

# NATIONAL Assessment Centre Services

Date In: 23/06/22	Job description	Date & Time Completed	Done by
Ref No. NA/CTI22005980/13	SAS e-filing		
Veh No: SMT7402X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/06/22 1717	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: SJS6694P	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	Am't (\$)	Am't (\$)
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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp. 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: Idao 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	23/06/2022 12:25 (SGT)
Reported by	Both
Date of Accident	21/06/2022 17:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON CENTRAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7402X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW WAI YAM
NRIC No	SXXXX955C
Email Address	celinelew.81@gmail.com
Mobile Phone No	(Phone) +65-83333669
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00258132100

#### DRIVER

Name of Driver	LEW WAI YAM
NRIC No	SXXXX955C
Date Of Birth	20/07/1981
Occupation	Indoor

Date Of Driving Pass	28/12/2000
Driving experience	21 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83333669
Alt. Phone Number	-
Email Address	celinelew.81@gmail.com
Address	BLK 208A COMPASSVALE LANE
Address complement	#06-70
Postcode	541208
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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/20220622/7019

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS6694P
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	LEW WAI YAM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMJ7402X
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

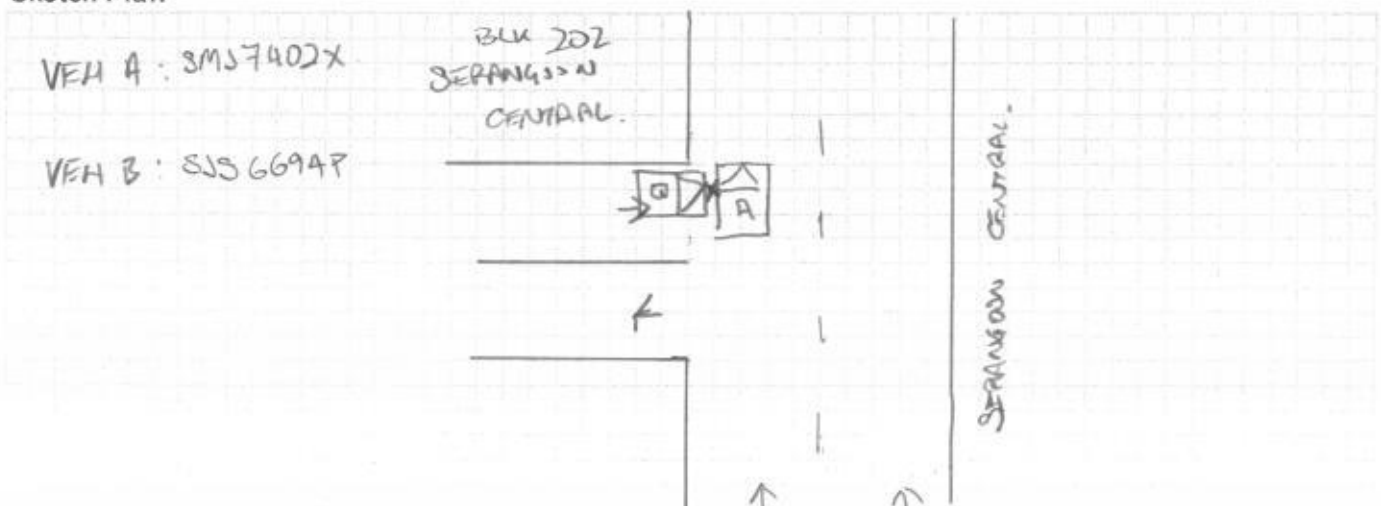
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 23/06/22  
Witnessed by Reporting Centre Personnel

### Sketch Plan



As per Police Report No: T/20220622/7019

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20220622/7019

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

1 of 3

Report No. T/20220622/7019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2022 15:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEW WAI YAM			Address: 208A COMPASSVALE LANE #06-70 SINGAPORE 541208		
ID Type / ID No.: NRIC NO / S8120955C			Contact No.: Home/Office: Mobile: 83333669		
Nationality: SINGAPORE CITIZEN			Email: celinelew.81@gmail.com		
Sex: Female	Age: 40	Date of Birth: 20/07/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Admin			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2022 17:20	Type of Location:
Location:  SERANGOON CENTRAL				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMJ7402X	Car	HONDA	JAZZ 1.3 CVT	Grey		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7402X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002581 00100	13/12/2021	12/12/2022



**SINGAPORE  
POLICE FORCE**



T/20220622/7019

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

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Report No. T/20220622/7019

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEW WAI YAM	ID No.	S8120955C
Related Vehicle	SMJ7402X (Car)	Contact No.	83333669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SMJ7402X was travelling straight on Serangoon Central towards Upper Serangoon Road.

As I passed the carpark entrance of Blk 202 on my left, a vehicle SJS6694P suddenly dashed out of the said carpark entrance and hit onto my vehicle left portion.

I was caught unaware and the impact was great.

After the accident I start to feel sore on my neck, I thought nothing of it and went back and took some pain killer.

The next day the pain on my neck start to worsen and I proceeded to Pow Family Clinic and Surgery to seek treatment and I was given 3 days MC.





**SINGAPORE  
POLICE FORCE**



T/20220622/7019

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

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Report No. T/20220622/7019

**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 / TPB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
22/06/2022 15:52

Classification Of Case:

Date of Accident : 21/06/2022 Accident Time: 1717 (24-HR-Format)  
Accident Place : SERANGOON CENTRAL - UPPER SERANGOON RD.  
Vehicle. No. (Car Plate No.) : SMJ7402X Make/Model: HONDA JAZZ  
Insurance Company : CHINA TAIPING Policy No: DMPCSNW00258132100  
Owner or Company Name /IC No. : LEW WAI YAM S8120955C  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 83333669 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 20/07/1981 DRIVER'S License Pass Date 28/12/2000  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee (Others): OWNER  
DRIVER'S Address : BLK 208 A COMPASSVALE LANE #06-70 S541208  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)  
Email Address : celine.lew.81@gmail.com  
Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ (Claim Other Party) Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose  
Any Injury (If (YES) Pls state): LEW WAI YAM

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>(B) SJS6694 P</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Motor Private Car

MX1F

N SN

BR0050A

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. DMPCSNW00258132100

Engine No.: L13B14100447

Cha. No.: JHMGK3850KS210896

 1. Index Mark and Registration  
 Number of Vehicle

SMJ7402X

 AUTOSAFE  
 =====

2. Name of Policy Holder

LEW WAI YAM

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

 13/12/2021  
 (00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

12/12/2022

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.

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.

\* 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: SEA & LAND INSURANCE BROKERS PTE  
 Authorised Officer



Authorised Signatory