

# NATIONAL Assessment Centre Services

Date In 31/01/2023

REFNO NA/CT123060920/d4

VehNO SKW 338A

DOA 30/01/2023 12:13

OD/ (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within Mins. A/C 2hrs,

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksn

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SDW 8382Z

INC ( ) / Non-INC ( )

Owner / Driver: (

Policy No: (

Tel:

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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)

Apply for Transport Allowance ( ) / Courtesy Car ( )

Date & Time Completed

Done by

QC Check / Post Repair Inspection ( )

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

Injury: ( )

Time: ( )

Actions: ( )

NA2300312

Insurant's Particulars:

Owner:

ct No:

ged Portion:

checked by (Engr-In-Charge):

ors' Comments:-

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

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 / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5



## 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 .....	31/01/2023 08:43 (SGT)
Reported by .....	Both
Date of Accident .....	30/01/2023 12:13 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE TOWARDS PIE BEFORE PIE EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW338A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NEOH ENG YEOW ( LIANG RONGYAO )
NRIC No .....	SXXXX050J
Email Address .....	jerryneoh77@gmail.com
Mobile Phone No .....	(Phone) +65-83181515
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
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 .....	1390

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00271772206

#### DRIVER

Name of Driver .....	NEOH ENG YEOW ( LIANG RONGYAO )
NRIC No .....	SXXXX050J
Date Of Birth .....	18/05/1977
Occupation .....	Indoor

Date Of Driving Pass .....	06/07/1999
Driving experience .....	23 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83181515
Alt. Phone Number .....	-
Email Address .....	jerryneoh77@gmail.com
Address .....	APT BLK 128B PUNGGOL FIELD WALK
Address complement .....	# 10-361
Postcode .....	822128
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SDW8382B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR.YONG
NRIC No .....	SXXXX848H



Contact Number .....	(Phone) +65-91068810
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMA5901H
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 .....	NEOH ENG YEOW ( LIANG RONGYAO )
Gender .....	Male
Phone No .....	(Phone) +65-83181515
Address .....	APT BLK 128B PUNGGOL FIELD WALK
Address Complement .....	# 10-361
Post Code .....	822128
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,LEG AND KNEE PAIN AND GIVEN 3 DAYS MC
Injured person in which vehicle? .....	SKW338A
Were seat belts worn? .....	-
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.

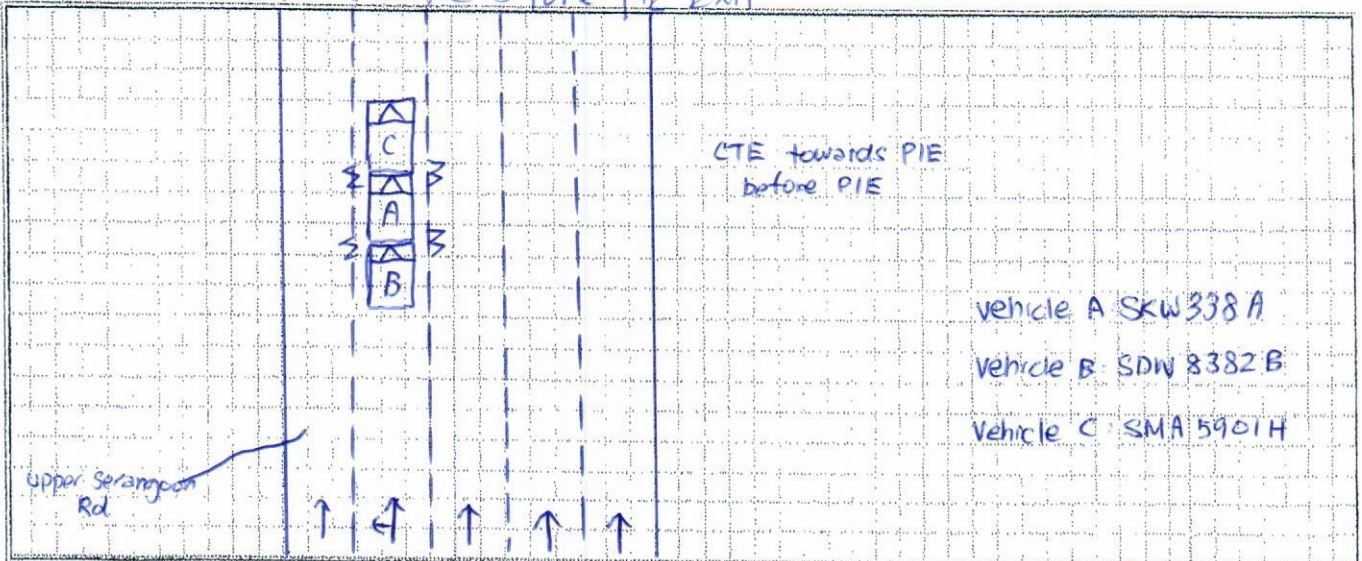
luis  
Policyholder's Signature / Date & Time

