

NATIONAL Assessment Centre Services, Inc. **SN0821320003**

Date In: 03/11/2021 14:48	Job description	Date & Time Completed	Done by
Ref No: 202101122814	SAS e-thing		
Val No: SM712465	E-mail (by date time, A/C time)		
D.O.A: 03/11/2021 15:15	Motor Claim Xpress		
(ID) TP Reporting Only	Motor W/O (Within 90 days TP (Urr))		
TP Insurer	Photos Uploaded		
	Assessment/Survey Report		
	Appl Report by Fax/Hand to Owner/Agent		

Preferred Wksp / INO Asses / Wksp / OWI ()

TP Initial/Type () Val No: **SN0821320003** / Non-INO ()

Owner/Driver ()

Policy No () Period () Cover Type ()

Continued by () Date () Time ()

Insured/Driver Liability () % (Note: Est. 50% (WO), NI 0-20%, PI 21-79%, PI 80-100%)

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

Deductible (\$) Loading: \$1,000 () / \$2,000 ()

() Written Customer / Customer's Information strictly confidential & strictly NO report of reputation

() Total Loss Case - to e-mail Insurer IMMEDIATELY

Drive-In () / Towed-In () / Invoice VRS () / NO () / Towling Cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QO Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$9,000) ()

Injury:

NA204326

Driver/Owner	1) All Accident Work Unit (50)	
Company No:	2) PA Repair Allowance (\$1000)	NO ()
Unassigned Pardon:	3) PA Fuel ()	\$100 ()
QC Checked by (English-Chinese):	4) PA Follow-up Repair Survey	\$100 ()
	5) PA Follow-up Repair Survey (Recovery)	\$50 ()
	6) PA Follow-up Repair Survey (Recovery)	\$50 ()
	7) PA Follow-up Repair Survey	\$100 ()
	8) PA Follow-up Repair Survey	\$100 ()
	9) PA Follow-up Repair Survey	\$100 ()
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	49) PA Follow-up Repair Survey	\$100 ()
	50) PA Follow-up Repair Survey	\$100 ()

PA Check
PA Check

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	03/11/2021 14:48 (SGT)
Date of Accident	02/11/2021 15:15 (SGT)
Exact Location of Accident	335 Ang Mo Kio Ave 1, Block 335, Singapore 560335
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1246S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EDWIN YEO WEI DE
NRIC No	SXXXX118H
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-90402031
Alternative Phone No	+65-90402031

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00121572100
Cover Note Number	-

DRIVER

Name of Driver	EDWIN YEO WEI DE
NRIC No	SXXXX118H

Date Of Birth	10/09/1990
Occupation	Indoor
Date Of Driving Pass	07/02/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90402031
Alt. Phone Number	+65-90402031
Email Address	cs8558cs@gmail.com
Address	BLK 334 ANG MO KIO AVENUE 1 #09-2055
Address complement	-
Postcode	560334
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	Side Swipe
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)	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?	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

PLEASE REFER TO POLICE REPORT T/20211102/7033

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6823L
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	EDWIN YEO WEI DE
Gender	Male
Phone No	(Phone) +65-90402031
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT1246S
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.
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.

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03/11/2021

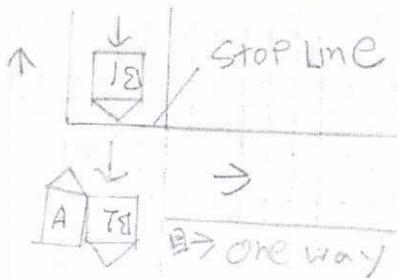
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 335 one way road KW PARK 1 CARPARK



A = SMT 1246 S
 B = SLN 6823 L

Describe Circumstances of the Accident

Refer to Police Report T/2021/02/7033

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

Ed

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

Witnessed by Reporting Centre Personnel

03/11/2021

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 2/11/2021 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)

Vehicle No. SMT12465 Vehicle Make & Model / Engine (cc): Honda shuttle Private Hire: (Y/N)

Exact location of Accident: Carpark of BIK 335 AMK Ave 1

Policyholder's Name / IC No.: Edwin Yeouwei De ROC/UEN (Company)

Driver's Name / IC No.: S903 2118H (As Above)

Driver's Contact No.: 9040 2031 Company Contact No / Owner Contact No:

Driver's Address: BIK 334 AMK Ave 1 #09-2055 SL560334

Owner Email address: Insurance Company: China taiping

Driver Email address: CS 8558CS@gmail.com 10/09/1990 07/02/2012

Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name: Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:

Was there any video captured by your Car Camera? Yes / No Remarks: with owner

Any Injuries: Yes / No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: Yes / No (If YES) Which Police Station: online

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SLN6823L

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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NA2104326



**SINGAPORE
POLICE FORCE**



T/20211102/7033

2 of 3

Report No. T/20211102/7033

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT1246S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001215 72100	15/06/2021	26/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EDWIN YEO WEI DE	ID No.	S9032118H
Related Vehicle	SMT1246S (Car)	Contact No.	90402031
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/11/2021	Date	02/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I was traveling in the carpark of Blk 330 -337 AMK ave 1, while I'm driving to a T-Junction of the carpark, I want to Turn Right" into a one way lane, I signal right and check for on coming traffic to be clear, I then proceed. There is a stop line at my opposite direction, suddenly a car (SLN6823L) dash forward without stopping on the stop line and collided onto the right side of my car.

I have a in-car video cam that capture the whole incident.

I feel pain at my neck after the accident, I visited Healthway medical AMK and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20211102/7033

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

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Report No. T/20211102/7033

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/11/2021 20:56

Classification Of Case:

