

NATIONAL Assessment Centre Services (NAC) SUC0822B80003

Date In: 08/11/2022 15:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/C112201145/7	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SMU 1333T	I-Motor Claim Form		
D.O.A: 07/11/2022 17:45	I-Motor W/O (whats: OD 2hrs, TP 1hrs)		
OO: TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Veh No: SMM 199FS INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Est. Status (WO): 10-0-3034, P: 21-79%, P: 30-140%)		
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 repeller.

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

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

Rent Plus: () (INC Hotline: 6788 0016)	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

NA2003134	Invoice Preparation Checklist
1) AR: Accident Reporting (\$20)	INC (\$50)
2) DA: Damage Assessment (\$100)	\$10/\$40
3) TP: Towing Fee	\$150
4) FT: Follow-Through Survey	\$50
5) FT: Follow-Through Survey (Resurvey)	\$50
6) TR: Re-inspection	\$75
7) NI: NI: DA + SMRT Survey	\$140
8) NTUC Additional Services	
9) NI: NI: DA + SMRT Survey	\$5
10) NI: NI: DA + SMRT Survey	\$10
11) NI: NI: DA + SMRT Survey	\$20
12) NI: NI: DA + SMRT Survey	\$20
13) NI: NI: DA + SMRT Survey	\$20
14) NI: NI: DA + SMRT Survey	\$20
15) NI: NI: DA + SMRT Survey	\$20
16) NI: NI: DA + SMRT Survey	\$20
17) NI: NI: DA + SMRT Survey	\$20
18) NI: NI: DA + SMRT Survey	\$20
19) NI: NI: DA + SMRT Survey	\$20
20) NI: NI: DA + SMRT Survey	\$20

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	08/11/2022 15:33 (SGT)
Reported by	Both
Date of Accident	07/11/2022 17:45 (SGT)
Exact Location of Accident	17 Simei Street 4, Singapore 529881
Additional Location Information	DOUBLE BAY RESIDENCE LEVEL 2 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1333T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM NANCY
NRIC No	SXXXX509B
Email Address	dedesires@gmail.com
Mobile Phone No	(Phone) +65-84287666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00061032201

DRIVER

Name of Driver	NEO CHAI HOON, DENISE (LIANG CAIYUN)
NRIC No	SXXXX969B
Date Of Birth	09/04/1991
Occupation	Indoor

Date Of Driving Pass	20/02/2018
Driving experience	4 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84287666
Alt. Phone Number	-
Email Address	dedesires@gmail.com
Address	BLK 97 YISHUN AVENUE 1 #13-33
Address complement	-
Postcode	769138
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 on collision
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	VANESSA YAPP
Gender	Female

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 POLICE REPORT T/20221108/7042

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	SMM1998S
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	NEO CHAI HOON, DENISE (LIANG CAIYUN)
Gender	Female
Phone No	(Phone) +65-84287666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU1333T
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

Handwritten sketch plan on a grid background. The sketch shows a curved path with arrows indicating direction. Key locations are marked with circled letters: (A) at the bottom left, (B) at the bottom center, (C) at the top center, and (D) at the top right. A rectangular area is labeled "RESIDENCE LEVEL 2" and "CAR PARK". To the right of the sketch, the following text is written: "VEH (A) SPN 133BT", "VEH (B) SPN 1998J", and "DRIVER RESIDENCE LEVEL 2 CAR PARK".

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT NO =

T/20221108/7042.

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


08/11/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221108/7042

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

1 of 3

Report No. T/20221108/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 14:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO CHAI HOON, DENISE		Address: 97 YISHUN AVENUE 1 #13-33 SINGAPORE 769138			
ID Type / ID No.: NRIC NO / S9111969B		Contact No.: Home/Office:		Mobile: 84287666	
Nationality: SINGAPORE CITIZEN		Email: DEDESIRESGMAIL.COM			
Sex: Female	Age: 31	Date of Birth: 09/04/1991	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: INDOOR		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: 07/11/2022 17:45	Type of Location:
Location: SIMEI STREET 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM1998S	Car					0
SMU1333T	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221108/7042

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

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Report No. T/20221108/7042

CONTINUATION OF REPORT

Passenger			
Name	VANESSA YAPP	ID No.	NIL
Related Vehicle	SMU1333T (Car)	Contact No.	NIL
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	NEO CHAI HOON, DENISE	ID No.	S9111969B
Related Vehicle	SMU1333T (Car)	Contact No.	84287666
Hospital/Clinic	GREENLINK MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A) SMU 1333 T TRAVELLING ALONG DOUBLE BAY RESIDENCE LEVEL 2 CAR PARK, WITH VANESSA YAPP AS MY PASSENGER. I WAS DRIVING MY VEHICLE ON LEFT LANE PROCESS TO GO OUT TO LEVEL 1. A VEHICLE (B) SMM 1998 S WAS COMING FROM RIGHT FRONT PROCESS INTO LEVEL 2 CAR PARK AT A FAST SPEED AND CUT INTO MY LANE AND ACCIDENTALLY HIT ONTO THE RIGHT FRONT PORTION OF MY VEHICLE. THEREAFTER, SHE FURTHER REVERSED TOWARDS MY CAR. I ALIGHTED & DISCOVERED MY VEHICLE WAS DAMAGED. WE EXCHANGED EACH OTHER PARTICULARS, AND CAME TO LODGED THIS REPORT FOR INSURANCE CLAIMS PURPOSE.

AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO HOSPITAL (GREENLINK MEDICAL CLINIC) FOR MEDICAL TREATMENT. DOCTOR HAVE GIVEN ME 3 DAYS MC.

VEH (A) SMU 1333 T
VEH (B) SMM 1998 S



**SINGAPORE
POLICE FORCE**



T/20221108/7042

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

3 of 3

Report No. T/20221108/7042

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
08/11/2022 14:23

Classification Of Case:

(J)

Date of Accident : 7/11/2022 Accident Time: 1745 HRS (24-HR-Format)
Accident Place : DOUBLE: BAY RESIDENCE LV 2 CARPARK. (SMFT)
Vehicle No. (Car Plate No.) : SMU 1333T Make/Model: TOYOTA PREVIA
Insurance Company : CHINA TAIPING Policy No: DMPCSNW000610 72201
Owner or Company Name / IC No. : LIM HANCY (S1522509B)
Owner or Company Contact No. : 8428 7666 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : NEO CHAI HOON, DENISE (S9111969B)
DRIVER'S Date Of Birth : 09/11/1991 DRIVER'S License Pass Date 20/2/2018
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: DAUGHTER
DRIVER'S Address : BLK 97 YISHUN AVE 1 # 13-33 S1769138
DRIVER'S Contact No./ Alt No. : 1) 8428 7666 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : DEDESIRE @ GMAIL . 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): 02

Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): YES, DRIVER

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) SMM 19985</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

(1) VANESSA YAPP - (F)

Motor Private Car

MX1F

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00061032201

Engine No.: 2AZ1B13981

Cha. No.:JTEGD56M107173720

1. Index Mark and Registration
Number of Vehicle

SMU1333T

2. Name of Policy Holder

LIM NANCY

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment10/03/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$1,000.00

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

09/03/2023

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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

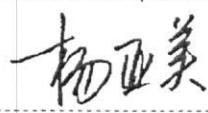
One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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