

NATIONAL Assessment Centre Services

Date In 13/09/22	Job description	Date & Time Completed	Done by
Ref NO NM/CTD2009072/AR2	SAS e-filing		
Veh NO SMX8554K	E-mail (within 3hrs, APC 2hrs)		
DOA 12/09/22	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:

SBW18880

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
	MOBILE REPORTING (ADRIAN)
	XIN HUA WORKSHOP PTE LTD

NA2202502	NA2202503	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		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:-		
		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 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	13/09/2022 15:35 (SGT)
Reported by	Both
Date of Accident	12/09/2022 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT THE JUNCTION OF CENTRAL BLVD & BAYFRONT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8554K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MIOW SEONG YAO
NRIC No	SXXXX316B
Email Address	MIOW_YAO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98892968
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
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	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00000942201

DRIVER

Name of Driver	MIOW SEONG YAO
NRIC No	SXXXX316B
Date Of Birth	12/12/1985
Occupation	Outdoor

Date Of Driving Pass	07/05/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98892968
Alt. Phone Number	-
Email Address	MIOW_YAO@HOTMAIL.COM
Address	30 JALAN BAHAGIA #15-372
Address complement	-
Postcode	320030
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	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	MALE
Gender	Male

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

REFER TO POLICE REPORT

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	SBW1888D
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	MIOW SEONG YAO
Gender	Male
Phone No	(Phone) +65-98892968
Address	30 JALAN BAHAGIA #15-372
Address Complement	-
Post Code	320030
Approximate Age Years Old	36
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMX8554K
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

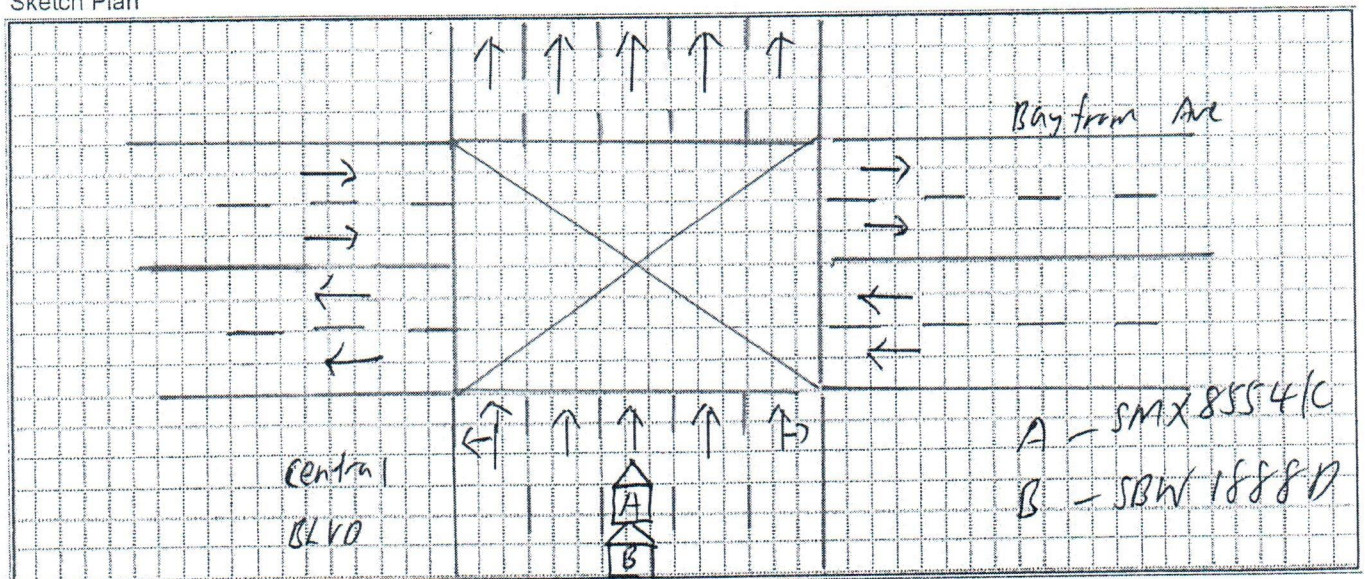
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

