

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date: 27/03/2023	Job description		
Ref No NA/CT123003168/d4	SAS e-filing		
Veh No SML3348K	E-mail (within 8hrs, A/C 2hrs)		
DOA 25/03/2023 07:25	I-Motor Claim Form		
OD/TP 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: SMM 7857 B	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	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Date/Time	Actions

Invoice Preparation Checklist		Amr (\$)	Amr
		1st Bill	Add
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: Idas DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON*			
*N5: Courtesy Car / Tpt 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: Idas Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

NA2300899
Claimant's Particulars
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:-
Call 1:
Call 2/3:



## 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	27/03/2023 19:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3348K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG YUET LING
NRIC No	SXXXX131I
Email Address	mountofolives@gmail.com
Mobile Phone No	(Phone) +65-81832498
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00103042203

#### DRIVER

Name of Driver	NG YUET LING
NRIC No	SXXXX131I
Date Of Birth	22/04/1962
Occupation	Indoor



Date Of Driving Pass	18/02/2000
Driving experience	23 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81832498
Alt. Phone Number	-
Email Address	mountofolives@gmail.com
Address	APT BLK 603 YISHUN STREET 61
Address complement	# 04-339
Postcode	760603
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	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?	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	NG OI LING
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 THE ATTACHED POLICE REPORT - T/20230326/7013

#### 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	SMM7857B
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	NG YUET LING
Gender	Female
Phone No	(Phone) +65-81832498
Address	APT BLK 603 YISHUN STREET 61
Address Complement	# 04-339
Post Code	760603
Approximate Age Years Old	-
Injuries Sustained	HEADACHE AND PAIN IN NECK - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SML3348K
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.

*Caugh*

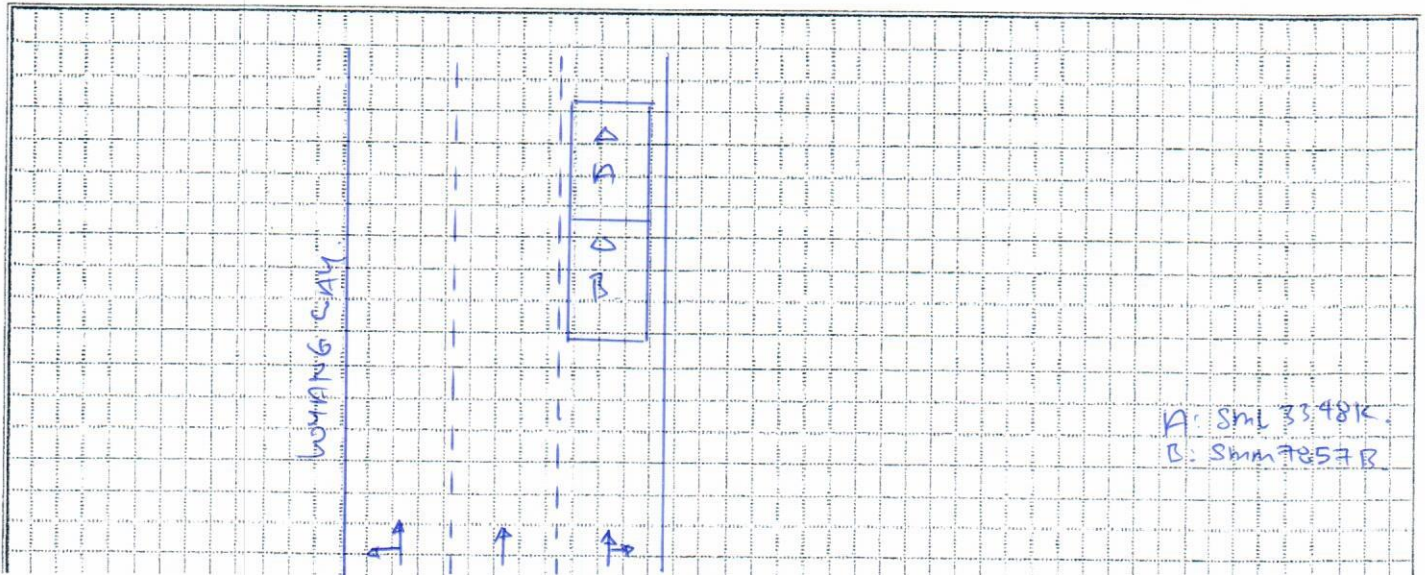
Policyholder's Signature / Date & Time

*gmuell 27/3/23*

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

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

### Sketch Plan

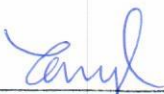


Describe Circumstance of the Accident

PLEASE REFER TO THE POLICE REPORT.

