

NATIONAL Assessment Centre Services

[ref: 1 Jan 2005]

Date In: 24/08/2018 17:45	Job description	Date & Time Completed	Done by
Ref No: NA/4018015449/44	SAS e-filing		
Veh No: SJT99885	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/05/2018 16:05	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:

SMB1481Z 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

NA1805367

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat 1:

Cat 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idao 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: Idao Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

NA1805367

NA1805367

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 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 Report	24/08/2018 17:45
Date Of Accident	27/05/2018 16:05
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9988S
Insured/Policyholder	
Name Of Registered Owner	YEO THYE MONG
NRIC No	S0050658C
Email Address	WY_WY_WYWY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98181411
Alternative Phone No	OTHERS-98181411

Vehicle Particulars

Manufacturer	BMW
Model	-
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM1101549217
Cover Note Number	

Driver

Name of Driver	YEO THYE MONG
NRIC No	S0050658C
Date Of Birth	08/12/1950
Occupation	INDOOR
Date Of Driving Pass	26/07/1968
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181411
Fax Number	
Contact Number	OTHERS-98181411
EMail Address	WY_WY_WYWY@YAHOO.COM.SG

Address	1 GEYLANG EAST AVENUE 1 #05-03
Postcode	389778
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I CANNOT RECALL HAVING AN ACCIDENT ON 27/05/2018 SHOULD THERE BE AN ACCIDENT, MY VEHICLE SHOULD BE DAMAGED. MORE OVER IT'S DAYLIGHT AT 4PM AS STATED IN HIS REPORT. THE COLOR OF MY CAR IS SILVER AND NOT BLACK. (HE STATED MY CAR IS BLACK) NOTHING TO SAY.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1481Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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:

 24/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

From: LEW JENNY jennylew@uoi.com.sg
Subject: M11D04731808 / DHOM110154921701 / Accident
involving SJT9988S and SB1481Z on 27.05.2018
Date: Aug 23, 2018 at 12:40:50 PM
To: wy_wy_wywy@yahoo.com.sg
Cc: United Insurance Agency Pte Ltd
uiapl@singnet.com.sg

Dear Mr Yeo,

As spoken, we received the letter of demand from third party.

Enclose the document from the workshop for your reference, we require the incident driver to report the accident soonest possible at the reporting centres.

We enclosed herewith the Approved Reporting Centres for your reference.

Warmest Regards

Jenny Lew

United Overseas Insurance Limited

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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zip

zip

rove...6.2018)

20.2 KB

23 August 2018

Our ref : M11D04731808

URGENT

Yeo Thye Mong
C/O Technic Impex Pte Ltd
3027 Ubi Road 1
#01-138
Singapore 408720

**BY AR Registered
& Normal Mail**

Dear Sir / Madam,

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES SJT9988S & SMB1481Z ON 27.05.2018**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copy of the document is attached for your information:-

- (1) Letter dated 3 August 2018 from M/s SMRT Automotive Services Pte Ltd
- (2) A copy of police report from claimant
- (3) A copy of video footage from claimant

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving license immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully,
for **UNITED OVERSEAS INSURANCE LIMITED**

Jenny Lew
Claims Dept

Cc United Insurance Agency Pte Ltd



AR REGISTERED
SMRT AUTOMOTIVE SERVICES PTE LTD
6 Ang Mo Kio Street 62
Singapore 569140
Tel : 65 6866 2652
Fax : 65 6368 7421
www.smrt.com.sg

United Overseas Insurance
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Date : 3 AUGUST 2018

SMRT: BUS/05/18/5046/AW *MLD04131608*
UOI : SJT9988S

Attn : Motor Claims Dept

UOI 21/8/18

Dear Sirs,

**ACCIDENT INVOLVING 12METRES BUS SMB1481Z AND SJT9988S ON 27 MAY 2018
ALONG UPPER BUKIT TIMAH ROAD.**

We claim on behalf of **SMRT BUSES LTD**, owner/hirer of the vehicle Reg. No.: **SMB1481Z**. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

1. Cost of Repair	:	\$ 1,200.00
2. Loss of Use (0.5Day x \$275)	:	\$ 137.50
3. Loss of Rental for days @ S\$ /day	:	
4. Loss of Income for days @ S\$ /day	:	
5. Police Report/ SAS Report/ LTA Search Fee	:	\$ 7.00
6. Survey Fee	:	
7. Others	:	
Total Claims :		\$ 1,344.50

=====

We enclose the following documents :

<input checked="" type="checkbox"/> Repair Invoice	<input type="checkbox"/> Letter of Authorisation
<input checked="" type="checkbox"/> Survey Report	<input checked="" type="checkbox"/> LTA Search result
<input checked="" type="checkbox"/> Photographs _____ pcs	<input type="checkbox"/> Others :
<input type="checkbox"/> Investigation results	1. _____
<input type="checkbox"/> Proof of Loss of Use/Rental/Income	2. _____
<input checked="" type="checkbox"/> Police / SAS report of _____	3. _____

We look forward to your confirmation to settle our claims within 15 days from the date of this letter. Payment by cheque shall be crossed and made payable to **SMRT BUSES LTD**

