

NATIONAL Assessment Centre Services

Date: 24/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23005387/d4	SAS e-filing		
Veh No: SKW 9464	E-mail (within 2hrs. A/C 2hrs)		
DOA: 23/05/2023 19:18	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Veh No: SJM 86124 , 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	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	Action

NA2301566

Claimant's Particulars	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
		1st Bill	Adc
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idau Mobile \$30		
	* 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		
	Invoice date / 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	24/05/2023 15:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/05/2023 19:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWRDS TUAS BFR ADAM RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW946U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YANG WEI
NRIC No	SXXXX426B
Email Address	WISONYANG@YAHOO.COM
Mobile Phone No	(Phone) +65-82989925
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1800

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00234032205

### DRIVER

Name of Driver	YANG WEI
NRIC No	SXXXX426B
Date Of Birth	28/10/1978
Occupation	Indoor

Date Of Driving Pass .....	21/07/2011
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82989925
Alt. Phone Number .....	-
Email Address .....	WISONYANG@YAHOO.COM
Address .....	35 BUKIT BATOK EAST AVE 6 #06-31
Address complement .....	-
Postcode .....	659765
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) .....	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 .....	LE YUE HUA
Gender .....	Male

#### 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

#### REFER TO REPORT

#### 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 .....	SJM8612U
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
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 .....	YANG WEI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	LE YUE HUA
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	-
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.
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3. Information provided must be as truthful and accurate as possible. Any willful 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.

*Yin*

Policyholder's Signature / Date & Time

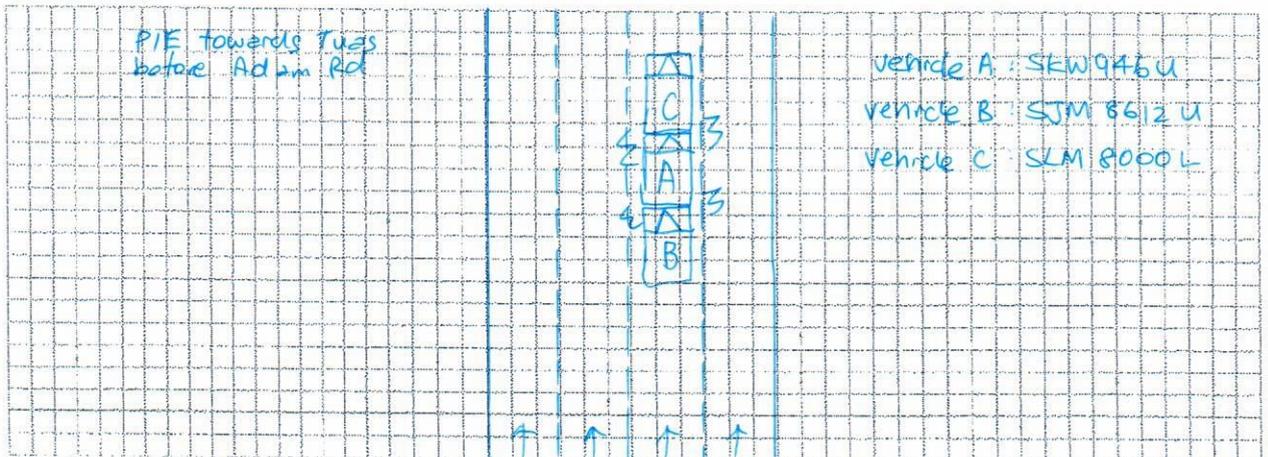
*Yin*

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

*24/5/23*

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SKW 946 U) along PIE towards Tuas on Lane 2 of a 4 lane Rd. Somewhere before Adam Rd, vehicle C (SLM 8000L) slowed down, I followed accordingly. Out of a sudden, vehicle B (SJM 8612 U) collided into the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided into vehicle C 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

 24/5/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO:	SKW 946 U	MAKE & MODEL:	Audi A4	AUTO / MANUAL	<input checked="" type="checkbox"/> AUTO / <input type="checkbox"/> MANUAL
DATE OF ACCIDENT:	23 / 05 / 2023	TIME OF ACCIDENT:	19:18 HRS	CC:	1-8
LOCATION OF ACCIDENT:	PIE towards Tuas before Adam Rd				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE				
NAME OF OWNER:	Yang Wei				
TEL NO:	H/P:	8298 9925	OFFICE:	HOME:	
NRIC:	S7880426B				
ADDRESS:	35 Bukit Batok East Avenue 6 #06-31 S 659765				
EMAIL:	WISONYANG@yahoo.com				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY				
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / <input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft				
POLICY NO:	DMPCSNA00234032205				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	25 above				
DATE OF BIRTH:	28 / 10 / 1978	ANY PASSENGER: 1 (1M)			
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR				
GENDER:	MALE / <input checked="" type="checkbox"/> FEMALE				
CONTACT NO:	H/P:	25 above	OFFICE:	HOME:	
ADDRESS:	25 above				
EMAIL:	25 above				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:				
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / <input checked="" type="checkbox"/> RAINING / OTHERS:				
ROAD SURFACE:	DRY / <input checked="" type="checkbox"/> WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Yang Wei ( 8298 9925 )				
NAME & CONTACT:	Lu Yuehua ( 9618 8753 )				
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?				
VEHICLE B REG NO:	SJM 8612 U				
NAME OF DRIVER:	unknown				
ANY PASSENGERS:	NIA				
VEHICLE C REG NO:	SLM 8000 L				
CONTACT NO:	unknown				
VEHICLE D REG NO:	ANY PASSENGERS: NIA				
VEHICLE E REG NO:	ANY PASSENGERS:				
VEHICLE F REG NO:	ANY PASSENGERS:				
VEHICLE G REG NO:	ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	ANY PASSENGERS:				
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO				
ACCIDENT PORTION:	Rear & Front Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO				
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Steve				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@h51.com.sg				

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)

MX1E

R SN

AN0055A

Cov. Type:C

CERTIFICATE No.	DMPCSNA00234032205	Engine No.: CJE108683	
		Cha. No.:WAUZZZ8K1FA160296	
1. Index Mark and Registration Number of Vehicle	SKW946U		
2. Name of Policy Holder	YANG WEI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/10/2022 (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
4. Date of Expiry of Insurance	15/10/2023	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.			
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. : UNITED OVERSEAS BANK LIMITED 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: Chai HuiLin Lynn  
Authorised Officer

  
Authorised Signatory