

NATIONAL Assessment Centre Services.

Form 1 Jan 00

MAA420063856

Date In: 29/07/2020 11:14	Job description	Date & Time Completed	Done by
Ref No: NBR/11120002808/4	SAS e-illing		
Veh No: SML 168PS	E-mail (by date time, A/C time)		
D.O.A: 28/07/2020 10:30	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 / WK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 4732A	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 repairer.
() 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:
Date:

MA2003932	
Driver/Owner:	1) All Accident Reporting (\$30)
Contact No:	2) DA + Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP + Towing Fee \$40/45
	4) PT + Follow-Through Survey \$120
	5) PT + Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (over 10 Jan 2000)
	6) TR: Re-inspection \$75
	7) NI: Inc DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	*NI: Courtesy Car / Tpt Allowance \$3
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$3
	TP (NI) + TP (NI) INC against INC \$30
	9) NI: Inc Mobile
	Invoice dated
	Invoice dated
	Fee Charged
	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	29/07/2020 11:14
Date Of Accident	28/07/2020 10:30
Exact Location Of Accident	STEVENS ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML1688S
Insured/Policyholder	
Name Of Registered Owner	MICHAEL MARCUS LIEW
NRIC No	SXXXX395C
Email Address	MARCUSLIEW1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96573468
Alternative Phone No	OTHERS-96573468
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S500
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	DMPCSNW00053972001
Cover Note Number	
Driver	
Name of Driver	MICHAEL MARCUS LIEW
NRIC No	SXXXX395C
Date Of Birth	30/11/1978
Occupation	INDOOR
Date Of Driving Pass	16/11/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96573468
Fax Number	
Contact Number	OTHERS-96573468
Email Address	MARCUSLIEW1@GMAIL.COM

Address	1A BALMORAL ROAD #09-05
Postcode	259821
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	CHAIN COLLISION
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	4
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SMC4732A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VICTOR CHAN CHONG MUN
NRIC/Passport Number	GXXXX703Q
Contact Number	85113913
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC333D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver SYED AZAM BIN MOHD
NRIC/Passport Number SXXXX540F
Contact Number 87218665
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJZ5186J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ANDY ALFIAN BIN HAMDILLAH
NRIC/Passport Number SXXXX403J
Contact Number 91474513
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

SKETCH PLAN

Veh A: SWL 1688 S
Veh B: SMC 4732A
Veh C: SHC 333D
Veh D: SJZ 5186J

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 to 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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Mac On

Policyholder's Signature *091700M*

Date & Time:

29 July 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/07/2020
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Robert Hoffman

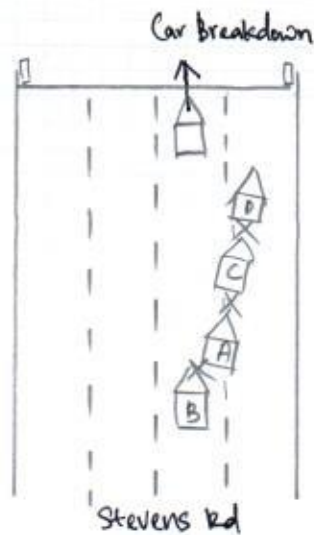
SKETCH PLAN

Veh A: SML 1688 S

Veh B: SMC 4732 A

Veh C: SHC 333 D

Veh D: SJZ 5186 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To Police Report No. T/20200728/2114

DECLARATION

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

Policyholder's Signature *0917 ar*

Date & Time: *29 July 2020*

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

29/07/2020
[Signature]

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 28 JULY 2020 *Time of Accident: 10.30 AM
*Accident Location: Stevens Rd towards Scotts Rd

Vehicle Details

*Vehicle Number: SML 1688 S *Make & Model: 8500 Mercs

Insured / Policyholder

*Owner Name: Michael Marcus Liew *NRIC: 878388950
*Address: 1A Balmoral Rd #09-05 5259821
*Email: marcusliew1@gmail.com *HP: 96573468
*Occupation: Ret - na (Indoor / Outdoor) *Tel / H / Other: _____

Driver ☒ same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: _____ *Driving Pass Date: 16/11/2004 *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder : _____)

