

540822A40004

Disc ID: 09/10/2022 16:54	Job description	Date & Time Completed	Done by
Ref No: XIA/C1722009783/Y	SAS e-filing		
Vel No: SPW, TM	E-mail (w/ins, AIC, etc)		
D.O.A: 03/10/2022 19:15	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (w/ins, op, ins, etc)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax, Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Particulars: Vch No: **SUB 39824** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () % (Note: List Status (WO): 10-0-203%, 2-0-79%, R-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 Cost: ()

Remarks: (INC Hotline: 0788-0616) 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	Action

Invoice Preparation Checklist	QTY	AMOUNT	AMOUNT (Tax Bill)
1) AK: Accident Reporting (500)			
2) DA: Damage Assessment (500) INC (500)			
3) TP: Towing Fee		\$10,540	
4) PT: Follow Through Survey		\$120	
5) PT: Follow Through Survey (Resurvey)		\$20	
Excluded Insurance (TP) Policy Cover (Jan 2022)			
6) TR: Re-approval		\$71	
7) No 2nd DA + BMPT Survey		\$140	
8) NTUC Additional Car-2022			
DIT			
*NT: Courtesy Car / Transport Allowance		\$3	
*NT: Repair Coordination		\$10	
*NT: Post Repair Inspection		\$29	
*NT: DV / Collet / Excess Coordination		\$3	
*NT: TP (Non-INC) (w/ins, op, ins, etc)		\$30	
9) Total Total Invoice			\$10
Invoice Total			
Free Charge			

XIA2202743

Ultimate Particulars:

Owner/Owner:

Contact No:

Damage Portion:

Checked by (Engr-In-Charge):

TP's Comments:

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	04/10/2022 16:54 (SGT)
Reported by	Both
Date of Accident	03/10/2022 19:15 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS WOODLANDS (BEFORE MANDAI EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW7M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO YIH HONG
NRIC No	SXXXX342H
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-81180841
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	lexus is250
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00207112200

DRIVER

Name of Driver	NICHOLAS YEO YUE CHONG
NRIC No	SXXXX191G
Date Of Birth	09/09/1998
Occupation	Indoor

Date Of Driving Pass	06/06/2017
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81180841
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 704 WOODLANDS DRIVE 40 #10-08
Address complement	-
Postcode	730704
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	AFTER RAIN
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221004/7002

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	SNB3982U
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

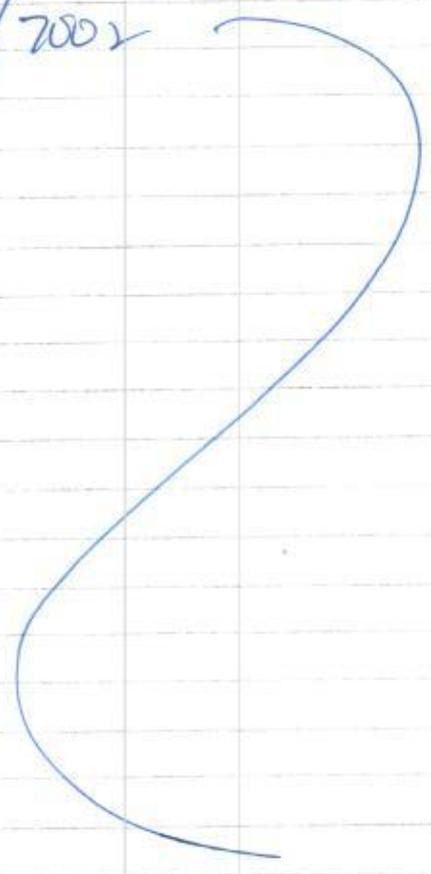
INJURED 1

Name of injured person	NICHOLAS YEO YUE CHONG
Gender	Male
Phone No	(Phone) +65-81180841
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDW7M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

I was traveling along BKE towards Woodlands,
while I came near to Mandai Exit, I slowed down
and stop due to the front car has stopped,
suddenly vehicle B collided onto the
rear of my car.

POLICE REPORT 1/2022/004/2002



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

gcw 04/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221004/7002

1 of 3

Report No. T/20221004/7002

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2022 00:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NICHOLAS YEO YUE CHONG			Address: 704 WOODLANDS DRIVE 40 #10-08 SINGAPORE 730704		
ID Type / ID No.: NRIC NO / S9830191G		Contact No.: Home/Office:		Mobile: 81180841	
Nationality: SINGAPORE CITIZEN			Email: NICHOLAS.YEOYC@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 09/09/1998	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:			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: 03/10/2022 19:15	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 90 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
SDW7M	Car				Slightly Damaged	0
SNB3982U	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221004/7002

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

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Report No. T/20221004/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDW7M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NICHOLAS YEO YUE CHONG		ID No.	S9830191G
Related Vehicle	SDW7M (Car)		Contact No.	81180841
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/10/2022		Date	03/10/2022
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was travelling along SLE towards BKE before Mandai Road Exit. The vehicle in front of me slowed down and stopped, I followed. Suddenly I felt a impact from the rear of my vehicle. I got off and found out I was involved in a two vehicle traffic accident. I visited Unihealth Toa Payoh after the accident and was given 3 days MC. I feel pain in my neck, shoulder and lower back.



**SINGAPORE
POLICE FORCE**



T/20221004/7002

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

3 of 3

Report No. T/20221004/7002

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

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

Date/Time:
04/10/2022 00:54

Classification Of Case:

M

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03/10/2022 (dd/mm/yy) Time of Accident: 19:15 (24-HR-FORMAT)

Vehicle No: SDW7M Vehicle Make & Model / Engine (cc): TOYOTA LETUS 1500 Private Hire: (Y/N) (N)

Exact location of Accident: SL-E towards Woodlands (Beside Mahlai Exit)

Policyholder's Name / IC No.: Yeo Jih Hung S18013424 ROC/UEN (Company):

Driver's Name / IC No.: Nicholas Yeo Yue Chung S198301916 (As Above)

Driver's Contact No: 5180841 Company Contact No / Owner Contact No:

Driver's Address: Blk 704 Woodlands Drive 40 #10-08 S1730704

Owner Email address: Insurance Company: Ching Tai Ping

Driver Email address: CS8558CS@gmail.com

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)

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

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 1

*Passenger Name: Gender: Male / Female ()

*Passenger Name: Gender: Male / Female ()

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

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Other:

Was there any video captured by your Car Camera? Yes / No. Remarks:

Any Injuries: Yes / No. (IF YES) Injured Person's Name: Driver

Injuries Sustain: Body & Neck Injured Person in Which Vehicle: SDW7M

Police Report filed: Yes / No. (IF YES) Which Police Station: online

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SVB 34824

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (if Any): Vehicle No:

Driver's Contact No: Insurance Company:

Independent Witness (if Any): Contact No:

Witness Work-Shop Name: Contact No:

Motor Private Car

MX1

N SN

AN077DA

Cov. Type F

CERTIFICATE OF INSURANCEMotor 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)

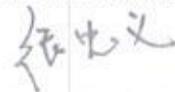
CERTIFICATE No.	DMPCSNW00207112200	Engine No.: 4GR0248267 Cha. No.: JTHBK262902025442
1. Index Mark and Registration Number of Vehicle	SDW7M	
2. Name of Policy Holder	YEO YIH HONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/10/2022 (00:00:00)	
4. Date of Expiry of Insurance	12/10/2023	
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.	

* 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: ASSURE (SINGAPORE) PTE LTD
Authorised Officer

Authorised Signatory