

NATIONAL Assessment Centre Services

Date In: 17/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22010271/13	SAS e-filing		
Veh No: SLL1905A	E-mail (within 3hrs, A/C 2hrs)		
DOA: 16/10/22 1740	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JSD9629	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

NA2202899	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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) iT: 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:-			
	OD*			
	*N5: Courtesy Car / Tpl 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	17/10/2022 15:14 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 17:40 (SGT)
Exact Location of Accident	Blk, 672 Edgefield Plains, 672 Edgefield Plains, Singapore
Additional Location Information	MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1905A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAU KIN SENG JERRY
NRIC No	SXXXX432A
Email Address	tanchoonchye@yahoo.com.sg
Mobile Phone No	(Phone) +65-97370611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017242200

DRIVER

Name of Driver	TAN CHOON CHYE
NRIC No	SXXXX218F
Date Of Birth	01/04/1966
Occupation	Outdoor

Date Of Driving Pass	17/08/1984
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90219778
Alt. Phone Number	-
Email Address	tanchoonchye@yahoo.com.sg
Address	BLK 671A EDGEFIELD PLAINS
Address complement	#09-505
Postcode	821671
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSD9629
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSD9629
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR KHOR WEE CHIANG
Passport No/FIN	8XXXXXXXXXX5769
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	TAN CHOON CHYE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLC1905A
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.

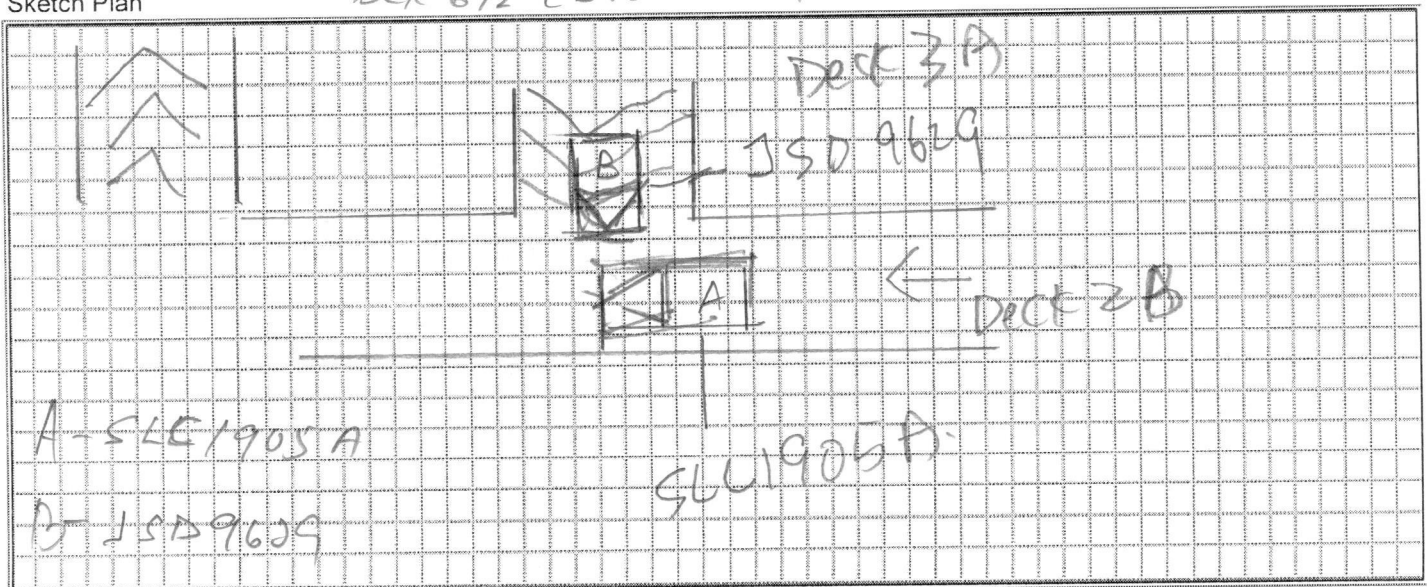
Policyholder's Signature / Date & Time

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

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

Sketch Plan

BLK 672 EDGEFIELD PLAINS MSCP



Describe Circumstance of the Accident

I WAS travelling along deck 2B of the multi-storey carpark looking for a parking spot. A ~~white~~ vehicle came down from deck 3A without stopping on the stop line to check for on coming vehicle and collided with the front right of my vehicle, causing a huge impact.

Declaration

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

Policyholder's Signature / Date & Time

DN. 17/10/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

sgm 17/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221016/2078

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20221016/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2022 21:19	Vide Report No.: F/20221016/0146	Station Diary No.: 84
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Informant's Particulars

Name of Informant: TAN CHOON CHYE			Address: APT BLK 671A EDGEFIELD PLAINS #09-505 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S1769218F			Contact No.: Home/Office: Mobile: 90219778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 01/04/1966	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2022 17:40	Type of Location: Car Park
Location: EDGEFIELD PLAINS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSD9629	Car				Slightly Damaged	0
SLC1905A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey	Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20221016/2078

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20221016/2078

CONTINUATION OF REPORT

Brief Details.

On 16/10/2022 at around 5.40pm, I was travelling along deck 2B of the multi storey car park located at Blk 672 Edgedale Plains. I was looking for a parking spot to park my vehicle bearing plate no. SLC1905A and I felt an impact on the right side of my car. I exited and talked to the other party and informed him to park both our cars to one side so as to not block oncoming traffic.

The other party asked for the assistance of his relative who came and checked on the damages sustained on both vehicles. My vehicle had dents and scratches on the front bumper on the driver side. Mr Khor's vehicle had dents and scratches on the front bumper on the passenger side.

The other party is one Mr Khor Wee Chiang, Malaysian IC 880707-23-5769. Mr Khor was driving his vehicle bearing plate no. JSD9629. Mr Khor informed me that he did not suffer any injuries.

The relative of Mr Khor assisted to contact the police. Afterwhich, traffic police resource attended to my scene. The police officers interviewed both me and Mr Khor regarding the accident. Afterwhich, they advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20221016/2078

3 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20221016/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:
F /
SGT 2 MUHAMMAD YUSRI BIN
JOHARI *uri*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Signature Of Informant: *aw*

Date/Time:
16/10/2022 21:19

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (16/10/20) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: BLK 672 EDGEFIELD PLAINS MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC1905A
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: DMHCSNW00017242200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA AURA 1.6 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: YAU KIN SENL JERRY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8324432A CONTACT: 97370611
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN CHOON CHYE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1769218F CONTACT:
 c) ADDRESS: BLK 671A EDGEFIELD PLAINS
 #09-505 (821671)

* d) DATE OF BIRTH: (01/04/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 17/08/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) driver

7. a) REPORTED TO POLICE (YES / NO) PUNGGOL NPC
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JS09629 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = tanchoonchye@yahoo.com.sg

fax =

VIDEO = NO

Motor Hire Car

MZ406LB

N SN

AN0770A

Cov. Type:T

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.

DMHCSNW00017242200

Engine No.: 1ZRY271852

Cha. No.:MR053REH104548502

1. Index Mark and Registration
Number of Vehicle

SLC1905A

2. Name of Policy Holder

YAU KIN SENG JERRY

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/09/2022
(00:00:00)

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore). S\$2,500.00

4. Date of Expiry of Insurance

18/09/2023

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.

YAU KIN SENG JERRY

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

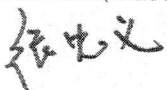
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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 SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com