

NATIONAL Assessment Centre Services

SMK22A1000Y

Date In: 18/10/2022 16:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/C7722010335/Y	E-mail (within 24h, A/C 24h)		
Yeh No: SMK 2802D	E-Motor Claim Form		
D.O.A: 17/10/2022 15:23	E-Motor W/O (within 24h, A/C 24h)		
CC: Reporting Only	E-Photo Uploaded		
TP Particulars:	Assessment/Survey Report		
TP Particulars:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SM20972	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured Driver Liability: ()	Warranty: YES () / NO ()	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (S)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Tow-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: () INC Hotline: 67886616

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Mail Turn: ()

NA2202905	Invoice Preparation Checklist
Insurance Particulars:	1) AR: Accident Reporting (300)
Owner/Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)
Contact No:	3) TP: Towing Fee (\$150)
Assigned Person: ()	4) PT: Follow-Through Survey (\$100)
	5) PT: Follow-Through Survey (Resurvey) (\$20)
	6) TR: Repairation (\$70)
	7) NT: 1840 DA + SMRT Survey (\$160)
	8) NTUC Additional Fee (\$100)
	9) ON: ()
Checked by (Engr-In-Charge):	10) NS: Courtesy Car / Transport Allowance (\$10)
	11) NS: Repair Coordination (\$10)
	12) NS: Post Repair Inspection (\$10)
	13) NS: DV / Consent Cases Coordination (\$10)
	14) NS: TP Follow-Through Survey (\$10)
	15) NS: 1840 DA + SMRT Survey (\$160)
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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	18/10/2022 16:06 (SGT)
Reported by	Both
Date of Accident	17/10/2022 15:23 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	TOWARDS NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2302D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BOO YUAN HONG DAVID
NRIC No	SXXXX931C
Email Address	david.booyh@gmail.com
Mobile Phone No	(Phone) +65-96221776
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004012201

DRIVER

Name of Driver	BOO YUAN HONG DAVID
NRIC No	SXXXX931C
Date Of Birth	02/04/1986
Occupation	Outdoor

Date Of Driving Pass	11/06/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96221776
Alt. Phone Number	-
Email Address	david.booyh@gmail.com
Address	BLK 26A ST. GEORGE'S LANE #32-19
Address complement	-
Postcode	321026
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	Side Swipe
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	ALICE YEY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2097Z
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	BOO YUAN HONG DAVID
Gender	Male
Phone No	(Phone) +65-96221776
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMK2302D
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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

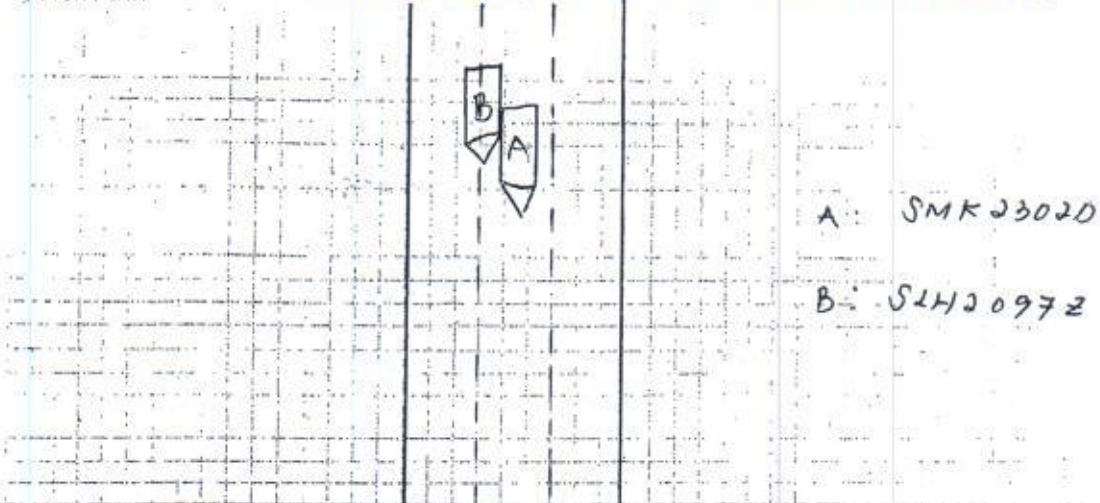
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/10/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

NEWTON ROAD TOWARDS NEWTON CIRCUS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.10.22 at 3.23pm, i am travelling
along Newton Road towards Newton circus
to drop my passenger. There is a car
stop in front me, so i stop and
vehicle B collided into my vehicle
Right portion.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

18/10/2022



SINGAPORE POLICE FORCE



E/20221018/7028

1 of 2

Report No. E/20221018/7028

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 18/10/2022 13:50	Vide Report No.	Station Diary No.
Name Of Informant BOO YUAN HONG DAVID	Address 26A ST. GEORGE'S LANE #32-19 SINGAPORE 321026	
ID Type / ID No. NRIC NO / S8607931C	Contact No. Home/Office:	Mobile: 96221776
Nationality SINGAPORE CITIZEN	Email Address DAVID.BOOYH@YAHOO.COM	
Occupation PHV driver	Sex Male	Age 36
Institution/School Name	Date of Birth 02/04/1986	Race Chinese
Date/Time Of Incident 17/10/2022 15:20 - 17/10/2022 15:20	Location Of Incident 1 GOLDHILL PLAZA GOLDHILL PLAZA SINGAPORE 308899	

Brief details.

