

# NATIONAL Assessment Centre Services

(with 1 Jan 2023)

SLV 229 E0001

Ref No: 14/09/2022 15:26	Job description	Date & Time Completed	Done by
File No: NPA 0722009038/4	SAS e-filing		
Alt No: SLS 721 R	E-mail (with 1st, 2nd, 3rd)		
O.A: 13/09/2022 09:00	1-Motor Claim Form		
D / (T) / Reporting Only	1-Motor W/O (with 1st, 2nd, 3rd, 4th)		
	1-Photo Uploaded		
	Assessment/Survey Report		
P Insurer:	Ass't Report by Fax / Hand to Owner/Wkip		

Preferred Wkip / INC Assign Wkip / QW:	Tel:	Fax:
P Particulars: Vch No: SLV 482P	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) % (Note: Est. Status (W/O): N/O-20%; P: 21-79%; P: 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 No: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/ Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other Remarks:

Invoice Preparation, On Hold:	Amount	Ext
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TF: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Post-urvey)	\$30	
Per claimant's list only (with 10 Jan 2023)		
6) TR: Re-inspection	\$75	
7) NI: 1st DA + SMRT Survey	\$150	
8) NTUC Additional Services:		
ON:		
*NI: Courtesy Car / Tpl Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Pollut Disposal Coordination	\$5	
TP (NIL) / TP (N/A) against INC	\$20	
9) NI: 1st Mobile	\$10	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

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	14/09/2022 15:26 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 09:00 (SGT)
Exact Location of Accident	Near 82 Hillview Ave, Singapore 669581
Additional Location Information	(TUAS) EXIT 27
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7221R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOYCE BOEY YOKE LENG
NRIC No	SXXXX128C
Email Address	junxianmr@gmail.com
Mobile Phone No	(Phone) +65-97529867
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00096032100

#### DRIVER

Name of Driver	YAP JUN XIAN
NRIC No	SXXXX864B
Date Of Birth	25/09/1990
Occupation	Indoor

Date Of Driving Pass	25/09/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-97529867
Alt. Phone Number	-
Email Address	junxianmr@gmail.com
Address	BLK 608A TAMPINES NORTH DRIVE 1 #11-300
Address complement	-
Postcode	521608
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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?	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

#### PLEASE REFER TO SKETCH PLAN

#### 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	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4292P
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	YAP JUN XIAN
Gender	Male
Phone No	(Phone) +65-97529867
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SLS7221R
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 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

PIE (TUBS) EXIT 27

A: SL87221R  
B: SLV 4292P

Describe Circumstance of the Accident

Refer to police report. T/20220913/7101

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

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





# SINGAPORE POLICE FORCE



T/20220913/7101

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

1 of 3

Report No. T/20220913/7101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/09/2022 21:57	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: YAP JUN XIAN	Address: 608A TAMPINES NORTH DRIVE 1 #11-300 SINGAPORE 521608
ID Type / ID No.: NRIC NO / S9035864B	Contact No.: Home/Office: Mobile: 97529867
Nationality: SINGAPORE CITIZEN	Email: JUNXIANMR@GMAIL.COM
Sex: Male Age: 31 Date of Birth: 25/09/1990	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2022 09:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Wet	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
SLS7221R	Car					0
SLV4292P	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220913/7101

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

2 of 3

Report No. T/20220913/7101

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	YAP JUN XIAN		ID No.	S9035864B
Related Vehicle	SLS7221R (Car)		Contact No.	97529867
Hospital/Clinic	GREEN CROSS MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/09/2022		Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious	

Brief Details.

On the 13 Sep 2022 @ 0900 Hrs, I was driving along PIE ( Tuas) and I was about to exit on the 'EXIT 27'. Suddenly Vehicle B ( SLV4292P ) hit my vehicle ( SLS7221R ) on the rear with a big impact. After being hit I was very lost at that moment after awhile I gain back my energy. I went down and look at the damage of my vehicle and saw that the damage was very bad. I went over to confront vehicle B driver and we exchanged particular. After that I drove off and head to my office. When I reach office after a moment I felt that I was having backache and neck pain. I straight went to consult a doctor and the doctor gave me MC and Medicine. The doctor also mention that next few days if it get serious ask me straight walk into A&E.





**SINGAPORE  
POLICE FORCE**



T/20220913/7101

3 of 3

Report No. T/20220913/7101

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

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
13/09/2022 21:57

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9035864B



Name

YAP JUN XIAN

叶俊贤

Race

CHINESE

Date of birth

25-09-1990

Country/Place of birth

SINGAPORE

Sex

M

S9035864B

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9035864B

YAP JUN XIAN

Exp. Date: 25 Sep 1990

Issue Date: 25 Sep 2015



002476806B



67137

NRIC No. S9035864B



Date of issue

25-09-2015

Address

APT BLK B08A TAMPINES NORTH DRIVE 1

#11-300

SINGAPORE 521608

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 25 Sep 2015



License No: S9035864B

MP 425A



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	13.09.22	Time of Accident:	9.00am
Exact Location:	PICTUAS) EXIT 27		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SLS 722R	NRIC / FIN / Passport no:	SA440928C
Name of Registered Owner:	Joyce Boey Yoke Hong		
Owner's Email:	JUNXIAN/MR@GMAIL.COM		
Owner's Address:	Blk 608A Tampines North Drive 1 #11-300 S(521608)		
Vehicle Make:	Hyundai	Vehicle Model:	Hyundai Elantra
Engine Capacity (cc):	1600	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Ching Taiping		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	DHPCS NW00096032100		

DRIVER			
Name of Driver:	Yap Jun Xian	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	SA035864B	Date of Birth:	25.09.1990
Occupation:	Indoor / Outdoor	Driving Pass Date:	25 Sep 2015
Contact Number:	97529867	Gender:	Male / Female
Address:	Blk 608A Tampines North Drive 1 #11-300 S(521608)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	


GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver): (			

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLV 4292P		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
Signature of Driver

\_\_\_\_\_  
Date and time

\$1289.67

Motor Private Car

MX1F

N SN

AN0895A

Cov. Type: C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00096032100

Engine No.: G4FGCU517611

Cha. No.: KMHDH41CMCU485766

1. Index Mark and Registration  
Number of Vehicle

SLS7221R

AUTOSAFE

2. Name of Policy Holder

JOYCE BOEY YOKE LENG

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

11/05/2021  
(15:27:35)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$53,000.00

Ex Sect. I - Age >= 26 \$5500.00

4. Date of Expiry of insurance

10/05/2022

\* 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 \$5500 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 6 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



TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A3

Singapore 287995

Tel: 6465 0020 Fax: 6465 2012

Email: info@teckwei.com.sg

FOR CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

Issued By: TECK WEI CREDIT PTE LTD

Authorised Officer