

NATIONAL Assessment Centre Services: (ver 1 Jan'08) **810822870003**

Date In: 15/08/2022 17:01	Job description	Date & Time Completed	Done by
Ref No: NBA/ET/2200775917	SAS e-filing		
Veh No: SME, 1985 X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 13/08/2022 13:30	1-Motor Claim Form		
OD: TP / Reponung Only	1-Motor W/O (within: OD, 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SMD 296M** 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	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

Statement Particulars	Amount	Balance
Invoice Preparation Charge		
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 (E:survey) \$30		
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idso DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*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: Idso Mobile \$0		
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 Actual 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	15/08/2022 17:09 (SGT)
Reported by	Both
Date of Accident	13/08/2022 13:30 (SGT)
Exact Location of Accident	Napier Rd, Singapore
Additional Location Information	TOWARDS GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1985X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO JIONG HUA
NRIC No	SXXXX444I
Email Address	melvin_yeo@msn.com
Mobile Phone No	(Phone) +65-96690353
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008852102

DRIVER

Name of Driver	YEO JIONG HUA
NRIC No	SXXXX444I
Date Of Birth	27/04/1980
Occupation	Outdoor

Date Of Driving Pass	03/11/2003
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96690353
Alt. Phone Number	-
Email Address	melvin_yeo@msn.com
Address	BLK 8 TELOK BLANGAH CRESCENT #05-159
Address complement	-
Postcode	090008
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN

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	SMD296M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE TI-TING
Contact Number	(Phone) +65-91593805
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Signature]

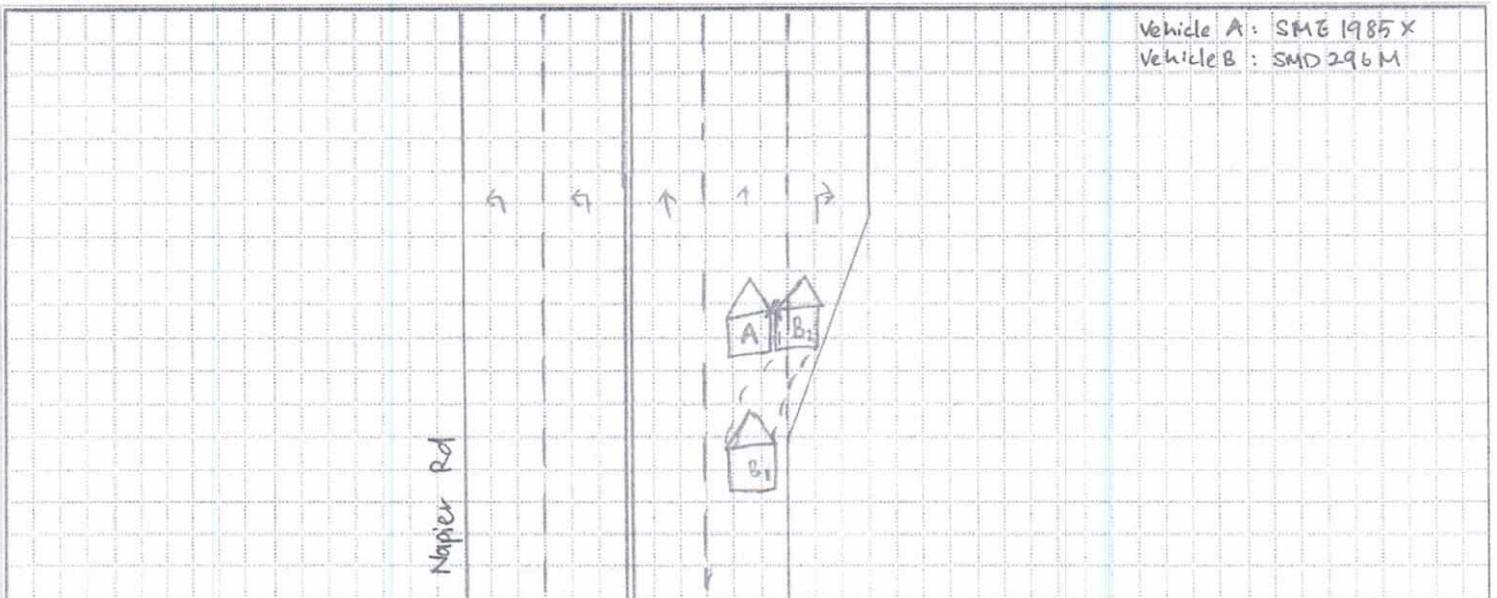
Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 15/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

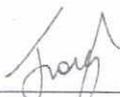


Describe Circumstance of the Accident

On 13/8/2022 at around 1:30pm, I was travelling straight along Napier Rd towards Grange Rd and due to red traffic my vehicle (SME 1985X) was stationary. Suddenly, vehicle B (SMD 296 M) tried to change lane into the right lane and collided onto the front right portion of my vehicle.

Declaration

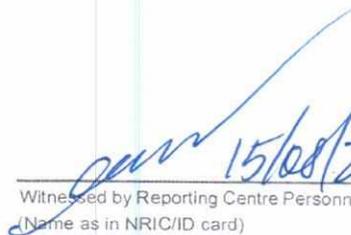
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 15/08/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

OWNER

J

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 8 / 22 (dd/mm/yy) Time of Accident: 13 : 30 (24-HR-FORMAT)

Vehicle No.: SME 1485 X Vehicle Make & Model: HONDA FREED

*Transmission : o Manual o Auto *C.c: _____

Exact location of Accident: Napier Rd towards Orange Rd

Policyholder's Name: YEO JIONG HUA NRIC/FIN/REG No.: 98012444 I

*Policyholder's email address : melvin_yeo@msn.com

Driver's Name: YEO JIONG HUA NRIC/FIN/REG No.: 98012444 I

*Driver's email address : MELVIN_YEO@MSN.COM

Driver's Contact No.: 9669 0353 Company Contact No (If any): -

Date of birth: 27 APR 1980 Driving Pass Date: 03 NOV 2003

Driver's Address: APT BLK 8 TELOK BLANGAH CRESCENT #05-159 (S) 090008

Insurance Company: CHINA TAIPING

Policy No.: DMHCSN W00008852102 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

o Own Insurance / o Other Vehicle (The one you want to claim against) / o Reporting (For Record Purpose)

Type of Accident

o Chain Collision o Head To Rear o Side Swipe o Other -

Occupation (nature job) o Indoor / o Outdoor *No. of Passengers / Including Driver): 2

*Passanger Name: unknown Gender: Male / Female

*Passanger Name: - Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

o Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? o Yes / o No

Any Injuries: o Yes / o No (If YES) Injured Person' Name: -

Injuries Sustain : - Injured Person in Which Vehicle: -

Police Report filed: o Yes / o No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No: LEE TI-TING Vehicle No: SMD 296M

Driver's Contact No: 91593805 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 Hire Car

MZ406L/B

R SN

AN0214A

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.	DMHCSNW00008852102	Engine No.:	LEB5600793
		Cha. No.:	GB71067490
1. Index Mark and Registration Number of Vehicle	SME1985X	AUTOSAFE	=====
2. Name of Policy Holder	YEO JIONG HUA		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21/09/2021 (00:00:00)	Excess Sect. I.	S\$1,250.00
		Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	20/09/2022	Excess Sect.II (Outside Singapore).	S\$3,000.00
		EX ON WINDSCREEN .	S\$100.00
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. YEO JIONG HUA		
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.		

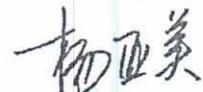
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: SC ALLIANCE PTE LTD
Authorised Officer


Authorised Signatory