

NATIONAL Assessment Centre Services SNC22180006

Date In: <u>24/01/2022 17:54</u>	Job description: <u>SAS e-filing</u>	Date & Time Completed:	Done by:
Ref No: <u>NBA/C7220008354</u>	E-mail (within 3hrs. At 2hrs.)		
Veh No: <u>SFP 291R</u>	I-Motor Claim Form		
DDA: <u>24/01/2022 19:30</u>	I-Motor W/O (Within 10. 2hrs. 10. 4hrs)		
OD: <u>TP</u> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (VRSN)		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: <u>SGC 22HK</u>	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: 21-70%; 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

NA2200222

Invoice Preparation Checklist

	Am't (\$) Est Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Duty (wef 10 Jan 2015)		
6) TR: Re-inspection \$75		
7) N1: Issue DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
* N3: 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: Mile Mobile \$30		

Invoice dated: _____ Fee Charged: _____
 Invoice dated: _____ Fee Charged: _____

Claimant's Particulars:-
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:-
Call 1:
Call 2 / 3:

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	24/01/2022 17:54 (SGT)
Date of Accident	21/01/2022 19:30 (SGT)
Exact Location of Accident	Paterson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2191R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALOYSIUS YANG YONGJING
NRIC No	SXXXX052Z
Email Address	aloy_86@hotmail.com
Mobile Phone No	(Phone) +65-97332731
Alternative Phone No	+65-97332731

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1584

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00031392100
Cover Note Number	-

DRIVER

Name of Driver	ALOYSIUS YANG YONGJING
NRIC No	SXXXX052Z

Date Of Birth	06/03/1986
Occupation	Indoor
Date Of Driving Pass	02/08/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97332731
Alt. Phone Number	+65-97332731
Email Address	aloy_86@hotmail.com
Address	BLK 292B BUKIT BATOK EAST AVENUE 6 #34-228
Address complement	-
Postcode	652292
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	CASMUTI
Gender	Female

PASSENGER 2

Name	ALSTON YANG
Gender	Male

PASSENGER 3

Name	ATHAN YANG
Gender	Male

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	SGC2215K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HONG YAT SING
NRIC No	SXXXX648E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

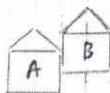

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

PATERSON RD



A = SJP2191R
B = S9C2215K

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PATERSON RD.

SUDDENLY, THE VEHICLE ON MY RIGHT


SWERVED INTO MY LANE AND COLLIDED

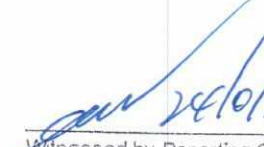
INTO MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
me


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

 24/10/2022
Witnessed by Reporting Centre
Personnel

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: 21 / 01 / 2022 (dd/mm/yy)

Time of Accident: 19 : 30 (24-HR-FORMAT)

Vehicle No.: SJP2191R Vehicle Make & Model / Engine (cc): MITSUBISHI LANCER Private Hire: (Y/N)

Exact location of Accident: PATERSON RD

Policyholder's Name / IC No.: ALOYSIUS YANG YONGJING ROC/UEN (Company)

Driver's Name / IC No.: ALOYSIUS YANG YONGJING S8609052Z (As Above) ☐

Driver's Contact No.: 9733 2731 Company Contact No / Owner Contact No:

Driver's Address: BLK 298 BUKIT BATOK EAST AVENUE 6 #34-228 SINGAPORE 65 2292

Owner Email address: aloy_86@hotmail.com Insurance Company: CHINA TAIPING

Driver Email address:

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): 4

*Passenger Name: CASHUTI

Gender: Male / Female x()

*Passenger Name: ALSTON YANG
ATHAN YANG (MALE)

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:

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:

The Other Party(s) Details:

1. Driver's Name / IC No.: HONG YAT SING S0894648E Vehicle No: SGC215K

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:



Motor Private Car

MX1

N SN

AN0671A

Cov. Type:F

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. DMPCSNW00031392100

Engine No.: 4A910125149
Cha. No.: JMYSRCY2A9U004037

1. Index Mark and Registration
Number of Vehicle

SJP2191R

2. Name of Policy Holder

ALOYSIUS YANG YONGJING

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

16/03/2021
(00:00:00)

4. Date of Expiry of Insurance

15/03/2022

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.

* 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: KSL INSURANCE AGENCY PTE LTD.
Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE052100006 Vehicle Registration No: STP 291R
Name (as shown in NRIC): MOYSAUS YOUNG YOUNG NRIC/FIN/Passport No: 8XXXX052Z
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97332731
Email Address: _____
Date of Accident: 21/01/2022 Time of Accident: 19:30
Place of Accident: PARKESDALE ROAD
Insurance Company: CIT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT LOCATION IN PARKESDALE ROAD

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: ROSE WONG
NRIC/FIN No.:
Date: