

NATIONAL Assessment Centre Services (011) 111000 **19 MAY 2018 065775**

Date In: <b>21/05/2018 12:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/C12/800913714</b>	SAS e-tiling		
Yeh No: <b>Sgt 93291</b>	E-mail (include site, A/C etc)		
P.O.N: <b>19/05/2018 23:55</b>	Motor Claim Form		
OD / TP: <b>Reporting Only</b>	Motor W/O (within 60 days, VA only)		
TP Insurech:	Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pass/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / CW: \_\_\_\_\_ Toll \_\_\_\_\_ Fax \_\_\_\_\_

TP Particulars: Yeh No: **RAILING** INC ( ) / Non-INC ( )

Owner / Driver: \_\_\_\_\_ Toll \_\_\_\_\_

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

Confirmed by: ( ) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Insured/Driver Liability: ( ) % (Note: B/L Status (WO): NI 0.29%, P: 21.79%, P: 30.100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer | Customers information strictly Confidential & strictly NO refer of repairer.

( ) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoiced YES ( ) / NO ( ) | Towing Co: ( )

Remarks: (NBA) Line 67880016 DATE: 19/05/2018 Done by:

- 1) Apply for Transition Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_

Other Tolls: \_\_\_\_\_

<b>NA1803212</b>	Invoice Preparation Checklist		
Driver/Owner:	1) AD: Accident Reporting (120)		
Policy No:	2) DA: Damage Assessment (100) INC (45)		
Number of Persons:	3) TP: Towing Fee (20/12)		
C. Checked by (Bug-in-Charge):	4) PT: Follow through Survey (110)		
Comments:	5) FT: Follow through & Survey (Recovery) (110)		
	6) TR: Mileage (110)		
	7) NI: (QWDA + SMRT Survey) (110)		
	8) NTUC Additional Survey (110)		
	9) NI: Courtesy Car / Tps Allowance (110)		
	10) NI: Repair Coordination (110)		
	11) NI: Post Repair Inspection (110)		
	12) NI: OY / Collision/Unacc Coordination (110)		
	13) NI: (TP/Non-INC) Transfer INC (120)		
	14) NI: Other Tolls (10)		
	Invoice dated: _____	Not Checked: _____	_____

## 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 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 ability.
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 judgement 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 Report	21/05/2018 12:57
Date Of Accident	19/05/2018 23:55
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE9329J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HANG KHOON BRENARD
NRIC No	S1233060Z
Email Address	BRYANTJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98553064
Alternative Phone No	OTHERS-98553064

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSN3097291701
Cover Note Number	

### Driver

Name of Driver	BRYAN TAN JIE HAO
NRIC No	S9147630D
Date Of Birth	27/12/1991
Occupation	INDOOR
Date Of Driving Pass	12/10/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553064
Fax Number	
Contact Number	OTHERS-98553064
E-Mail Address:	BRYANTJH@GMAIL.COM

Address	52 HUME AVENUE #01-15
Postcode	596230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180520/7009

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

4

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud; regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rafiqi HATIB  
NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



T/20180520/7009

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

2 of 3

Report No. T/20180520/7009

**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	BRYAN TAN JIE HAO	ID No.	S9147630D
Related Vehicle	SGE9329J (Car)	Contact No.	98553064
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Swerved vehicles crashed into road barrier from lane 1 to 4



**SINGAPORE  
POLICE FORCE**



T/20180520/7009

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

3 of 3

Report No. T/20180520/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65476198

Authentication Stamp  
NP168

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

Date/Time:  
20/05/2018 22:58

Classification Of Case:

Date of Accident	Time of Accident	Exact Location of Accident
19/5/2018	23:55'	A/E towards Clementi Ave 6

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SGE 9329 J
Name of Owner:	Tan Hong Khoo* Bernard
Owner IC:	S 1233060 Z
Vehicle Make (Audi/Toyota etc)	Mitsubishi Lancer
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	96449388 1EA Saloon
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	China Taiping
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	DMPCSN 3097291701

DRIVER (1)	
Name of Driver	Bryan Tan Jie Hao
Driver IC	S 9147630 D
Date of Birth	27/12/1991
Occupation	Project Executive (In)
Yrs of Driving Experience	12/10/2012
Gender	Male
Contact No.	98333064
Address	52 Hume Avenue #01-15 Singapore 596230
Email Address	bryantjh@gmail.com
Employee of Insured's Company?	NA
If no, state relationship of Driver with Insured.	SON
Driver's own vehicle no. & Insurance company	NA

DETAILS OF WITNESS	
Name	
Phone	
Email Address	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	Collided into property
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
If yes, state which police station	outlined - Traffic Police Division HQ
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	Raining
Vehicle Make / Model / Colour / Properties	
Name of Driver	
IC / FIN / Passport Nbr	
Contact Nbr	
Address	
Insurance Company	
Nature of Damage	

DETAILS OF INJURED PERSONS 1	
Name	
Address	
Approximate age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1233060Z



Name:  
**TAN HANG KHOON BERNARD**

**陈汉坤**

Race  
**CHINESE**  
Date of birth      Sex  
**18-09-1957      M**  
Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE  
DRIVING LICENCE



Licence Number: **S9147630D**  
Name  
**BRYAN TAN JIE HAO**

Birth Date: **27 Dec 1991**  
Issue Date: **12 Oct 2012**

002114317D



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9147630D



Name:  
**BRYAN TAN JIE HAO**

**陈杰豪**

Race  
**CHINESE**  
Date of birth      Sex  
**27-12-1991      M**  
Country of birth  
**SINGAPORE**

4466032



NRIC No: **S1233060Z**

Date of issue  
**22-10-2009**

Address:  
**52 HUME AVENUE  
#01-15  
SINGAPORE 596230**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg, with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	12 Oct 2012



Licence No: S9147630D

NP 425A

3886784



NRIC No: **S9147630D**

Date of issue  
**10-01-2007**

Address:  
**52 HUME AVENUE  
#01-15  
SINGAPORE 596230**

**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)

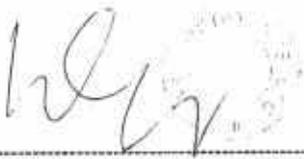
CERTIFICATE No.	DMPCSN3097291701	Engine No :4G18HC9270 Chassis No:JMYSTCS3A6U007877
1. Index Mark and Registration Number of Vehicle	SGE9329J	
2. Name of Policy Holder	TAN HANG KHOON BERNARD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	4 OCTOBER 2017	
4. Date of Expiry of Insurance	3 OCTOBER 2018	
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.	

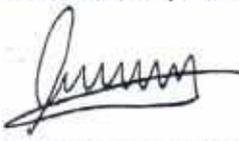
*\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

**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.

Countersigned By:

  
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Authorised Officer

  
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Authorised Signatory