

NATIONAL Assessment Centre Services

Date In: 10/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/0122005522/13	SAS e-filing		
Veh No: SKW70SR	E-mail (w/let: 8hrs, A/C 2hrs)		
D.O.A: 09/06/22 1900	i-Motor Claim Form		
OD: (TP) 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: SKT9110T	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	10/06/2022 14:32 (SGT)
Date of Accident	09/06/2022 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP SERANGOON RD TWDS NEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW708R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YOON YUON
NRIC No	SXXXX806E
Email Address	yysteve@yahoo.com.sg
Mobile Phone No	(Phone) +65-96811627
Alternative Phone No	+65-96811627

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00011912100
Cover Note Number	-

DRIVER

Name of Driver	WONG YOON YUON
NRIC No	SXXXX806E

Date Of Birth	14/08/1970
Occupation	Outdoor
Date Of Driving Pass	27/02/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96811627
Alt. Phone Number	+65-96811627
Email Address	yysteve@yahoo.com.sg
Address	BLK 159 LOR 1 TOA PAYOH
Address complement	#07-1552
Postcode	310159
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

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

PLS REFER TO THE POLICE REPORT:T/20220610/7064

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	SGT9110T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HEY HWEE WENG(XIA HUIYING)
Contact Number	(Phone) +65-96201659
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFC1281L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98580645
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

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

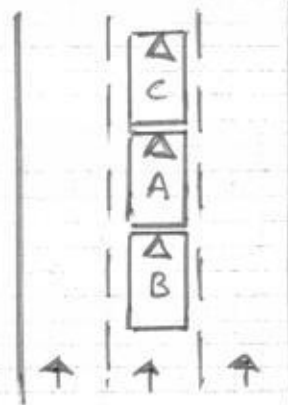
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A : SKW 708R

B : SGT 9110T

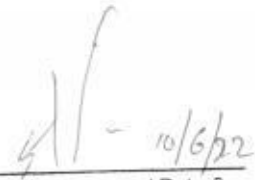
C : SFC 1281L


Describe Circumstances of the Accident


I was travelling along Upper Serangoon Road on 09/06/2022 at about 7:20 p.m. with a passenger in my vehicle. Due to heavy traffic, vehicle in front stop, I followed to stop as well. Suddenly vehicle B collided into the rear portion of my vehicle causing my vehicle to move forward to hit vehicle C. We alighted to exchange particulars and left the scene after that. That's all

Declaration

We declare the foregoing particulars are true in every respect.

 10/6/22
Policyholder's Signature / Date & Time


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

 10/06/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220610/7064

1 of 3

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

Report No. T/20220610/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 11:47	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: WONG YOON YUON	Address: 159 LORONG 1 TOA PAYOH #07-1552 SINGAPORE 310159	
ID Type / ID No.: NRIC NO / S7027806E	Contact No.: Home/Office:	Mobile: 96811627
Nationality: SINGAPORE CITIZEN	Email: yysteve@yahoo.com.sg	
Sex: Male	Age: 51	Date of Birth: 14/08/1970
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation:	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 09/06/2022 19:20	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear	Road Surface: Wet		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFC1281L	Car					0
SGT9110T	Car					0
SKW708R	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Silver		0



**SINGAPORE
POLICE FORCE**



T/20220610/7064

2 of 3

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

Report No. T/20220610/7064

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW708R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000119 12100	18/11/2021	17/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YOON YUON		ID No. S7027806E
Related Vehicle	SKW708R (Car)		Contact No. 96811627
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

I was travelling along Upper Serangoon Road on 09.06.2022 at about 7:20pm with a passenger in my vehicle. Due to heavy traffic, vehicle in front stop. I followed to stop as well. Suddenly vehicle bearing car plate number SGT9110T collided into the rear portion of my vehicle causing my vehicle to move forward to hit the vehicle in front bearing car plate number SFC1281L . We alighted to exchange particulars and left the scene after that. That's all.



**SINGAPORE
POLICE FORCE**



T/20220610/7064

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

3 of 3

Report No. T/20220610/7064

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 /
YEO KIA HUAT
Contact No.: 65476162

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

Date/Time:
10/06/2022 11:47

Classification Of Case:

VEHICLE NO: SKW 708R

MAKE & MODEL: Nissan Qashqai (AUTO) / MANUAL

DATE OF ACCIDENT	69 / 06 / 2022	C.C. 1200 cc
TIME OF ACCIDENT	7:20 AM	
LOCATION OF ACCIDENT	Upper Selegoon Road: tuds Nex	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	Wong Yoon Yuen	
EMAIL	yysteve @ yahoo.com.sg	Office: MOBILE 96811627
NRIC	S7027806E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO	Ching	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHCSNW00011912100	
NAME OF DRIVER	AS ABOVE / IF NO	
NRIC	S7027806E	
DATE OF BIRTH	14 / 08 / 1970	
ANY PASSENGER	<u>YES</u> / NO: 1	
NAME OF PASSENGER	Unknown	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	27 / 02 / 1998	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96811627 Office: Home:	
EMAIL	yysteve @ yahoo.com.sg	
ADDRESS	B1K 159 Lorong 1 Toa Payoh, #07-1552(S) 310159	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.: NA INSURER:	
RELATIONSHIP	Employee / If No. NA	
WEATHER CONDITION	<u>Clear</u> / Raining / Other	
ROAD SURFACE	<u>Dry</u> / Wet / Other	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> IF YES, WHO?	
VEHICLE B NO.	SGT 9110T Any Passenger: Unknown	
NAME	Hey Hwee Weng (Xia Huiying)	
CONTACT NO.	96201659	
VEHICLE C NO.	SFC1281L Any Passenger: 01	
VEHICLE D NO.	(Kwek Sze Hon) Any Passenger:	
VEHICLE E NO.	AP: 98580645 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?	YES / <u>NO</u>	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Hire Car

M2406LB

N SN

AN0444A

Cov. Type C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967
 Road Transport Act, 1967 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1996 (Malaysia)

CERTIFICATE No: DMHCSNW00011912100		Engine No: HRA2187838A
		Cha. No: SJNFEAJ11U1483850
1. Index Mark and Registration Number of Vehicle	SKW708R	AUTOSAFE *****
2. Name of Policy Holder	WONG YOON YUON	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/11/2021 (00 00 00)	Excess Sect I S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect. II (Outside Singapore) S\$2,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	17/11/2022	
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below: 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. WONG YOON YUON		
6. Limitations as to use* (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover: (1) Use for racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		

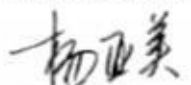
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia) are not to be included under these headings.

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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: META AGENCY PTE LTD
 Authorised Officer


 Authorised Signatory