

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>18/05/2022</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI 22004612/m4</b>	SAS e-filing		
Veh No: <b>SKV7449Y</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>13/05/2022 18:30</b>	i-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	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: **SKR 6446H** 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

<b>NA2201336</b>	<b>Invoice Preparation Checklist</b>		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) iT : 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:-			
	OT*			
	*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 30			
	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	18/05/2022 08:28 (SGT)
Date of Accident	13/05/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN DAM TOWARDS SELETAR NORTH LINK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV7449Y
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP CHEE HO
NRIC No	SXXXX396C
Email Address	YIPCHEEHO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92313182
Alternative Phone No	+65-92313182

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1998

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00185972105
Cover Note Number	-

### DRIVER

Name of Driver	YIP CHEE HO
NRIC No	SXXXX396C



Date Of Birth	16/07/1955
Occupation	Indoor
Date Of Driving Pass	08/03/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92313182
Alt. Phone Number	+65-92313182
Email Address	YIPCHEEHO@HOTMAIL.COM
Address	BLK 753 PASIR RIS STREET 71
Address complement	#10-120
Postcode	510753
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	SKR6446H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-



## 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.

*Chen Hui*

Policyholder's Signature / Date & Time

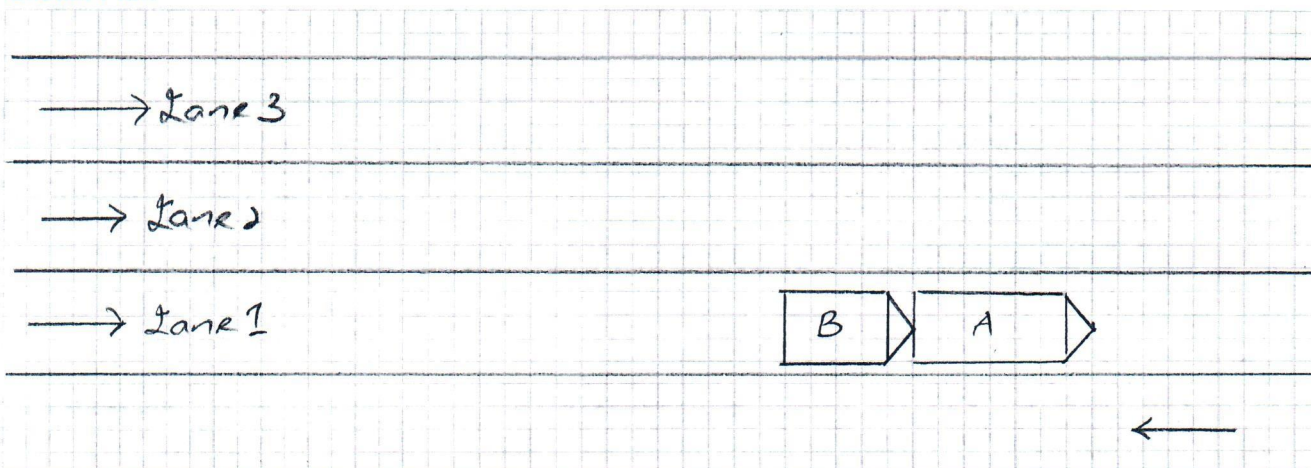
*Chen Hui*

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

*R 18/5/22*

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A - SKV7449Y

B - SKR6446H


YISHUN DAM TOWARDS SELETAR NORTH LINK -

**Describe Circumstances of the Accident**

ON 13/05/2022 AT ABOUT 1830HRS, I WAS TRAVELLING  
STRAIGHT ROAD ALONG HISHUN DAM TOWARDS SELETAR  
NORTH LINK. DUE TO HEAVY RAIN, THE TRAFFIC WAS HEAVY  
AND THE VEHICLES IN FRONT OF MY CAR EVENTUALLY CAME  
TO A STOP. I FOLLOWED SUIT. VEHICLE B WAS UNABLE TO  
STOP ON TIME AND COLLIDED INTO 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

R 18/5/22

Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SKV74494MAKE & MODEL : Subaru Forester - (A) AUTO / MANUAL

DATE OF ACCIDENT	<u>13 / 05 / 2022</u>	*CC: <u>1998</u>
TIME OF ACCIDENT	<u>1830hrs</u>	AM / <u>(PM)</u>
LOCATION OF ACCIDENT	<u>Uishum Dam Towards Sekitar North Link.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>YIP CHEE HO</u>	Email: <u>YIPCHEEHO@HOTMAIL.COM</u>
TELEPHONE NO.	Mobile: <u>9231 3182</u>	Office: - Home: -
NRIC	<u>S1182396C</u>	
CLAIM TYPE	OD / <u>(THIRD)</u> PARTY / REPORTING ONLY	
FLEET POLICY	YES / <u>(NO)</u> ?	
INSURANCE CO.	<u>Ching Tai Ping</u>	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>DMPCSNW00185972105</u>	
NAME OF DRIVER	AS ABOVE / IF NO: <u>YIP CHEE HO</u>	
NRIC	<u>S1182396C</u>	
DATE OF BIRTH	<u>16 / 07 / 1955</u>	
ANY PASSENGER	YES / <u>(NO)</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	<u>08 / 03 / 1997</u>	
GENDER	<u>(Male)</u> / Female	
CONTACT NO.	Mobile: <u>9231 3182</u> Office: - Home: -	
EMAIL:	<u>YIPCHEEHO@HOTMAIL.COM</u>	
ADDRESS	<u>BK 753 Pasir Ris Street 71 #10-120 S(510753)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO)</u> / If yes, Reg No: INSURER:	
RELATIONSHIP	Employee / If <u>(NO)</u> : <u>OWNER</u>	
WEATHER CONDITION	Clear / <u>(Raining)</u> / Other:	
ROAD SURFACE	Dry / <u>(Wet)</u> / Other:	
ANY INJURIES	<u>(NO)</u> / If yes: <u>Who?</u>	
CONTACT NO.		
POLICE REPORT	<u>(NO)</u> / If yes: <u>Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO)</u> / IF YES, WHO?	
VEHICLE B NO.	<u>SKR64464</u>	Any Passenger: <u>No</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>(NO)</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>(NO)</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>(YES)</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>(NO)</u>	





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

DR0611B

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.

DMPCSNW00185972105

Engine No.: FA20K919748

Cha. No.: JF1SJGK85FG056175

1. Index Mark and Registration  
Number of Vehicle

SKV7449Y

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

YIP CHEE HO

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

30/09/2021  
(00:00:00)

Named Drivers Ex Sect. I \$5750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$500.00

4. Date of Expiry of Insurance

29/09/2022

\* Age as at date of accident

EX ON WINDSCREEN . \$5100.00

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.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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: Wang Yuzheng  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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