

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 16/12/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/40519022054/13 | SAS e-filing | | |
| Veh No: SKE1231L | E-mail (within 8hrs. A/C 2hrs) | | |
| DOA: 21/11/19 0810 | 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: CYCLIST | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1909396 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) RT: 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:- | | |
| | OD: | | |
| | *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 Anted | Fee Charge | |

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 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 Report | 16/12/2019 09:46 |
| Date Of Accident | 21/11/2019 08:10 |
| Exact Location Of Accident | TAMPINES AVE 3 TWDS AVE 4 NEAR BLK 831 AVE 3 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SKE1231L |
| Insured/Policyholder | |
| Name Of Registered Owner | JOHNSON YAP |
| NRIC No | S7209534J |
| Email Address | JONSSON_YAP@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-81266072 |
| Alternative Phone No | OTHERS-81266072 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | CLA180 |
| 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 | DHOM120037321800 |
| Cover Note Number | |
| Driver | |
| Name of Driver | JOHNSON YAP |
| NRIC No | S7209534J |
| Date Of Birth | 16/03/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/01/1998 |
| Driving Experience | 21 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81266072 |
| Fax Number | |
| Contact Number | OTHERS-81266072 |
| EMail Address | JONSSON_YAP@YAHOO.COM |

| | |
|---|---|
| Address | 3 TAMPINES AVE T8 #14-03 ARC AT TAMPINES |
| Postcode | 529595 |
| 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 | COLLIDED INTO BICYCLIST |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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 |
| 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

PLS REFER TO THE POLICE REPORT: T/20191121/2142

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

Details of Witness 1

| | |
|---------------|----------|
| Name | MR GOH |
| Phone Number | 81809669 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | |
| Vehicle Make/Model/Colour | CYCLIST |
| Details Of Properties | |
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | |

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain SERIOUS(FATAL)CYCLIST
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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.

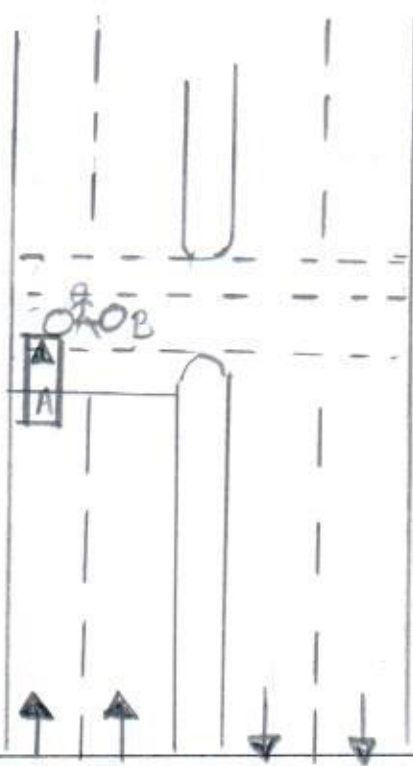

Policyholder's Signature
Date & Time:

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

 16/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SKE1231L
B - CYCLIST



TAMPINES AVE 3
NEAR BLK 831

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191121/2142

DECLARATION

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

Policyholder's Signature
Date & Time: 16/12/19

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

Reporting Centre Personnel's Signature
Name: 2lyn 16/12/19
NRIC/FIN No.:



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

Report No. T/20191121/2142

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 21/11/2019 16:27 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: JOHNSON YAP | | | Address: APT BLK 3 TAMPINES AVENUE 8 #14-03 ARC AT TAMPINES SINGAPORE 529595 | | |
| ID Type / ID No.: NRIC NO / S7209534J | | | Contact No.: Home/Office: Mobile: 81266072 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 47 | Date of Birth: 16/03/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: PROGRAM MANAGER | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-----------------------------|----------------------|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Fatal Attended by Police | Drink Drive: No | Date/Time of Accident: 21/11/2019 08:10 | Type of Location: Straight Road |
| Location: Along Road 1 TAMPINES AVENUE 3 TAMPINES AVE 3 TWDS TAMPINES AVE 4 NEAR 831 TAMPINES AVE 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Cyclist | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|---------|------------------|----------------------------|-------|-----------|-----------------|
| SKE1231L | Car | MERCEDES BENZ | CLA180 AMG LINE AUTO | Black | | 0 |
| | Bicycle | | | Blue | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|-----------------------------------|------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKE1231L | UNITED OVERSEAS INSURANCE LIMITED | DHOM120037321800 | 19/10/2018 | 18/10/2020 |

