

# NATIONAL Assessment Centre Services

Date In: 17/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CI202007870/13	SAS e-filing		
Veh No: SMP7536L	E-mail (within class, A/B 2hrs)		
D.O.A: 17/08/22 1130	i-Motor Claim Form		
OD: (IP) 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: GBC9083L	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

NA2202209	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		1st Bill	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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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 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	17/08/2022 17:35 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI B4 LORNIE RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7536L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP FOON YAU
NRIC No	SXXXX743G
Email Address	jimmy_chew@sitigold.com
Mobile Phone No	(Phone) +65-91863148
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011582100

#### DRIVER

Name of Driver	CHEW ENG SOON
NRIC No	SXXXX454J
Date Of Birth	01/12/1958
Occupation	Outdoor

Date Of Driving Pass	12/05/1977
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82981295
Alt. Phone Number	-
Email Address	jimmy_chew@sitigold.com
Address	BLK 2 SPOONER RD
Address complement	#07-62
Postcode	168790
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	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	WYNELLE TAN
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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD CORRUPTED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9083L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIN YIMIN
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	CHEW ENG SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP7536L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	WYNELLE TAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP7536L
Were seat belts worn?	-
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 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 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.

Policyholder's Signature / Date & Time

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

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

### Sketch Plan

(A) Smp 7536 L

(B) GBC 9083 L

P1E towards Changi before Road Exit

Road work

Describe Circumstance of the Accident

On 17/08/2022 at @ 1130hrs. I was travelling in my vehicle (SMP 7536L) along PIE towards Changi before Lorne Road exit on the 2nd lane from the right. I slowed down and stopped due to traffic jam ahead. Suddenly, a van (GBC 9683L) from behind collided onto the rear 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

 17/08/22

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



VEHICLE NO:	CMP 7536L		MAKE & MODEL:	Toyota Voxy		AUTO / MANUAL
DATE OF ACCIDENT:	17/08/2022		CC:	1-8		
TIME OF ACCIDENT:	1130 HRS					
LOCATION OF ACCIDENT:	PIE towards Changi before Lornie Road Ext.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE		PRIVATE HIRE			
NAME OF OWNER:	YIP FOON YAU					
TEL NO:	H/P: 9186 3148		OFFICE:	HOME:		
NRIC:	S 126 1743G					
ADDRESS:	BLK 586 Ang Mo Kio Ave 3 #09-3079					
EMAIL:	jimmy-chew@sitigold.com				(S) 560586	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMHC SNW 00011582100					
NAME OF DRIVER:	AS ABOVE / IF NO: CHEW ENG SOON					
NRIC:	S 1288454J		ANY PASSENGER: 01 (F)			
DATE OF BIRTH:	01/12/1958		LICENCE PASSED DATE: 12/05/1977			
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 8298 1295		OFFICE:	HOME:		
ADDRESS:	BLK 2 Spooner Road #07-62 (S) 168790					
EMAIL:	jimmy-chew@sitigold.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Friend					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO? CHEW ENG SOON (H/P: 8298 1295)					
NAME & CONTACT:	Wynelle Tan (H/P: 9858 5852)					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	GBC 9083L		ANY PASSENGERS: 01 (M)			
NAME OF DRIVER:	LTH Yimin		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		Retracing (SD Card Corrupted)			
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO						
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Hire Car

MZ406L/B

N SN

BR0087A

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.

DMHCSNW00011582100

Engine No.: 2ZR0E15601

Cha. No.: ZWR800399929

1. Index Mark and Registration  
Number of Vehicle

SMP7536L

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

YIP FOON YAU

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

14/10/2021  
(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

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.

CHEW ENG SOON

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.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD

\* 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: Yeo Kok Wei Joel  
Authorised Officer

  
Authorised Signatory