

NATIONAL Assessment Centre Services. [ver 1 Jan/08]

NA 20012117

Date In: 28/01/2020 14:31	Job description	Date & Time Completed	Done by
Ref No: NA 200120001489/4	SAS e-illing		
Veh No: SLS 2888 S	E-mail (E-jobs, AIC 2hrs)		
D.O.A: 27/01/2020 12:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLISN		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: UNKNOWN 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 ( )

( ) Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repair.

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

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

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

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

NA 2001060

Driver/Owner:	1) DA: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* NG: Repair Coordination \$10	
	* NW: Post Repair Inspection \$22	
	* NN: DV / Collect Excess Coordination \$3	
	* NP: TP (5-8) INC against 2-75 \$20	
	* NT: Idea Mobile \$0	
	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 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	28/01/2020 14:31
Date Of Accident	27/01/2020 12:30
Exact Location Of Accident	306 BEDOK ROAD OPEN SPACE CARPARK (BDS EXT 1)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7888S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BRYAN LOW CHEE HONG (BRYAN LIU ZHIXIONG)
NRIC No	SXXXX541G
Email Address	BRYAN@CHAPTERB.COM.SG
Mobile Phone No	(LOCAL) +65-96647888
Alternative Phone No	OTHERS-96647888

### Vehicle Particulars

Manufacturer	BMW
Model	530I-2.0 LED NAV HUD MSPT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120033311801
Cover Note Number	

### Driver

Name of Driver	BRYAN LOW CHEE HONG (BRYAN LIU ZHIXIONG)
NRIC No	SXXXX541G
Date Of Birth	17/11/1978
Occupation	INDOOR
Date Of Driving Pass	31/08/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96647888
Fax Number	
Contact Number	OTHERS-96647888
Email Address	BRYAN@CHAPTERB.COM.SG

Address	BLK 1C CANTONMENT ROAD #29-35
Postcode	085301
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200127/2065

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 28 Jan 2020  
10:18 am

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 01 / 2020 (DD/MM/YYYY), TIME: 12:30 (HHMM)

LOCATION: 306, Bedok Road Open Space Carpark (BDS EXT 1)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 7888S  
b) INSURANCE COMPANY: UCI  
c) POLICY NUMBER: DHOM 120033311801  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 530i LED NAV HUD MSPT  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
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: Bryan Low Chee Hong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S78355416 CONTACT: 9664 7888  
c) ADDRESS: BK 1C, Cantonment Road, #29-35  
Singapore 085301

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\* d) DATE OF BIRTH: 17 / 11 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31 Aug 1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

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: Bukit Merah East NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ 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: \_\_\_\_\_

\* No of passenger  
(including driver)  
(4)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = [bryan@chapterb.com.sg](mailto:bryan@chapterb.com.sg)

VIDEO



Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20200127/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2020 17:33	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars			
Name of Informant: BRYAN LOW CHEE HONG		Address: APT BLK 1C CANTONMENT ROAD #29-35 SINGAPORE 085301	
ID Type / ID No.: NRIC NO / S7835541G		Contact No.: Home/Office: Mobile: 96647888	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 17/11/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/01/2020 12:30	Type of Location: Car Park
Location:  BEDOK ROAD  306 Bedok Road Open-Space Carpark carpark code: BDS EXT 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS7888S	Car	BMW	530I LED NAV HUD MSPT	Grey	Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS7888S	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200333118 01	15/01/2020	14/01/2022



Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BRYAN LOW CHEE HONG	ID No.	S7835541G
Related Vehicle	SLS7888S (Car)	Contact No.	96647888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27th January 2020, I parked my vehicle bearing licence plate number SLS7888S at lot no. 43 of 306 Bedok Road open-space carpark, carpark code: BDS EXT 1 at around 12.30pm and went for lunch at the nearby hawker centre together with my wife and two children. When I came back to my vehicle at around 1.15pm, as I came from the back of my vehicle, I entered my vehicle and drove off. When I reached my friend's place at around 1.30pm, my friend alerted me about the damages to my car.

I made a check and discovered that my front license plate is broken. The front right headlight has scratches on it. The front bumper was dented and had detached from its original placing, thus misalignment. The grill has also sunken in and there are scratches on it as well.

I drove back to the said carpark and called the Wilson Parking hotline and spoke to the call operator who informed me that I will need to lodge a police report and subsequently the officer will liaise with their side to obtain the CCTV footage from the said carpark to determine who had hit onto my vehicle.

I have an in-car camera however it is only recording while in driving mode. I have the photos of the damages to my car on my phone.



**SINGAPORE  
POLICE FORCE**



T/20200127/2065

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

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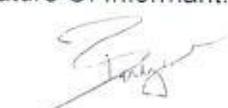
Report No. T/20200127/2065

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: A / Staff Sgt NURSALIHA BINTE SAHAWAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2020 17:33
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

Authentication Stamp  
NP168





MEMBER OF THE UOB GROUP

United Overseas Insurance Limited  
1 Amoy Street  
10th Floor Springvale Tower  
Singapore 069904  
Tel: (65) 4322 1133  
Fax: (65) 4322 1889 / 4322 1870  
Email: [enquiry@uoins.com.sg](mailto:enquiry@uoins.com.sg)  
uoins.com.sg  
Co Reg No: 191000294

### 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**

<b>CERTIFICATE NO.</b>	DHOM120033311801	<b>Excess:</b>	\$1500/-OTHERS
<b>Type of Cover</b>	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
<b>Vehicle Number</b>	SLS7888S		\$100/-WINDSCREEN DAMAGE CLAIM
<b>Name of Insured</b>	BRYAN LOW CHEE HONG		\$750/-NAMED DRIVERS - OPTION 2
<b>Restricted Driver(s)</b>	NOT APPLICABLE		

**Period of Insurance** 15 January 2020 to 14 January 2022

**Engine#** 16709958B48B20B  
**Chassis#** WBAJA52080WA34566

**Hire Purchase** HONG LEONG FINANCE LIMITED

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

FCTTS Date : 13/12/2019