| Details of Person Involved | | | |
|-----------------------------------|-----------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | JOHNSON YAP | ID No. | S7209534J |
| Related Vehicle | SKE1231L (Car) | Contact No. | 81266072 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Cyclist | | | |
| Name | Unknown Cyclist | ID No. | NIL |
| Related Vehicle | (Bicycle) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I was driving along Tampines Ave 3 towards Tampines Ave 4 on the left of 2 lanes at stated date and time. As I was approaching the pedestrian crossing near Block 831 of the above road, a cyclist was at the center divider of the crossing and was moving across the road. The traffic light was green in my favour at the time. As I neared the crossing, I saw the cyclist on the 1st lane and I immediately jam braked. By this time, the bike was in my lane but I was unable to stop in time and hit onto the cyclist with the front right side of the car. The cyclist flew and landed on my windscreen and eventually landed on floor on the right side of my car. Ambulance arrived in about 5 minutes. Paramedics could detect a pulse from the cyclist and conveyed the cyclist to hospital. Later I was informed that it was a fatal case and was arrested to TP.

There was a witness at the scene by the name of Mr Goh, Hp: 81809669 who is willing to provide an account.



**SINGAPORE
POLICE FORCE**



T/20191121/2142

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

3 of 4

Report No. T/20191121/2142

CONTINUATION OF REPORT



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

Report No. T/20191121/2142

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SNG HONG AIK, ENRIC

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / FAIT /
Sr Staff Sgt LIM JUN HUI, ADRIAN
Contact No.: 65476350

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/11/2019 16:27

Classification Of Case:

SINGAPORE
POLICE FORCE

Signature: *Enric*



A. Johnson
Jason Yap (S7209534J)
3 Tampines Avenue 8
#14-03
Singapore 529595

Dear Sir,

NOTICE OF IMMEDIATE SUSPENSION UNDER SECTION 47C (1)(a) OF THE ROAD TRAFFIC ACT, CHAPTER 276

We refer to the investigation against you for the possible commission of the offence(s) under **Careless Driving Causing Death under Section 65(2)(a) of the Road Traffic Act, Chapter 276.**

2. This is to inform you that in exercise of the powers conferred upon the Deputy Commissioner of Police by section 47C (1)(a) of the Road Traffic Act, Chapter 276, your driving licence will be suspended with effect from **21st November 2019** until such time as the offence for which you have been committed has been tried and determined by the court, unless sooner rescinded under section 47C (10) of the Road Traffic Act.
3. During the period of suspension, you shall not drive a motor vehicle on a road under any driving licence granted by any authority. If you drive a motor vehicle on a road when your driving licence is suspended, you will have committed an offence under section 47C (7) of the Road Traffic Act. Upon conviction of this offence, you are liable to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both, and in the case of a second or subsequent conviction, you are liable to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 3 years or to both.
4. You are hereby required under Section 47C(4)(b) of the Road Traffic Act to forthwith surrender your driving licence to me at Traffic Police Headquarters.
5. Failure to surrender your driving licence to me is an offence and on conviction you will be liable to a fine not exceeding \$1,000/- or to imprisonment for a term not exceeding 3 months and in the case of a second or subsequent offence to a fine not exceeding \$2,000/- or imprisonment not exceeding 6 months.
6. If you wish to appeal against the suspension, you may write in to the Minister for Home Affairs at Ministry of Home Affairs, New Phoenix Park, 28 Irrawaddy Road, Singapore 329560. You should note that notwithstanding your appeal, the suspension of your driving licence take effect from **21st November 2019.**
7. Dated this 5th November 2019.

[Signature]
Yours faithfully,

PUTEH SHARIFF, DSP
HEAD INVESTIGATION(COVERING)
For DEPUTY COMMISSIONER OF POLICE
SINGAPORE POLICE FORCE



MEMBER OF THE UOB GROUP



CERTIFIED TRUE COPY

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

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)

ORIGINAL

| | | | |
|-----------------------------|------------------|----------------|---|
| CERTIFICATE NO. | DHOM120037321800 | Excess: | \$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM |
| Type of Cover | COMPREHENSIVE | | |
| Vehicle Number | SKE1231L | | |
| Name of Insured | JOHNSON YAP | | |
| Restricted Driver(s) | NOT APPLICABLE | | |

Period of Insurance 19 October 2018 to 18 October 2020

Engine# 27091031597397

Chassis# WDD1173422N646259

Hire Purchase STANDARD CHARTERED BANK (SINGAPORE) LTD

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]

AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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.

*Limitation 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).

UNITED OVERSEAS INSURANCE LTD

For the Company

RCHJC Date : 10/12/2019