Passengers Details N/A

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: CHINA TAIPING *Coverage: C / TPFT / TPO *Policy No: DMP C SNW 00053972001

Detail of other vehicle / Property 1

Vehicle No.: SML 4732A - Veh B Total 4 Veh
Make & Model: VOLVO S40
Vehicle Category: _____
Name of Driver: VICTOR CHAN CHONG MUN
NRIC : G0982703Q
HP : 85113913
No. of Passengers (Including Driver): 01

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Chain Collision
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



SINGAPORE POLICE FORCE



T/20200728/2114

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4
Report No. T/20200728/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2020 17:33		Vide Report No.:		Station Diary No.: 131	
Informant's Particulars					
Name of Informant: MICHAEL MARCUS LIEW			Address: 1A BALMORAL ROAD #09-05 SINGAPORE 259821		
ID Type / ID No.: NRIC NO / S7835395C			Contact No.: Home/Office: Mobile: 96573468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 30/11/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Businessman			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2020 10:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 STEVENS ROAD SCOTTS ROAD Nearing the junction of Stevens Road towards Scotts Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC333D	Car				Slightly Damaged	0
SJZ5186J						0
SMC4732A	Car				Slightly Damaged	0
SML1688S	Car	MERCEDES BENZ	S500 LONG (R20 LED)	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200728/2114

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20200728/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML1688S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000539 72001	20/05/2020	19/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SYED AZAM BIN MOHD		ID No.	S7439540F
Related Vehicle	SHC333D (Car)		Contact No.	87218665
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
Driver				
Name	ANDY ALFIAN BIN HAMDILLAH		ID No.	S8845403J
Related Vehicle	SJZ5186J		Contact No.	91474513
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
Driver				
Name	VICTOR CHAN CHONG MUN		ID No.	G0982703Q
Related Vehicle	SMC4732A (Car)		Contact No.	85113913
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



Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

Driver			
Name	MICHAEL MARCUS LIEW	ID No.	S7835395C
Related Vehicle	SML1688S (Car)	Contact No.	96573468
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 the 28/07/2020, I was travelling along Lane two on Stevens Road towards Scotts Road in my vehicle (Reg. Plate: SML1688S) alone. At that point of time, I observed a taxi (reg. plate: SHC333D) which was in front of me had filtered to Lane One. I also spotted there was a obstruction on Lane 2 where a black vehicle (SMN4942C) had broken down. As such I kept to the right, and waited for the traffic light to turn green.

Shortly after, i felt an impact fcoming from the rear of my vehicle. A black vehicle (Reg. Plate: SMC4732A) had hit on the rear of my car. The impact had caused my vehicle to move forward and hit onto the said taxi. Due to that, the taxi also had moved forward and hit onto another vehicle (Reg. Plate: SJZ5186J). I wish to inform there were a total of 4 vehicles involved and I was the third vehicle in the chain collision.

Vehicles involved -

1. SJZ5186J - First car
2. SHC333D - Second car
3. SML1688S - Third car
4. SMC4732A - Fourth car

After the collision happened, all drivers came out from respective vehicle and exchanged particulars among ourselves. I wish to inform that I am not aware of any injured party and no ambulance or Traffic Police came down to scene.

I am lodging this report to facilitate with insurance claim.



**SINGAPORE
POLICE FORCE**



T/20200728/2114

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20200728/2114

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:
E /
Sgt 3 AZRULIZWAN BIN ABDUL RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/07/2020 17:33

Officer In Charge Of Case:
TP / GIA /

Classification Of Case:

Staff Sgt WONG SIEU LUI
Contact No.: 65476151



SN 172

Authentication Stamp
NP168

SIGNATURE



Motor Private Car

MX1E

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

R SN

AN0573A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00053972001

Engine No.: 27892930252977

Chs. No.: WDD2221822A157896

1. Index Mark and Registration
Number of vehicle

SML1688S

AUTOSAFE

2. Name of Policy Holder

MICHAEL MARCUS LIEW

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

20/05/2020

Named Drivers Ex Sect. I S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

19/05/2021

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.: KENSO LEASING 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 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: PRIVILEGE CAPITAL PTE LTD
Authorised Officer

Authorised Signatory