On 17.10.22 at 3.23pm, I am travelling along newton road to drop off my passenger. There is one vehicle stopped in front of me and I also come to a complete stop and vehicle SLH2097Z collided into my rear right portion of my vehicle.

After the accident I am not feeling well and my neck and both shoulder feel pain. When to consult a doctor and was given 4days Mc (17/10 - 20/10).

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2022 13:50
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE



E/20221018/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221018/7028

Subjects Involved			
Victim			
Person Name	BOO YUAN HONG DAVID		
ID Type	NRIC NO	ID No	S8607931C
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	PHV driver	Address	26A ST. GEORGE'S LANE #32-19 SINGAPORE 321026
Mobile No	96221776	Is Informant A Victim?	Yes
Person Name	BOO YUAN HONG DAVID (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
18/10/2022 13:50

Classification Of Case:

VEHICLE NO: *SMKJ302D*MAKE & MODEL: *NISSAN SYLPHY**(AUTO)* MANUAL

DATE OF ACCIDENT	<i>17 / 10 / 2022</i>	*C.C. <i>1-6</i>
TIME OF ACCIDENT	<i>3.23</i> AM / <i>PM</i>	
LOCATION OF ACCIDENT	<i>NEWTON ROAD TOWARDS NEWTON CIRCUS OUTSIDE</i>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <i>(PRIVATE HIRE)</i> <i>51 GOLDHILL PLAZA</i>	
NAME OF OWNER	<i>BOO YUAN HONG DAVID</i>	
EMAIL: <i>David.booyh@gmail.com</i>	Office:	MOBILE: <i>9622 1776</i>
NRIC	<i>S8607931C</i>	
CLAIM TYPE	OD / <i>(THIRD PARTY)</i> / REPORTING ONLY	
FLEET POLICY	YES / <i>(NO)</i> ?	
INSURANCE CO.	<i>China Taiping Insurance (Singapore) Pte Ltd</i>	
TYPE OF COVERAGE	<i>(Comprehensive)</i> / Third Party / Third Party Fire & Theft	
POLICY NO.	<i>DMHCSNW00004012201</i>	
NAME OF DRIVER	<i>(AS ABOVE)</i> / IF NO:	
NRIC	<i>S8607931C</i>	
DATE OF BIRTH	<i>02 / 04 / 1986</i>	
ANY PASSENGER	<i>(YES)</i> / NO:	
NAME OF PASSENGER	<i>ALICE YEAP</i>	
GENDER OF PASSENGER	MALE / <i>(FEMALE)</i>	
OCCUPATION	<i>(Outdoor)</i> / Indoor	
DATE OF DRIVING PASS	<i>11 / 06 / 2008</i>	
GENDER	<i>(Male)</i> / Female	
CONTACT NO.	Mobile: <i>9622 1776</i>	Office: Home:
EMAIL:	<i>David.booyh@gmail.com</i>	
ADDRESS	<i>BLK 26A ST. GEORGE'S LANE #32-19 S321026</i>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<i>(Clear)</i> / Raining / Other:	
ROAD SURFACE	<i>(Dry)</i> / Wet / Other:	
ANY INJURIES	No / If <i>(yes)</i> , Who? <i>driver</i>	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<i>SZH2097Z</i>	Any Passenger: <i>1 (Male)</i>
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

Motor Hire Car

M2400LB

R SN

AN0055A

Cov. Type:C

CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1989
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No: DMHCSNW00004012201

 Engine No.: HR16941443C
 Cha. No.: MNTBBAB17Z0035234

 1. Index Mark and Registration Number of Vehicle: SMK2302D
 2. Name of Policy Holder: BOO YUAN HONG DAVID

AUTOSAFE

 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 30/03/2022 (00:00:00)
 4. Date of Expiry of Insurance: 26/03/2023

Excess Sect. I.	\$S1,250.00
Excess Sect. I (Outside Singapore)	\$S2,500.00
Excess Sect. II	\$S1,250.00
Excess Sect. II (Outside Singapore)	\$S2,500.00
EX ON WINDSCREEN	\$S100.00

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.

BOO YUAN HONG DAVID

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.: HONG LEONG FINANCE LTD

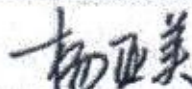
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: COWELL INSURANCE (AGENCY) PTE LTD
 Authorised Officer



Authorised Signatory

 China 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