

NATIONAL Assessment Centre Services

Date In: 11/10/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI2201004219	E-mail (within 3hrs, A/C 2hrs):		
Veh No: SMW7906R	i-Motor Claim Form		
D.O.A: 10/10/22 1209	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: SLC9545C	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

NA2202827	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bi
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 Charge		

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	11/10/2022 14:21 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 12:09 (SGT)
Exact Location of Accident	Pioneer Junction, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7906R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP WHEE POH
NRIC No	SXXXX731G
Email Address	SONGHO.YAP@GMAIL.COM
Mobile Phone No	(Phone) +65-96863453
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLA X156
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	1596

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00245462101

DRIVER

Name of Driver	YAP SONG HO
NRIC No	SXXXX329E
Date Of Birth	25/07/1986
Occupation	Indoor

Date Of Driving Pass	16/07/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87955537
Alt. Phone Number	-
Email Address	SONGHO.YAP@GMAIL.COM
Address	BLK 941 JURONG WEST STREET 91
Address complement	-
Postcode	640941
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 - Change/cross lane
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	YAP WHEE POH
Gender	Male

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

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9545C
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

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INJURED 1

Name of injured person	YAP SONG HO
Gender	Male
Phone No	(Phone) +65-87955537
Address	BLK 941 JURONG WEST STREET 91
Address Complement	-
Post Code	640941
Approximate Age Years Old	36
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW7906R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YAP WHEE POH
Gender	Male
Phone No	(Phone) +65-96863453
Address	BLK 941 JURONG WEST STREET 91
Address Complement	-
Post Code	640941
Approximate Age Years Old	65
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW7906R
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:

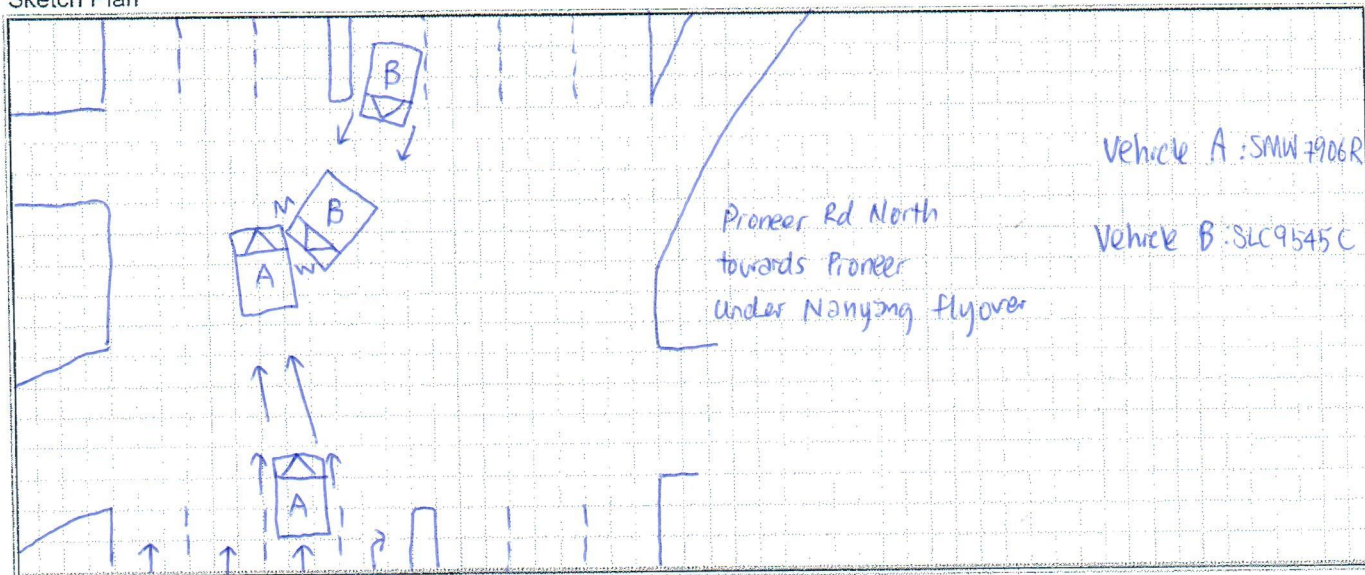
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

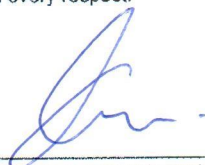
As of above date and time, I was driving my vehicle (SMW 7906 R) along Pioneer Rd North towards Pioneer MRT. At the junction under Nanyang flyover, I crossed the stop line as the traffic turned amber and proceeded. I slowed down my vehicle as I saw vehicle B (SLC 9545C) not stopping but vehicle B collided into the right front portion of my vehicle. Video Footage Attached.