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

 27/3/23

Witnessed by Reporting Centre Personnel





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2023 13:47	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG YUET LING		Address: 603 YISHUN STREET 61 #04-339 SINGAPORE 760603	
ID Type / ID No.: NRIC NO / S15341311		Contact No.: Home/Office: Mobile: 81832498	
Nationality: SINGAPORE CITIZEN		Email: MOUNTOFOLIVES@GMAIL.COM	
Sex: Female	Age: 60	Date of Birth: 22/04/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: MOE Teacher		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident					
Type of Accident:		Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2023 07:25	Type of Location:
Location:					
LOYANG WAY					
Weather:			Road Surface:	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
SML3348K	Car	HONDA	SHUTTLE 1.5G CVT	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML3348K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001030 42203	15/05/2022	14/05/2023



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG YUET LING	ID No.	S1534131I
Related Vehicle	SML3348K (Car)	Contact No.	81832498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SML3348K along Loyang Way with my sister on board as my front passenger.

Both of us were belted.

The traffic light at the junction of Loyang Lane was red and as such, I had gradually come to a stop along the extreme right lane.

I was waiting for traffic light to turn green when a huge impact hit against the rear of my vehicle causing it to jerk forward violently.

I was caught completely off guard as my body lurched forward.

Upon alighting, I realised that SMM7857B, driven by an army regular, had crashed into the rear of my vehicle, leaving it badly dented.

Shortly afterwards, I started experiencing headaches and pain in my neck area.

The discomfort got so unbearable that I went to Yishun Medical Centre near my place to seek treatment the very same day.

I was given 3 days MC for injuries caused by the accident.

My sister has not experienced symptoms thus far.





**SINGAPORE  
POLICE FORCE**



T/20230326/7013

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

3 of 3

Report No. T/20230326/7013

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
26/03/2023 13:47

Classification Of Case:

VEHICLE NO: Smc 3348 K.MAKE & MODEL: HONDA SHUTLE

AUTO / MANUAL

DATE OF ACCIDENT	<u>25 / 03 / 23.</u>	C.C. <u>1.5.</u>
TIME OF ACCIDENT	<u>0725.</u>	<u>AM</u> / PM
LOCATION OF ACCIDENT	<u>LOHANGA GAY</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE</u> USE / PRIVATE HIRE	
NAME OF OWNER	<u>NG QUET LING.</u>	
EMAIL	<u>mountofolives@gmail.com</u>	OFFICE: MOBILE: <u>91832498.</u>
NRIC	<u>S15341311</u>	
CLAIM TYPE	OD / <u>THIRTY</u> PARTY / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INCURANCE CO.	<u>CN TAPING.</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>DmpCSN600103042203.</u>	
NAME OF DRIVER	AS <u>ABOVE</u> / IF NO: "	
NRIC	<u>4</u>	
DATE OF BIRTH	<u>22 / 04 / 62.</u>	
ANY PASSENGER	<u>YES</u> / NO: 1	
NAME OF PASSENGER	<u>NG OL LING.</u>	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>18 / 02 / 00.</u>	
GENDER	MALE / <u>FEMALE</u>	
CONTACT NO.	Mobile <u>81832498</u> Office: Home:	
EMAIL	<u>mountofolives@gmail.com</u>	
ADDRESS	<u>603 YISHUN ST 61 #04-335 SC7606071.</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: <u>SELF.</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? <u>DRIVER - VEH A - SERIOUS.</u>	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? <u>TP HQ.</u>	
NOTICE OF INTENDED PROSECUTION?	<u>NO</u> / If yes, Who?	
VEHICLE B NO.	<u>SMm7857B.</u>	
NAME	Any Passenger: <u>DRIVER ONLY.</u>	
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?	<u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Motor Private Car

MX1F

R SN

BR0138A

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.

DMPCSNW00103042203

Engine No.: L15B6002471

Cha. No.: GK82002097

1. Index Mark and Registration

SML3348K

Number of Vehicle

2. Name of Policy Holder

NG YUET LING

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment15/05/2022  
(00:00:00)

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\$500 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.: HONG LEONG FINANCE 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: IVAN INSURANCE BROKERS PTE LTD

Authorised Officer



Authorised Signatory