

NATIONAL ASSESSMENT CENTER SERVICES, Inc. **SLIP # 110002**

Date In: 2/10/2021 11:26	Job description	Date & Time Completed	Done by
Ref No: 110121010002	SAS e-illing		
Val No: SAIC 8533A	E-mail (by date limit, also time)		
P.O. # 216/2021 1110	1-Motor Claim Form		
(1) (1) Reporting Only	1-Motor W/O (within 60 days, TP 40%)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax/Hand to Owner/Agent		

Preferred Wksp / IHO Assgn Wksp / OWI ()

TP Insurer () Val No: **GBJ 4689K** INC () / Non-INC ()

Owner / Driver ()

Policy No () Period () Cover Type ()

Consented by () Date ()

Insured/Driver Liability () % (Note - Est Status (WO): NI 0-20%, PI 21-79%, PI 80-100%)

Year of Registration () Warranty YES () / NO ()

Excess (\$) Loss Limit \$1,000 () / \$2,000 ()

() Will-In Coverage / Customer's Information strictly Confidential & strictly NO Ref or report

() Total Loss Case / to e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Involves VRS () / NO () / Towing Cost ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury ()

NA2104184

Driver/Owner	1) All Accident Workings (50)	
Contract No	2) DA Survey Adjustment (\$1000)	100%
Different Portion	3) TP Follow up	100%
QC Checked by (Engin-In-Charge)	4) PI Follow through Survey	100%
	5) PI Follow through Survey (Recovery)	100%
	6) PI Follow through Survey (Recovery)	100%
	7) PI Follow through Survey	100%
	8) NTUC Adjustment Service	100%
	9) NTUC Adjustment Service	100%
	10) NTUC Adjustment Service	100%
	11) NTUC Adjustment Service	100%
	12) NTUC Adjustment Service	100%
	13) NTUC Adjustment Service	100%
	14) NTUC Adjustment Service	100%
	15) NTUC Adjustment Service	100%
	16) NTUC Adjustment Service	100%
	17) NTUC Adjustment Service	100%
	18) NTUC Adjustment Service	100%
	19) NTUC Adjustment Service	100%
	20) NTUC Adjustment Service	100%

Fax Date
Tel Date

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	22/10/2021 11:26 (SGT)
Date of Accident	21/10/2021 11:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP ROAD TOWARDS ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8533A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEOW AH LAM
NRIC No	SXXXX753I
Email Address	benonseow91@gmail.com
Mobile Phone No	(Phone) +65-96558317
Alternative Phone No	+65-96558317

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00014912100
Cover Note Number	-

DRIVER

Name of Driver	YEOW AH LAM
NRIC No	SXXXX753I

Date Of Birth	07/12/1962
Occupation	Indoor
Date Of Driving Pass	17/06/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96558317
Alt. Phone Number	+65-96558317
Email Address	bensonseow91@gmail.com
Address	85 YISHUN STREET 81 #03-04
Address complement	-
Postcode	768447
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	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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4689K
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEOW AH LAM
Gender	Male
Phone No	(Phone) +65-96558317
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK8533A
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 :

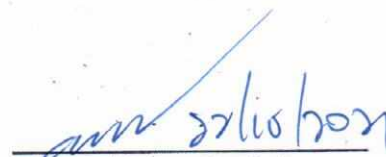
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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



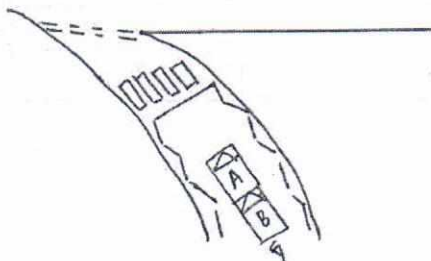
Witnessed by Reporting Centre
Personnel

Sketch Plan

CTE Slip Road towards Ang Mo Kio Ave 5

Vehicle A: SJK B533A

Vehicle B: GRJ489K

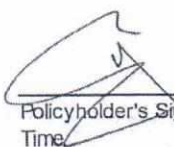



Describe Circumstances of the Accident

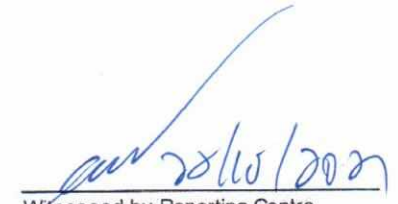
On the stated date & time, I, vehicle A (SJK8533A) was travelling at the stated location. As the front vehicle slowed down and came to a stop, I followed suit. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted & realized vehicle B (G1BJ4689E) collided onto the rear portion of my vehicle causing damages.

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


Witnessed by Reporting Centre Personnel

Date of Accident : 21/10/2021 Accident Time: 1110hrs (24-HR-FORMAT)
 Accident Place : GTE Slip Road towards Ang Mo Kio Ave 5
 Vehicle Reg. No (Car plate No.) : SJK 8533A Vehicle Make/Model: Toyota Axio
 Insurance Company : China Taiping Policy No. DMPCLNW00019012100
 Name of Registered Owner : Company/ Individual Yeow Ah Lam
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: C1547753I
 Co Contact No: - Owner's Contact No: 9655 8317

DRIVER'S Name : Yeow Ah Lam DRIVER'S NRIC No: S1547753I
 DRIVER'S Date of Birth : 07 Dec 1962 DRIVER'S License Pass Date 17 Jun 1983

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : OWNER
 DRIVER'S Address : 85 Yishun Street #1 #02-04 Singapore 768447

DRIVER'S Contact No / Alt No. : 1) 9655 8317 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) Retiree

Email Address : bensonseow91@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): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Yeow Ah Lam
 Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBJ 4689K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Private Car

\$1,351.66

MX1F

N SN

AN0695A

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.	DMPCSNW00019412100	Engine No.: 1NZC997316 Cha. No.:NZE1416076637
1. Index Mark and Registration Number of Vehicle	SJK8533A	AUTOSAFE =====
2. Name of Policy Holder	YEOW AH LAM	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/01/2021 (12:22:34)	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	19/01/2022	
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.		

* 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

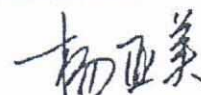


TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287996
Tel: 6455 0020 Fax: 6455 0017
Email: info@teckwei.com.sg

Issued By:

TECK WEI CREDIT PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory