

NATIONAL Assessment Centre Services

Date In 18/10/21	Job description	Date & Time Completed	Done by
Ref No NA/CTI21010713/13	SAs e-filing		
Veh No 5MA51894	E-mail (w/ photo, Mats, AB, 2ndry)		
DOX 17/10/21 1435	i-Motor Claim Form		
OD (P) Reporting Only	i-Motor W/O (Within 48 Hrs. TP 4hr3)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5J4 6036C	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

NA2104231	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Int 1:	6) TR: Re-inspection \$75		
Int 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTTC Additional Services -		
	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 \$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 willful 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	18/10/2021 19:50 (SGT)
Date of Accident	17/10/2021 14:35 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5189Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI YANG
NRIC No	SXXXX268B
Email Address	ly.20080808@hotmail.com
Mobile Phone No	(Phone) +65-93207181
Alternative Phone No	+65-93207181

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00033702100
Cover Note Number	-

DRIVER

Name of Driver	LI YANG
NRIC No	SXXXX268B

Date Of Birth	25/05/1981
Occupation	Indoor
Date Of Driving Pass	19/03/2008
Driving experience	13 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93207181
Alt. Phone Number	+65-93207181
Email Address	ly.20080808@hotmail.com
Address	BLK 515B TAMPINES CENTRAL 7
Address complement	#15-14
Postcode	522515
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHI LUOJIA
Gender	Female

PASSENGER 2

Name	SHI XIAO BAO
Gender	Male

PASSENGER 3

Name	MARIA CLAIRE ANTONIO MAMARIL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211017/2057

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 DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG6036C
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	LI YANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	SHI XIAO BAO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MARIA CLAIRE ANTONIO MAMARIL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	-
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.
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 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

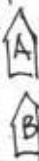
Driver's Signature (If driver is not the policyholder) / Date & Time

18/10/12
Witnessed by Reporting Centre Personnel

Sketch Plan

Attach as police report

Tampines Ave 6



Tampines Ave 5

A: SNA5188Y


B: SJG 6086C

Describe Circumstances of the Accident

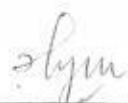
Pls refer to the police report: 9/2021/017/207

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

 18/10/21
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211017/2057

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20211017/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2021 17:14	Vide Report No.:	Station Diary No.: 65
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LI YANG			Address: APT BLK 515B TAMPINES CENTRAL 7 #15-14 SINGAPORE 522515		
ID Type / ID No.: NRIC NO / S8157268B			Contact No.: Home/Office: Mobile: 93207181		
Nationality: CHINESE			Email:		
Sex: Female	Age: 40	Date of Birth: 25/05/1981	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Telephone Marketer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/10/2021 14:35	Type of Location: T-Junction
Location: TAMPINES AVENUE 5				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG6036C	Car	MERCEDES BENZ				0
SMA5189Y	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	White	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20211017/2057

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211017/2057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5189Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000337 02100	09/02/2021	08/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	SHI LUOJIA	ID No.	T1839068F	
Related Vehicle	SMA5189Y (Car)	Contact No.	NIL f.	
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	
Driver				
Name	LI YANG	ID No.	S8157268B	
Related Vehicle	SMA5189Y (Car)	Contact No.	93207181	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	SHI XIAO BAO	ID No.	S8169271D	
Related Vehicle	SMA5189Y (Car)	Contact No.	93266319 m	
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	



**SINGAPORE
POLICE FORCE**



T/20211017/2057

3 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20211017/2057

CONTINUATION OF REPORT

Passenger			
Name	MARIA CLAIRE ANTONIO MAMARIL	ID No.	G8569225P
Related Vehicle	SMA5189Y (Car)	Contact No.	83487713
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 17/10/21 at about 1435hrs, I was driving along Tampines Ave 5 towards Tampines Ave 6. I was driving on lane 2 of a 2 lane road. I made a left turn to Tampines Ave 6 however there was a bicycle crossing thus I had to stop. V2 was driving behind me, collided into the rear right side of my rear bumper.

Police and Ambulance were not at scene. I have in-car-camera pointed to the rear of my vehicle which captured the incident. The car subsequently drove off straight before I could exit my vehicle. As I was holding up traffic and V2 did not make a stop, I moved off so as to not choke the turning point.

I am not sure of the estimated cost of repairs.



**SINGAPORE
POLICE FORCE**



T/20211017/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

Report No. T/20211017/2057

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
G /
Sgt 3 NURFAIZ BIN NOORDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/10/2021 17:14

Classification Of Case:

VEHICLE NO: SMA5189Y		MAKE & MODEL: Nissan Dashqai		AUTO / MANUAL	
DATE OF ACCIDENT		17/10/2021		°C.C. L2T	
TIME OF ACCIDENT		14:35		AM / PM	
LOCATION OF ACCIDENT		Tampines Ave 5			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		Li Yang		MOBILE: 93207181	
EMAIL: LY20080808@hotmail.com		Office:			
NRIC		S8157268B			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:		YES / NO ?			
INSURANCE CO.		Chian Taining Insurance (Singapore) Pte Ltd			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		DMPCSA/W 00025702/00			
NAME OF DRIVER		AS ABOVE / IF NO:			
NRIC		S8157268B			
DATE OF BIRTH		25/05/1981			
ANY PASSENGER		YES / NO : 3			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		09/09/2015			
GENDER		Male / Female			
CONTACT NO.		Mobile: Office: Home:			
EMAIL					
ADDRESS				INSURER:	
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No.			
RELATIONSHIP		Employee / If No.			
WEATHER CONDITION		Clear / Raining / Other.			
ROAD SURFACE		Dry / Wet / Other.			
ANY INJURIES		No / If yes, Who? Li Yang, SHI XIAOBAD, Mr. Lin.			
CONTACT NO.					
POLICE REPORT		No / If yes, Where? Tampines N.P.C			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		S5G6036C		Any Passenger:	
NAME					
CONTACT NO.				Any Passenger:	
VEHICLE C NO.				Any Passenger:	
VEHICLE D NO.				Any Passenger:	
VEHICLE E NO.				Any Passenger:	
VEHICLE F NO.					
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:		stkauto@gmail.com			
Have you been approach by unknown person soliciting (s) /					
offering accident claims assistance?				YES / NO	

Motor Private Car

MX1F

N SN

AN0444A

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, 1989 (Malaysia)

CERTIFICATE No.

DMPCSNW00033702100

Engine No.: HRA2595151A

Cha. No.: SJNFEAJ11U2233989

1. Index Mark and Registration
Number of Vehicle

SMA5189Y

AUTOSAFE

2. Name of Policy Holder

LI YANG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment09/02/2021
(14:31:22)

Named Drivers Ex Sect. I S\$500.00

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

08/02/2022

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/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.: MAYBANK SINGAPORE 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



Issued By:

META AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory