

# NATIONAL Assessment Centre Services

Date In: <b>24/12/2021</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA / CTI 21013085/r3</b>	SAS e-filing		
Veh No: <b>SMJ 7823P</b>	E-mail (w/ing. Area: AP, 2hrs)		
DDA: <b>23/12/2021 10:00</b>	i-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	i-Motor W/O (Within: OD 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: <b>SJH 1845L</b>	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

NA 2104792	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 \$10		
	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	24/12/2021 09:26 (SGT)
Date of Accident	23/12/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI EXIT PAYA LEBAR SLIP ROAD INTO PAYA LEBAR ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7823P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YU JIE
NRIC No	SXXXX714J
Email Address	sales02@fukanghealthcare.com
Mobile Phone No	(Phone) +65-90235486
Alternative Phone No	+65-91880567

#### 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	DMPCSNW00048052100
Cover Note Number	-

#### DRIVER

Name of Driver	FU YU
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NRIC No	SXXXX609B
Date Of Birth	08/02/1978
Occupation	Outdoor
Date Of Driving Pass	13/04/2016
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91880567
Alt. Phone Number	-
Email Address	sales05@fukanghealthcare.com
Address	BLK 8 TAO CHING ROAD
Address complement	#14-13
Postcode	618724
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	YU JIE
Gender	Female

#### 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

#### 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	SJH1845L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG YAM WENN
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	FU YU
Gender	Male
Phone No	(Phone) +65-91880567
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ7823P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	YU JIE
Gender	Female
Phone No	(Phone) +65-90235486
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ7823P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## 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)**

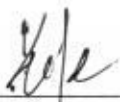
I understand, acknowledge, agree and consent that:

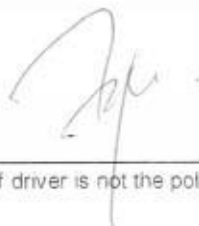
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

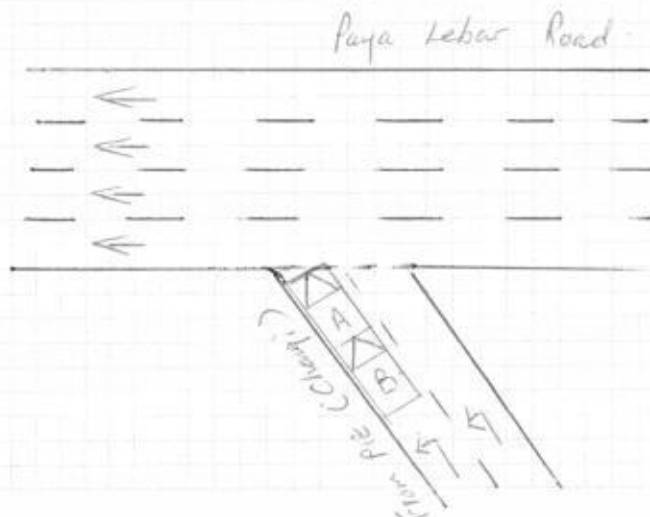
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

✓   
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan





### Describe Circumstances of the Accident


On 23/12/2021 at @ 1000hrs, I was travelling in my vehicle (SMJ 7823P) along A12 towards Changi exit into Paya Lebar. I stopped my vehicle at the slip road into Paya Lebar Road to give way to the traffic on the main road. Suddenly, a car (SJM 1845L) from behind collided onto the rear portion of my vehicle.

### 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



VEHICLE NO:	SMD 7823 P	MAKE & MODEL:	Honda Shuttle	(AUTO) / MANUAL
DATE OF ACCIDENT:	23/12/2021	CC:	1.5 (1496cc)	
TIME OF ACCIDENT:	1000 HRS			
LOCATION OF ACCIDENT:	PIE towards Changi exit Paya Lebar slip road onto			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE Paya Lebar Road			
NAME OF OWNER:	YU JIE			
TEL NO:	H/P: 9023 5486	OFFICE:	HOME:	
NRIC:	S 7978714 J			
ADDRESS:	BLK 8 Tao Ching Road #14-13 (S) 618724			
EMAIL:	sales02@fukanghealthcare.com			
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY			
FLEET POLICY:	YES / NO ?			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DMPCSNW000048052100			
NAME OF DRIVER:	AS ABOVE / IF NO: Fu Yu			
NRIC:	S 7874609 B	ANY PASSENGER:	01 (F)	
DATE OF BIRTH:	08/02/1978	LICENCE PASSED DATE:	13/04/2016	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 9188 0567	OFFICE:	HOME:	
ADDRESS:	BLK 8 Tao Ching Road #14-13 (S) 618724			
EMAIL:	sales05@fukanghealthcare.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Husband			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Fu Yu (H/P: 9188 0567)			
NAME & CONTACT:	Yu JIE (H/P: 9023 5486)			
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SJH 1845 L	ANY PASSENGERS:		
NAME OF DRIVER:	Wong Yam Wenn	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?	YES / NO with workshop			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Private Car

MX1F

N SN

BR0082A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

CERTIFICATE No:

DMPCSNW00048052100

Engine No.: LEB7101184

Cha. No.: GP72000807

1. Index Mark and Registration

SMJ7823P

AUTOSAFE

Number of Vehicle

=====

2. Name of Policy Holder

YU JIE

3. Effective date of the Commencement of Insurance for the purposes of the Regulation, Ordinance or Enactment

20/03/2021  
(00:00:00)

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

4. Date of Expiry of Insurance

19/03/2022

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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.

HIRED PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD.

\* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JORDAN HUEBNER (ASIA) PTE LTD.

Authorised Officer



Authorised Signatory