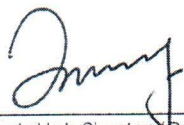


Describe Circumstance of the Accident

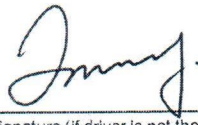
please refer to police report T / 20220912 / 7054

Declaration

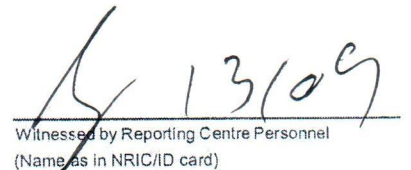
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



13/09

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



**SINGAPORE
POLICE FORCE**



T/20220912/7054

1 of 3

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

Report No. T/20220912/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2022 16:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MIOW SEONG YAO			Address: 30 JALAN BAHAGIA #15-372 SINGAPORE 320030		
ID Type / ID No.: NRIC NO / S8572316B			Contact No.: Home/Office: Mobile: 98892968		
Nationality: SINGAPORE CITIZEN			Email: MIOW_YAO@HOTMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 12/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 12:45	Type of Location: X-Junction
Location: CENTRAL BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SBW1888D	Car	LEXUS		Silver	Seriously Damaged	0
SMX8554K	Car	TOYOTA	ESQUIRE HYBRID 1.8GI CVT	White	Seriously Damaged	1



SINGAPORE POLICE FORCE



T/20220912/7054

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

Report No. T/20220912/7054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX8554K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000009 42201	08/02/2022	07/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver:				
Name	CHER CHEE CHUANG		ID No.	S7229392D
Related Vehicle	SBW1888D (Car)		Contact No.	98768799
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver:				
Name	MIOW SEONG YAO		ID No.	S8572316B
Related Vehicle	SMX8554K (Car)		Contact No.	98892968
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/09/2022		Date	12/09/2022
No. of Days granted Medical Leave		05	Degree of	Slight

Brief Details.

On 12/9/2022 at about 1245 Hrs, I was stationary my vehicle SMX8554K with 1 passenger onboard at the junction of Central Blvd and Bayfront Ave as the traffic was in RED. While I was waiting at the said Junction, suddenly I felt a great impact from behind. I alighted my vehicle and discovered that a car SBW1888D cannot stop on time and rear ended my vehicle rear portion and caused damage and dented to my vehicle rear section. After the accident we exchanged particulars and left the scene. My neck and back pain due to the sudden impact of the accident and late in the afternoon the pain was more worse so I consulted a doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220912/7054

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Report No. T/20220912/7054

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 /
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:
12/09/2022 16:08

Classification Of Case:

VI 122

Date of Accident : 12-09-2022 Accident Time: 1245 (24-HR-Format)
Accident Place : At the junction of Central BLVD & Bayshore Ave
Vehicle No. (Car Plate No.) : SMX 8554K Make/Model: Toyota Esquire
Insurance Company : China Taiping Policy No: PMHCS/NW00000942201
Owner or Company Name / IC No. : MLOW SEONH YAO 58572316B
Owner or Company Contact No. : 98892968 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : same as owner
DRIVER'S Date of Birth : 12-12-1985 DRIVER'S License Pass Date: 07-05-2008
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : 30, Jalan Bahagia, #15-372, S (320030)
DRIVER'S Contact No./ Alt No. : 1) 98892968 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : MLOW - YAO @ hotmail.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 Driver
01 passenger (male) unknown
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, Please state): YES . MLOW SEONH YAO male
58572316B

Other Party Driver's Particular (if any)

Vehicle No	: <u>SBW 18880</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Toyota Harrier</u>	Vehicle Make/Model	: _____
Name Driver	: <u>chee chee chunng</u>	Name Driver	: _____
IC No. Driver/Contact:	: <u>572293920</u>	IC No. Driver/Contact:	: _____

Passenger's name & gender:



Motor Hire Car

MZ406L/B

R SN

AN0567A

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.	DMHCSNW00000942201	Engine No.: 2ZR0C71507 Cha. No.: ZWR800356472
1. Index Mark and Registration Number of Vehicle	SMX8554K	AUTOSAFE *****
2. Name of Policy Holder	MIOW SEONG YAO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/02/2022 (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	07/02/2023	
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. MIOW SEONG YAO		
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. : UNIQULUS CREDIT LEASING PRIVATE LIMITED * 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: Moses Chia Wen Jye
Authorised Officer


Authorised Signatory