/09/2021 11:16 (SGT)
Date of Accident	11/09/2021 12:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) AFT KIM KEAT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9239R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEE KUAN FAA
NRIC No	SXXXX682E
Email Address	yeeyongjun@gmail.com
Mobile Phone No	(Phone) +65-81824904
Alternative Phone No	+65-81824904

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00110222101
Cover Note Number	-

DRIVER

Name of Driver	YEE YONG JUN
NRIC No	SXXXX137A

Date Of Birth	27/05/1989
Occupation	Outdoor
Date Of Driving Pass	12/05/2016
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82231146
Alt. Phone Number	-
Email Address	yeeyongjun@gmail.com
Address	BLK 12A MARSILING LANE
Address complement	#02-65
Postcode	731012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	5
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5531S
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ3323E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJF9332H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SNA3986P
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	YEE YONG JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGW9239R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

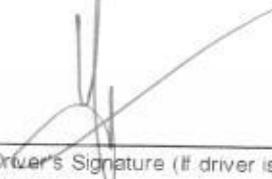
(collectively the "Purposes")

(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.



Policyholder's Signature / Date &
Time

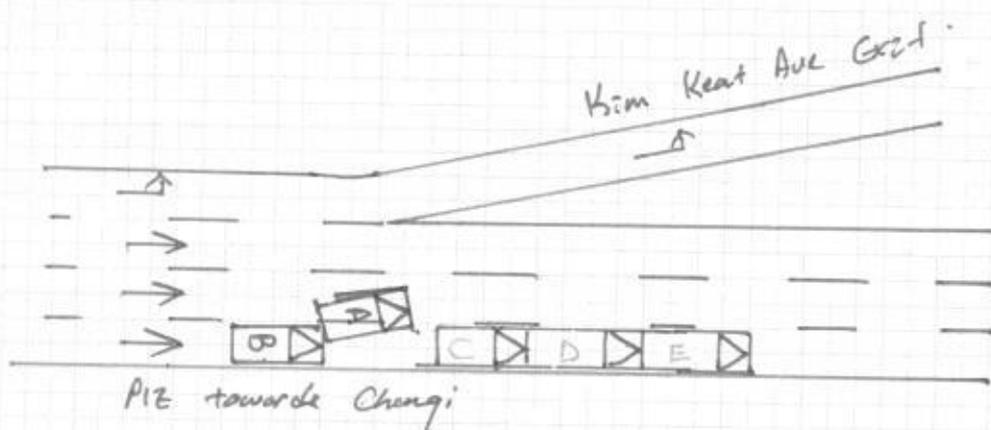


Driver's Signature (if driver is not the policyholder) / Date
& Time

 13/09/21

Witnessed by Reporting Centre
Personnel

Sketch Plan



- (A) SGW 9239R.
- (B) SLH 5531 S
- (C) SMQ 3323E
- (D) SJF 9332H
- (E) SNA 3986P

Describe Circumstances of the Accident

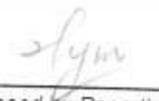
On 11/09/2021 at @ 1240 hrs, I was travelling in my vehicle (SGW 9239R) along PIE towards Changi after Kim Keat Ave exit on the extreme right lane. I saw the vehicle (SMQ 3323E) ahead of me suddenly jam brake due to traffic jam. I applied on my brake and swerved to the centre lane. While I was swerving to the centre lane, a vehicle (SLH 55318) from behind collided onto the rear portion of my vehicle. After collision, the said vehicle moved forward and collided onto the vehicle (SMQ 3323E).

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

 13/09/21
Witnessed by Reporting Centre Personnel

VEHICLE NO:	SGW 9239 R.	MAKE & MODEL:	Toyota Wish	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	11 / 09 / 2021	CC:	2.0.	
TIME OF ACCIDENT:	1240 HRS			
LOCATION OF ACCIDENT:	PIE towards Changi after Kem Keat Exit.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	YEE KUAN FAA.			
TEL NO:	H/P: 8182 4904	OFFICE:	HOME:	
NRIC:	S 2571682 E.			
ADDRESS:	BLK 12A Marsiling Lane #02-65 (S) 731012.			
EMAIL:	-			
CLAIM TYPE:	OD <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES <input type="radio"/> NO <input checked="" type="radio"/>			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	DMPCSNW00110222101			
NAME OF DRIVER:	AS ABOVE / IF NO: YEE YONG JUN.			
NRIC:	S 8971137A.	ANY PASSENGER:	N.A	
DATE OF BIRTH:	27 / 05 / 1989	LICENCE PASSED DATE:	12 / 05 / 2016.	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8223 1146.	OFFICE:	HOME:	
ADDRESS:	BLK 12A Marsiling Lane #02-65 (S) 731012.			
EMAIL:	yee.yongjun@gmail.com.			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Son.			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Yee Yong Jun (H/P: 8223 1146)			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SLH 5531 S	ANY PASSENGERS:	01 (F)	
NAME OF DRIVER:				
CONTACT NO:				
VEHICLE C REG NO:				
ANY PASSENGERS:				
VEHICLE D REG NO:				
ANY PASSENGERS:				
VEHICLE E REG NO:				
ANY PASSENGERS:				
VEHICLE F REG NO:				
ANY PASSENGERS:				
VEHICLE G REG NO:				
ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES <input type="radio"/> NO <input checked="" type="radio"/>			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="radio"/> NO <input checked="" type="radio"/>			
WORKSHOP PARTICULAR:	N-51 Automotique Pte Ltd.			
CONTACT NO:	68420051 / 67440510	9024 5507		
CONTACT PERSON:	JOSEPH TAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



Motor Private Car

MX1WF

R SN

AN0655B

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)

CERTIFICATE No. DMPCSNW00110222101

Engine No.: 3ZRA491808

Cha. No.: JTDGJ20W505002549

1. Index Mark and Registration Number of Vehicle SGW9239R

AUTOSAFE

2. Name of Policy Holder YEE KUAN FAA

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24/06/2021 (00:00:00)

Named Drivers Ex Sect. I \$S750.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance 23/06/2022

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 will be doubled). A Flat \$S5,000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first \$S500 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.: SWEE SENG CREDIT PTE LTD AS HP OWNER

* 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 ACEPRO INSURANCE AGENCY PTE LTD
21 Woodlands Close
#08-44 Primz Bizhub
Singapore 737854
Tel: 6777 8323 Fax: 6776 8323

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: ACEPRO INSURANCE AGENCY PTE LTD
Authorised Officer