Declaration

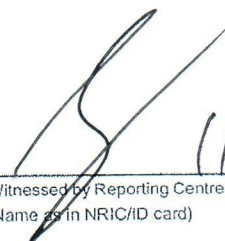
I/We declare the foregoing particulars are true in every respect.

叶曼保

Policyholder's Signature / Date & Time



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

 11/10

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

VEHICLE NO: <u>SMW 7906 R</u>	MAKE & MODEL: <u>Mercedes GLA X156</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT:	<u>10 / 10 / 2022</u>	CC: <u>1.6</u>
TIME OF ACCIDENT:	<u>1209</u> HRS	
LOCATION OF ACCIDENT:	<u>Pioneer Rd North towards Pioneer under Nagzng flyover</u>	
EXACT PURPOSE USE DURING ACCIDENT:	<u>EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE</u>	
NAME OF OWNER:	<u>Yap Whee Poh</u>	
TEL NO:	H/P: <u>9686 3453</u>	OFFICE: HOME:
NRIC:	<u>S0107731G</u>	
ADDRESS:	<u>Apt BIK 941 Jurong West Street 91 #09-477 5640941</u>	
EMAIL:	<u>SONGHO.YAP@gmail.com</u>	
CLAIM TYPE:	<u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / <u>NO</u> ?</u>	
INSURANCE COMPANY:	<u>China Taiping</u>	
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO:	<u>PMPCSN A00245462101</u>	
NAME OF DRIVER:	<u>AS ABOVE / IF NO: <u>Yap Song Ho</u></u>	
NRIC:	<u>S8622329E</u>	ANY PASSENGER: <u>1 (1M)</u>
DATE OF BIRTH:	<u>25 / 07 / 1986</u>	LICENCE PASSED DATE: <u>16 / 07 / 2015</u>
OCCUPATION:	<u>OUTDOOR / <u>INDOOR</u></u>	
GENDER:	<u>MALE</u> / FEMALE	
CONTACT NO:	H/P: <u>8795 5537</u>	OFFICE: HOME:
ADDRESS:	<u>Apt BIK 941 Jurong West Street 91 #09-477 5640941</u>	
EMAIL:	<u>songho.yap@gmail.com</u>	
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	<u>FATHER SON</u>	
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:	
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:	
ANY INJURIES:	<u>IF YES, WHO? <u>Yap Song Ho</u> (H/P: <u>8795 5537</u>)</u>	
NAME & CONTACT:	<u>Yap whee poh</u> (H/P: <u>9686 3453</u>)	
NAME & CONTACT:		
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>SLC 9545C</u>	ANY PASSENGERS: <u>N/A</u>
NAME OF DRIVER:	<u>Lim Dinie Reyadhi Bin Mazha</u>	CONTACT NO: <u>8183 3681</u>
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:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION:	<u>Right Front Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES</u> / <u>NO</u>	
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	



Motor Private Car

MX1E

R SN

AN0006A

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.

DMPCSNA00245462101

Engine No.: 27091031794685

Cha. No.: WDC1569422J576402

1. Index Mark and Registration
Number of Vehicle

SMW7906R

2. Name of Policy Holder

YAP WHEE POH

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

20/12/2021
(00:00:00)

Named Drivers Ex Sect. I \$S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S\$3,000.00

Ex Sect. I - Age >= 26 \$S\$500.00

* Age as at date of accident

EX ON WINDSCREEN \$S\$100.00

4. Date of Expiry of Insurance

19/12/2022

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 \$S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRED PURCHASE CO. : STANDARD CHARTERED BANK(S) 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

Issued By:

Moses Chia Wee Wee

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory