

**NATIONAL Assessment Centre Services** [Part 1 Jan 2005] **MNA 11811862.**

Date In: <b>29/8/18 12:06</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/CTZ18015730/h4</b>	SAS e-filing		
Veh No: <b>SLW 1318P</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>28/8/18 16:50</b>	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SCX 252 C.</b>	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:- (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

<b>MA1805487</b>	<b>Invoice Preparation Checklist</b>	<b>Ant (\$)</b>	<b>Ant (\$)</b>
		<b>Est Bill</b>	<b>Adf Bill</b>
<b>Claimant's Particulars:-</b>	1) AR : Accident Reporting (\$30);	<b>30.00</b>	
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
<b>Lat. 1:</b>			
<b>Lat. 2 / 3:</b>			

## 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	29/08/2018 12:06
Date Of Accident	28/08/2018 16:50
Exact Location Of Accident	ALONG WOODLANDS SQUARE INFRT CAUSEWAY POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1318P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR CHIA WEI MENG, BERNIE
NRIC No	S7705457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90583822
Alternative Phone No	OFFICE-90583822

### Vehicle Particulars

Manufacturer	BMW
Model	320I AT D/AB 4DR ABS HID NAV
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3029121800
Cover Note Number	-

### Driver

Name of Driver	MR CHIA WEI MENG, BERNIE
NRIC No	S7705457Z
Date Of Birth	08/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90583822
Fax Number	
Contact Number	OFFICE-90583822
EMail Address	NOEMAIL

Address	BLK 816 WOODLANDS ST 82 #02-453
Postcode	730816
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	COLLISION - HEAD TO REAR
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?	YES
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCX252C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARIFFA NADIA BINTE SYED SHAIKH
NRIC/Passport Number	S8700116D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MR CHIA WEI MENG, BERNIE
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SLW1318P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

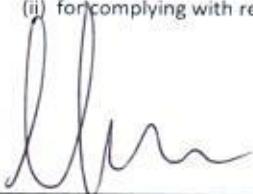
## SKETCH PLAN

### 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:  
NRIC/FIN No.:

Woodlands Square

Carseway point

A = SLW 1318P

B = SCX 252C

Please Refer to Police Report

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

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





# SINGAPORE POLICE FORCE



J/20180829/7012

1 of 2

## POLICE REPORT (NP299)

Report No. J/20180829/7012

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000

Date/Time Report Made 29/08/2018 12:54	Vide Report No.	Station Diary No.
Name Of Informant CHIA WEI MENG, BERNIE	Address APT BLK 816 WOODLANDS STREET 82 #02-453 SINGAPORE 730816	
ID Type / ID No. NRIC NO / S7705457Z	Contact No. Home/Office:                      Mobile: 91139880	
Nationality SINGAPORE CITIZEN	Email Address annabelle_lim90@hotmail.com	
Occupation FUNERAL ADVISOR	Sex Male	Age 41
Institution/School Name	Date of Birth 05/03/1977	Race Chinese
Date/Time Of Incident 28/08/2018 16:50 - 28/08/2018 16:55	Language English	
	Location Of Incident APT BLK 816 WOODLANDS STREET 82 #02-453 SINGAPORE 730816	

### Brief details.

I am travelling straight along woodland square (outside of Causeway Point) at the extreme right line, when I stop completely At the traffic light. Vehicle scx252c Ms shariffa nadia binge syed Shaikh who turn out from the left side road, trying to turn into right line collision into my rear portion of vehicle.

<b>Subjects Involved</b>	
Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2018 12:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20180829/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180829/7012

Person Name	CHIA WEI MENG, BERNIE		
ID Type	NRIC NO	ID No	S7705457Z
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	FUNERAL ADVISOR	Address Type	
Address	APT BLK 816 WOODLANDS STREET 82 #02-453 SINGAPORE 730816	Mobile No	91139880
Is Informant A Victim?	Yes		
Person Name	CHIA WEI MENG, BERNIE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2018 12:54
Officer In-Charge Of Case:	Classification Of Case:



Authentication Stamp

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S7705457Z**  
 Name: **CHIA WEI MENG, BERNIE**  
**(XIE WEIMING)**  
 Birth Date: **08 Mar 1977**  
 Issue Date: **11 Nov 2008**

001674289H

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S7705457Z**


Name: **CHIA WEI MENG, BERNIE**  
**(XIE WEIMING)**  
 谢伟明  
 Race: **CHINESE**  
 Date of birth: **08-03-1977** Sex: **M**  
 Country of birth: **SINGAPORE**

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

Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: **11 Nov 2008**

NP 428A

Licence No: **S7705457Z**

4023341


 NRIC No. **S7705457Z**


 Date of issue: **30-03-2007**

Address:  
**APT BLK 816 WOODLANDS STREET 82**  
**#02-453**  
**SINGAPORE 730816**

**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.

DMPCSN3629121800

Engine No: A2480195N20B20B

Chassis No: WBA3812010F164920

1. Index Mark and Registration  
Number of Vehicle

SLW1318P

2. Name of Policy Holder

MR CHIA WEI MENG, BERNIE

3. Effective date of the Commencement of insurance for  
the purposes of the Regulations, Ordinance or Enactment

13 APRIL 2018

NAMED DRIVERS EX SECT. 1 ..... S\$750.00  
IN ADDITION TO NAMED DRIVERS EX:

4. Date of Expiry of Insurance

12 APRIL 2019

EX SECT. 1 - AGE <= 25 ..... S\$3,000.00

EX SECT. 1 - 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.: COSMO AUTOMOBILES PTE. LTD. 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.

Countersigned By:

Authorised Officer

Authorised Signatory