

# NATIONAL Assessment Centre Services

Date In 12/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123004874/d4	SAS e-filing		
Yeh No SGW 9239R	E-mail (w/ John Hara, ABC Hara,		
DOA 12/05/2023 12:00	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GY 1820D.	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%. 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)	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

NA2301408	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno 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: Idno Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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	12/05/2023 15:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/05/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE (CITY) SLIP ROAD TO PIE ( CHANGI )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9239R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEE YONG JUN
NRIC No	SXXXX137A
Email Address	YEEYONGJUN27@GMAIL.COM
Mobile Phone No	(Phone) +65-82231146
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 car
Transmission	Auto
CC	1987

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00182742200

#### DRIVER

Name of Driver	YEE YONG JUN
NRIC No	SXXXX137A
Date Of Birth	27/05/1989
Occupation	Outdoor



Date Of Driving Pass .....	12/05/2016
Driving experience .....	7 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82231146
Alt. Phone Number .....	-
Email Address .....	YEEYONGJUN27@GMAIL.COM
Address .....	APT BLK 12A MARSILING LANE
Address complement .....	# 02-65
Postcode .....	731012
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 .....	Dry

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY1820D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKA4883G
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 .....	YEE YONG JUN
Gender .....	Male
Phone No .....	(Phone) +65-82231146
Address .....	APT BLK 12A MARSILING LANE
Address Complement .....	# 02-65
Post Code .....	731012
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SGW9239R
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 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 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.

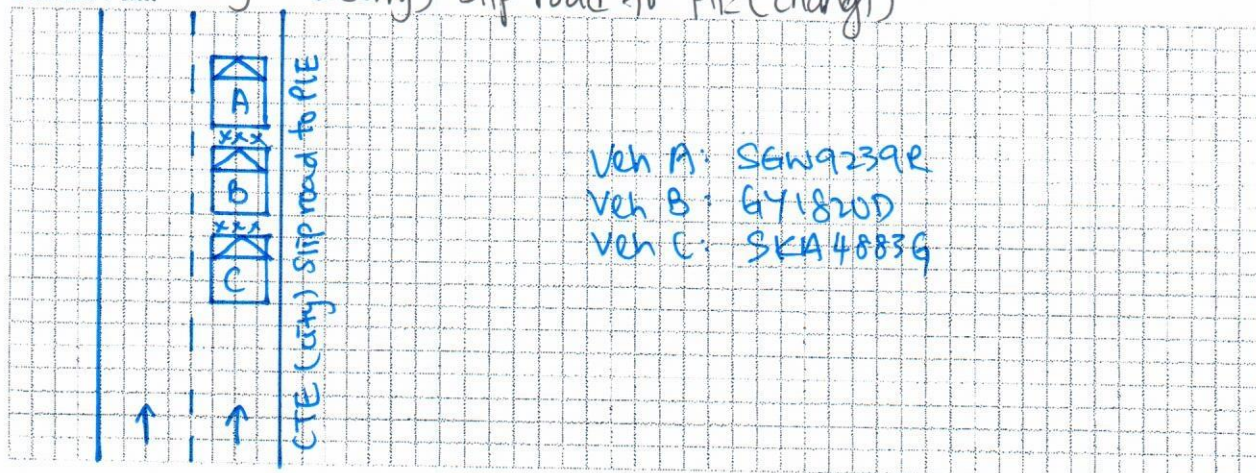
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along CTECCity Slip road to PIE (Changi)





Describe Circumstance of the Accident

On above date & time, I was driving my vehicle A (SE1W9239R) traveling along CTE (city) slip road to PIE (Changi) on most right lane of a two lanes, slip road. The traffic was heavy, my vehicle was stationary. Out of sudden, vehicle B (GY1820D) came from rear and collided onto the rear portion of my vehicle. After the impact, I alighted and realised I was involved in a 3 car chain accident, Vehicle C (SFA4883G) collided onto the rear portion of vehicle B.

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

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



VEHICLE NO:	SAW9239R		
DATE OF ACCIDENT:	12 / 05 / 2023		MAKE & MODEL: Toyota Wish
TIME OF ACCIDENT:	1200	HRS	AUTO / MANUAL CC: 2.0
LOCATION OF ACCIDENT:	Along CTE (city) slip road to PIE (Changi)		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER:	Yee Yong Jun		
TEL NO:	H/P: 82231146	OFFICE:	HOME:
NRIC:	S8971137A		
ADDRESS:	BLK 12A Merseyway Lane #02-65 S(731012)		
EMAIL:	yee.yong.jun27@gmail.com		
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE COMPANY:	Comprehensive / Third Party / Third Party Fire & Theft		
TYPE OF COVERAGE:			
POLICY NO:			
NAME OF DRIVER:	AS ABOVE / IF NO:		
NRIC:			
DATE OF BIRTH:	27 / 05 / 1989	ANY PASSENGER: N/A	
OCCUPATION:	OUTDOOR / INDOOR	LICENCE PASSED DATE: 12 / 5 / 2016	
GENDER:	MALE / FEMALE		
CONTACT NO:	H/P:	OFFICE:	HOME:
ADDRESS:			
EMAIL:	YEEYONGJUN27@GMAIL.COM		
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		
RELATIONSHIP:	Owner		INSURER:
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:		
ROAD SURFACE:	DRY / WET / OTHER:		
ANY INJURIES:	NO / IF YES, WHO?		
NAME & CONTACT:	Yee Yong Jun 82231146		
NAME & CONTACT:			
POLICE REPORT:	NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B REG NO:	G41820D		
NAME OF DRIVER:			
VEHICLE C REG NO:	SKA4883G		
VEHICLE D REG NO:			
VEHICLE E REG NO:			
VEHICLE F REG NO:			
VEHICLE G REG NO:			
ANY WITNESS? IF YES, NAME:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO		
ACCIDENT PORTION:	Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	Brandon		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		



## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00182742200	Engine No.: 3ZRA491808	
		Cha. No.: JTDGJ20W505002549	
1. Index Mark and Registration Number of Vehicle	SGW9239R		
2. Name of Policy Holder	YEE YONG JUN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/07/2022 (13-01-32)	Named Drivers Ex Sect. I	S\$750.00
4. Date of Expiry of Insurance	28/07/2023	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
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.			
<p>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.</p>			
6. Limitations as to use.*			
<p>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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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.</p>			
<p>HIRE PURCHASE CO.: TAI THONG LEE TDG (PTE) 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.</p>			

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: GREAT EASTERN FINANCIAL ADVISERS  
 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