

NATIONAL Assessment Centre Services (Print Name) SUR 28650001

Date In: <u>05/06/2013</u> <u>11:40</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NIA/C9128056047</u>	SAS e-illing		
Vehicle: <u>SJD 55387</u>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <u>05/06/2013</u> <u>09:00</u>	1-Motor Claim Form		
OD <u>79</u> Reporting Only	1-Motor W/O (within: OD 2hrs, 27 mins)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

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

TP Particulars: () Vehicle No: XE 7729A INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (VO): 11: 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 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 Injury: ()

Location: ()

Time: ()

Weather: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NIA2801686

Invoice Preparation Checklist

1) AR: Accident Report (300)	
2) DA: Damage Assessment (5100)	INC (55)
3) TP: Towing Fee	\$100
4) PF: Follow Through Survey	\$100
5) WT: Follow Through Survey (Witness)	\$50
6) TR: As-Sessment	\$75
7) NI: NIA DA - Survey	\$145
8) NUC: Additional Services	
9) NI: Courtesy Car / Tel Allowance	\$5
10) NI: Repair Coordination	\$10
11) NI: Post Repair Inspection	\$10
12) NI: DV / Collect Excess Coordination	\$1
13) NI: TP (non-INC) involves INC	\$20
14) NI: (1st Month)	10

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

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	05/06/2023 11:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2023 09:00 (SGT)
Exact Location of Accident	Cecil St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5538T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YIP SIEW LING
NRIC No	SXXXX894B
Email Address	jenniferyipsi@hotmail.com
Mobile Phone No	(Phone) +65-90072873
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00219812208

DRIVER

Name of Driver	YIP SIEW LING
NRIC No	SXXXX894B
Date Of Birth	15/09/1973
Occupation	Indoor

Date Of Driving Pass	07/09/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90072873
Alt. Phone Number	-
Email Address	jenniferyipsi@hotmail.com
Address	BLK 57 TELOK BLANGAH HEIGHTS #03-123
Address complement	-
Postcode	100057
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	Side Swipe
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	SON
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

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	XE7729A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEOW CHAI HOCK
NRIC No	SXXXX355D
Contact Number	(Phone) +65-96187072
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

