

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN02236X/0005

Date In: 23/06/2023 18:08	Job description	Date & Time Completed	Done by
Ref No: NBM/C77280063874	SAS e-filing		
Veh No: SME 157U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/06/2023 13:04	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: SUM 888SP	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:- (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

NA2301859 / NA2301860	Invoice Preparation Checklist	Amt (\$)	Amt
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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: Idac Mobile \$30		
	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	23/06/2023 18:05 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 13:04 (SGT)
Exact Location of Accident	Johor Causeway, Johor Causeway, Singapore
Additional Location Information	TOWARDS JOHOR
Country/State of Loss	Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME757U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YIP PING KEN
NRIC No	SXXXX008B
Email Address	jolowln@hotmail.com
Mobile Phone No	(Phone) +65-96806173
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2362

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00000582300

## DRIVER

Name of Driver	LOW LIAN NGO
NRIC No	SXXXX009J
Date Of Birth	13/03/1973
Occupation	Indoor

Date Of Driving Pass	18/11/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96806173
Alt. Phone Number	-
Email Address	jolowln@hotmail.com
Address	BLK 649 WOODLANDS RING ROAD #12-426
Address complement	-
Postcode	730649
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	LOW LIAN CHEE
Gender	Female

#### PASSENGER 2

Name	NEO CHIEW BOEY
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 POLICE REPORT T/20230623/7056

#### 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	SMM4885P
Vehicle Manufacturer	Audi
Vehicle Model	Q5
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	SMC6839M
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
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)	-

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**



Vehicle A: SME757U

Vehicle B: SMM4885P

Vehicle C: SMC6839M



Describe Circumstances of the Accident

Refer to police report. 7/20230623/7056

Declaration

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

  
23/06/2023  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230623/7056

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

1 of 3

Report No. T/20230623/7056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2023 17:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW LIAN NGO			Address: 649 WOODLANDS RING ROAD #12-426 SINGAPORE 730649		
ID Type / ID No.: NRIC NO / S7373009J			Contact No.: Home/Office: Mobile: 96806173		
Nationality: MALAYSIAN			Email: JOLOWLN@HOTMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 13/03/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Management executive			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2023 13:40	Type of Location:
Location: CAUSEWAY				
Weather:		Road Surface:		
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
SME757U	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230623/7056

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

2 of 3

Report No. T/20230623/7056

**CONTINUATION OF REPORT**

Driver				
Name	LOW LIAN NGO		ID No.	S7373009J
Related Vehicle	SME757U (Car)		Contact No.	96806173
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON THE STATED DATE AND TIME OF ACCIDENT, I WAS DRIVING MY VEHICLE (SME757U) ALONG THE JOHOR CAUSEWAY TOWARDS JOHOR.

I WAS DRIVING SLOWLY ON LANE 2 OF THE SAID ROAD. VEHICLE B (SMM4845P) SUDDENLY BRAKED AND I COULD NOT BRAKE IN TIME HENCE THE COLLISION.

WHEN I GOT OFF MY VEHICLE, I REALISED VEHICLE B COLLIDED ONTO ANOTHER VEHICLE C (SMC6839M).

VEHICLE 1: SMC6839M

VEHICLE 2: SMM4845P

VEHICLE 3: SME757U

AFTER I MADE SURE NOBODY GOT INJURED, WE EXCHANGED PARTICULARS AND LEFT THE PLACE. THIS POLICE REPORT IS FOR REPORTING PURPOSES ONLY.





**SINGAPORE  
POLICE FORCE**



T/20230623/7056

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

3 of 3

Report No. T/20230623/7056

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
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:  
23/06/2023 17:02

Classification Of Case:

NP168

JWC

Date of Accident: 22/06/2023 Accident Time: 1340HR (24-HR-FORMAT)  
Accident Place: Causeway Towards Johor  
Vehicle Reg. No (Car plate No.): SME757U Vehicle Make/Model: Toyota Estima  
Insurance Company: China Taiping Policy No. DMPCSNW00000582300  
Name of Registered Owner: Company / Individual Yip Ping Ken  
ID of Registered Owner: Co Reg No: \_\_\_\_\_ Owner's NRIC No: S7373008B  
Co Contact No: \_\_\_\_\_ Owner's Contact No: 9680 6173  
DRIVER'S Name: Low Lian Ngo DRIVER'S NRIC No: S7373009J  
DRIVER'S Date of Birth: 13/03/1973 DRIVER'S License Pass Date: 18/11/2005  
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address: Blk 649 Woodlands Ring Road #12-426 S(730649)  
DRIVER'S Contact No/ Alt No: 1) 9680 6173 2) \_\_\_\_\_  
DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an office)  
Email Address: JOLOWLN@HOTMAIL.COM  
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 03 Passenger Name: Low Lian Chee Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: Neo Chiew Boey Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMM4885P</u>	Vehicle Reg No: <u>SML6839M</u>
Vehicle Make/Model: <u>Audi Q5</u>	Vehicle Make/Model: <u>Hyundai Avante</u>
Name DRIVER: _____	Name DRIVER: _____
IC No DRIVER: _____	IC No DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No DRIVER: _____	IC No DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____





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

E SN

AN0752A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00000582300

Engine No.: 2AZC465141

Cha. No.: ACR507070083

1. Index Mark and Registration  
Number of Vehicle

SME757U

AUTOSAFE  
=====

2. Name of Policy Holder

YIP PING KEN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

08/01/2023

Named Drivers Ex Sect. I \$S\$1,000.00

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

4. Date of Expiry of Insurance

07/01/2024

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. : TOKYO CENTURY LEASING (S) 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.

**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: C. S. ONG AUTO PTE LTD

Authorised Officer

Authorised Signatory