

**NATIONAL Assessment Centre Services** (Call 1-800-451-1234) **SA1092321000B**

Date In: <b>15/01/2023 16:38</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NIB 0171230017027</b>	E-mail (with SA, AIC 2nd):		
Veh No: <b>SLR 61527</b>	1-Motor Claim Form		
D.O.A: <b>12/01/2023 12:28</b>	1-Motor W/O (where: OD 2nd, 2nd 1st)		
QC: <b>TP</b> Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Manager		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: **SLR 31027** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: 1st Status (WO): 10: 0-20%, 11: 21-70%, 12: 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 1st of repair.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Incident: ( )

Location: ( )

Time: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**SA1092321000B**

Invoice Preparation Checklist:

1) AIC: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee (\$10/\$40)	
4) PT: Follow-Through Survey (\$100)	
5) PT: Follow-Through Survey (Barriers) (\$50)	
6) TR: Re-Survey (\$20)	
7) NI: New DA + SMRT Survey (\$140)	
8) NTUC Additional Services (\$10)	
9) NI: New DA + SMRT Survey (\$140)	
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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	15/02/2023 16:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/02/2023 12:35 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6152T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO JIN TAI
NRIC No	SXXXX893D
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-93835080
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00226172202

#### DRIVER

Name of Driver	NG MING SHUN (HUANG MING SHUN)
NRIC No	SXXXX984I
Date Of Birth	27/03/1983
Occupation	Indoor

Date Of Driving Pass .....	08/04/1983
Driving experience .....	39 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91082403
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 572 PASIR RIS STREET 53 #10-42
Address complement .....	-
Postcode .....	510572
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 .....	Collision - Head to Rear
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	PET
Gender .....	Female

#### 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 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 .....	SNB3102T
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	Blue
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) .....	-

Describe Circumstance of the Accident

On 12/02/2023 about 12.35 Am. my vehicle approaching  
upper Thomson Road traffic light and traffic light was  
on Red. I slow down and brake but brake not enough and  
collided onto vehicle B "SNB 3102T" rear portion.

Declaration

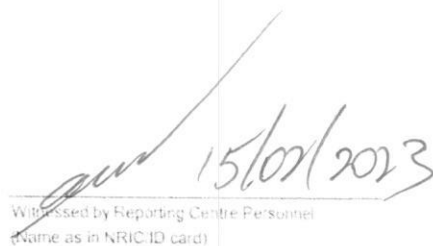
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



15/02/2023

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

<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 12/02/2023 Time: 12:35A (24 hr format)
Exact Location of Accident *	Upper Thomson Road
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SLR 6152T Make & Type *: Honda Civic
Name of Registered Owner *	Yeo Jin Ai
NRIC / FIN / Passport / Co Regn No. *	S8325893D
Contact Number *	9383 5080 Email/Fax No: Winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
Insurance policy for repair to your vehicle? *	<input type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input checked="" type="checkbox"/> Reporting Only
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	China EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMPCSNA 0026 17 2202
<b>DRIVER</b>	
Name of Driver *	Ng Ming Shun (Huang ming shun) Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S83 089841
Date of Birth *	27/03/1983 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	08/04/2021
Contact Number *	9108 2403
Address	Blk 572 Pasir Ris Street 53 #10-42 S (510572)
Email Address / Fax Number *	Email: Winsan_tingwei@hotmail.com Fax: —
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / <input checked="" type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station: _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(02)
Passengers	Name: <u>Rel</u> Gender: Male / <input checked="" type="checkbox"/> Female Name: _____ Gender: Male / <input checked="" type="checkbox"/> Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SNB 3102T	2)
Vehicle Make / Model / Colour	KIA / Blue	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

**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)

MX1F

R SN

AN0613A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00226172202

Engine No.: R16A14000133

Cha. No. JHMFD46209S200018

1. Index Mark and Registration  
Number of Vehicle

SLR6152T

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

YEO JIN CAI

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

22/10/2022  
(00:00:00)

Named Drivers Ex Sect. I  
Additional Ex Other than Named Drivers:

SS500.00

4. Date of Expiry of Insurance

21/10/2023

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

\* Age as at date of accident

EX ON WINDSCREEN .

SS100.00

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\$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: \_\_\_\_\_  
Elise Lim Xin Yi  
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