[Signature]
5th June 2023

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

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

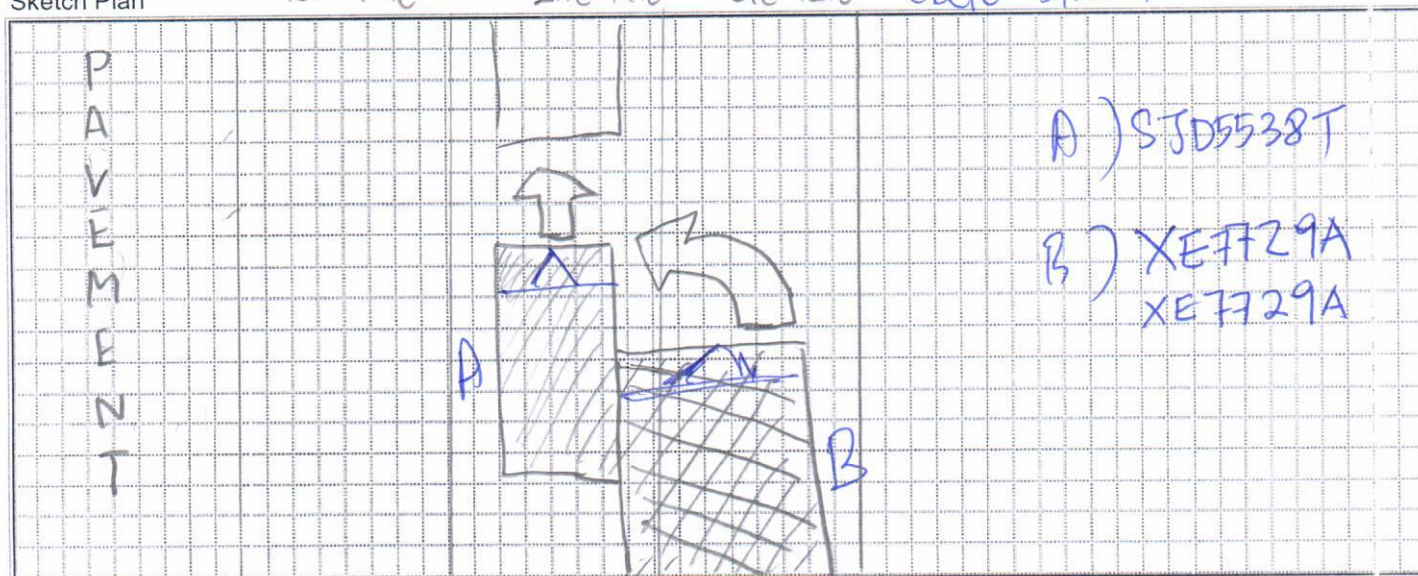
[Signature]
CECIL STANTON

Sketch Plan

1st lane

2nd lane

3rd lane



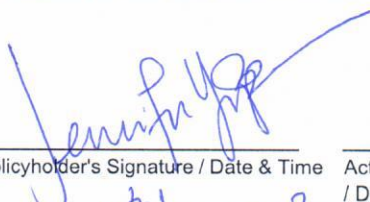
Describe Circumstance of the Accident

Was driving along Cecil Street @ 9am on 5th June 2023.
While I was moving, I felt something hit my right side back door, then I noticed it was a recycling truck. The truck continued to ~~scrap~~ scrape my left side back door toward my driver door until it came to a halt.

Declaration

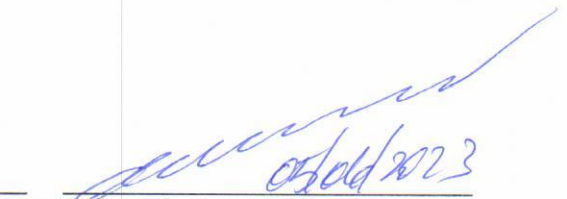
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


5th June 2023
9:50am

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

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


05/06/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : <u>5th June 2023</u>	TIME OF ACCIDENT : <u>9.00am</u>
VEHICLE NO : <u>SJD5538T</u>	TRANSMISION : <u>AUTO</u> / MANUAL
MAKE & MODEL : <u>Toyota Vios</u>	LOCATION : <u>Cecil Street</u>
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : <u>China Taiping</u>	POLICY NO :
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <u>(SALOON)</u> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : <u>YIP SIEW LING</u>	NRIC : <u>S7332894 B</u>
ADDRESS : <u>Blk 57, #03-123 SC(100057)</u> <u>Telok Blangah Heights.</u>	CONTACT NO : <u>90072873</u>
EMAIL ADDRESS : <u>jenniferyipse@hotmail.com</u>	VIDEO RECORDING : <u>YES</u> / NO <u>Photo</u> <u>*but not useful</u>
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : <u>S1292355D</u> CONTACT NO : <u>Sheryl 96187072</u>
DRIVER OWNER RELATIONSHIP : <u>owner/self</u>	PASSENGER : MALE () FEMALE (<input checked="" type="checkbox"/>)
DATE OF BIRTH : <u>15 / 09 / 1973</u>	DRIVING PASSING DATE : <u>07 / Sept / 2010</u>
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES : <u>(NO) human injuries</u> <u>only car damages</u>	POLICE REPORT : <u>NO</u> / IF YES WHERE ? <u>No Injury</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>XE 7729A</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>LEOW CHAI HOCK</u>	DRIVER NAME : _____
NRIC : <u>S1292355D</u>	NRIC : _____
CONTACT : <u>Sheryl 96187072</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>



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

MX1F

R SN

AN0624A

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.	DMPCSNW00219812208	Engine No.: 1NZX635643	
		Cha. No.: MR053HY9305031982	
1. Index Mark and Registration Number of Vehicle	SJD5538T	AUTOSAFE	=====
2. Name of Policy Holder	YIP SIEW LING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/09/2022 (00:00:00)	Named Drivers Ex Sect. I	S\$500.00
		Additional Ex Other than Named Drivers:	
4. Date of Expiry of Insurance	25/09/2023	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.			

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: ARDENT GI AGENCY 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