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

gaurav 28/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

CTE TOWARDS PIE before PIE EXIT





Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SKW 338 A) along CTE towards PIE on the second from the left lane of a 5 lane expressway. Somewhere before PIE / Upper Serangoon Rd Exit. Vehicle B (SDW 8382 B) collided into the rear portion of my vehicle. Due to the impact my vehicle surged forward and collided into vehicle C (SMA 5901 H). There was a second impact afterwards. I alighted and discovered I was involved in a 3 car chain collision.

Video footage Attached.

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

 21/1/2023

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



VEHICLE NO: <u>SKW 338 A</u>	MAKE & MODEL <u>Volkswagen Jetta</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT: <u>30 / 01 / 2023</u>	CC: <u>1-4</u>	
TIME OF ACCIDENT: <u>1213</u> HRS		
LOCATION OF ACCIDENT: <u>LTE towards PIE before PIE Exit</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Nech Eng Yeow</u>		
TEL NO: <u>H/P: 8318 1515</u>	OFFICE:	HOME:
NRIC: <u>S7713050J</u>		
ADDRESS: <u>Apt B1K 128B Punggol Field Walk #10-361 Singapore 822128</u>		
EMAIL: <u>JERRYNEOH77@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><u>Comprehensive</u> / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>DMPCSNW00271772206</u>		
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO:		
NRIC: <u>as above</u>	ANY PASSENGER: <u>N/A</u>	
DATE OF BIRTH: <u>18 / 05 / 1977</u>	LICENCE PASSED DATE: <u>06 / 07 / 1999</u>	
OCCUPATION: <u>OUTDOOR / <u>INDOOR</u></u>		
GENDER: <u><u>MALE</u> / FEMALE</u>		
CONTACT NO: <u>H/P: as above</u>	OFFICE:	HOME:
ADDRESS: <u>as above</u>		
EMAIL: <u>as above</u>		
DOES DRIVER OWNED ANY VEHICLE: <u><u>NO</u></u> / IF YES, REG NO:	INSURER:	
RELATIONSHIP: <u>Owner</u>		
WEATHER CONDITION: <u><u>CLEAR</u> / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / <u>WET</u> / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Nech Eng Yeow (83181515)</u>		
NAME & CONTACT:		
POLICE REPORT: <u><u>NO</u></u> / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <u><u>NO</u></u> / IF YES, WHO?		
VEHICLE B REG NO: <u>SDW 8882 B</u>	ANY PASSENGERS: <u>unknown</u>	
NAME OF DRIVER: <u>S2549848H (MR YONG)</u>	CONTACT NO: <u>9106 8810</u>	
VEHICLE C REG NO: <u>SMA 5901 H</u>	ANY PASSENGERS: <u>unknown</u>	
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><u>YES</u> / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / <u>NO</u></u>		
ACCIDENT SCENE PHOTOS TAKEN? <u><u>YES</u> / NO</u>		
ACCIDENT PORTION: <u>Rear and Front portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <u>NO</u></u>		
WORKSHOP PARTICULAR: <u>Twincar 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

AN0144A

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.

DMPCSNW00271772206

Engine No.: CAXF82226

Cha. No.: VVVZZZ16ZGM005848

1. Index Mark and Registration  
Number of Vehicle

SKW338A

2. Name of Policy Holder

NEOH ENG YEOW

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

30/12/2022

4. Date of Expiry of Insurance

29/12/2023

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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.

HIRE PURCHASE CO.: DBS BANK LTD AS HP OWNER

\* 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: LIAN HONG 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