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

Audrey Woo
AUDREY WOO
For Manager, Claims
Claims Department



**SINGAPORE
POLICE FORCE**

(TP)



T/20180527/2084

2

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180527/20

CONTINUATION OF REPORT

Driver			
Name	TAN YONG HWA	ID No.	
Related Vehicle	SMB1481Z (Bus/Coach/Minibus)	Contact	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Cic .L Date .L Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2018 at about 1605hrs, I was driving my bus SMRT V1) SMB 1481Z along Upper Bukit Timah Road. There were about 4 passenger inside as it was the last bus stop . I had stopped my bus at bus stop no: 44031. Subsequently, I had heard a bang coming from the back. I went down to make a check and I discovered there is damages on rear right signal light. I only noticed there is a black BMW who had just drove behind me. There is CCTV on my bus and it is working. However the car who bang me did not stopped and it just ran off.

OFFSIDEFRD

SMB1481Z

27/05/2018 16:04:16



Reported on 24/8/2018
@ 17:35 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (27/5/2018) (DD/MM/YYYY), TIME: (16:05) (HH:MM)

LOCATION: Upper Bukit Timah Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT9988S
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98181411
c) ADDRESS: _____

* d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: - - - - -

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMB14812 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE


- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = wy_wy_wywy@yahoo.com.sg

Fax = wy_wy_wywy@yahoo.com.sg ✓

* Vehicle No SJT9988S was
sold after the Accident
* No Vehicle Present at idaca

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0050658C



NAME
YEO THYE MONG

楊 泰 茂

RACE
CHINESE

Date of Birth
08-12-1950

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S0050658C

Name
YEO THYE MONG

Birth Date
08 Dec 1950

Issue Date
25 Jan 2003



3222105



NRIC No. S0050658C



Blood Group
A+

Date of issue
07-12-2000

1 GEYLANG EAST AVENUE 1 #05-03
SINGAPORE 389778

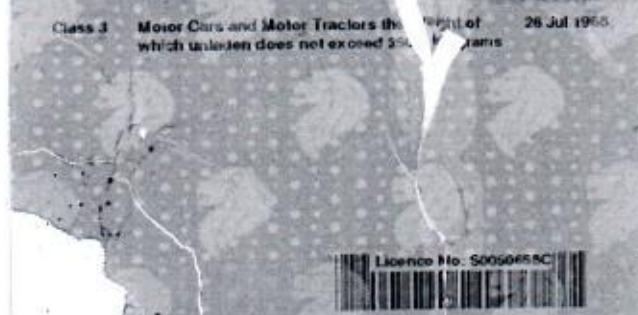
NRIC No. S0050653C

Date: 29-09-2002 No: 4359005


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

PASS DATE
26 Jul 1968

Class 3 Motor Cars and Motor Tractors the weight of which unless does not exceed 3500 kgs



Licence No. S0050658C



RENEWAL CERTIFICATE

ORIGINAL

Agency	A000041	Class of Policy	MOTOR	Policy Number DHOM1101549217
Account	A000041	Issued on 13/02/2018 in UOI	Replacing Policy no.	DHOM1101549217
Client	0343946	Acceptance Date	08/02/2018		

Period of Insurance from 01/03/2018 to 28/02/2019, both dates inclusive

Insured's Name....	YEO THYE MONG
Mailing Address...	C/O TECHNIC IMPEX PTE LTD 3027 UBI ROAD 1 #01-138 SINGAPORE 408720

Business/Occupn... DIRECTOR
 Financial interest ORCHARD CREDIT (PTE) LTD

Premium	BASIC ANNUAL PREMIUM	SGD1,928.80		
	5% INCENTIVE DISCOUNT	SGD96.44-		
	NO CLAIM BONUS	50.00%		
	Total Annual Premium	SGD916.18	Premium Due	SGD916.
			Premium GST	SGD64.
			Total Due	SGD980.

EXCESS FOR NAMED DRIVER
 REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN THREE (3) YEARS.

Risk No. 001	PRIVATE		
1. Registration	SJT9988S	Make/Model ..	BMW 730LI AT ABS D/AB 2WD 4DR NAV HID SR
Type of Cover	COMPREHENSIVE	No. of seats	4
Engine No.	08367440N52B30AF	Capacity cc's	2996
Chassis No.	WBAKB22040CN74530		
			Body Type WITH SUN ROO
			Yr of Manuf/Regn 2010/2010
			NCB%..... 50.00
			Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....	MARKET VALUE		
NAMED DRIVERS			SGD800.00
OTHERS			SGD1,500.00
APPL TO <25 YRS & OR <3YRS EXP			SGD3,000.00
WINDSCREEN DAMAGE CLAIM			SGD100.00
Named Drivers (A) YEO THYE MONG		(B) YEO CHOK SENG GARY	

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

- 2 - EXCESS - DAMAGE CLAIMS
- 15 - HIRE PURCHASE
- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
- TERRORISM EXCLUSION ENDORSEMENT
- 7(A) - ACCIDENTS TO UNNAMED PASSENGERS
- CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
- 25 - STRIKE RIOT AND CIVIL COMMOTION
- SECTION III - MEDICAL EXPENSES
- SECTION IV - PERSONAL ACCIDENT BENEFITS