

# NATIONAL Assessment Centre Services

Form 1-10-05

Page 1 of 1

Date In: 18/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/CFI20014121/13	SAS e-filing		
Veh No: SMW 5566B	E-mail (Within 8hrs, At 2 hrs)		
D.O.A: 17/12/20 1805	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: SMW 5566B	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: ( )
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Date/Time	Actions

NA2100373	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
		In Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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 \$10		
Call 1:	Invoice dated	Fee Charged	
Call 2 / 3:	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 Submission	18/12/2020 17:33 (SGT)
Date of Accident	17/12/2020 18:05 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	SLIP RD BRADDELL RD B4 ENTERING CTE/SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5566B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW KA SONG
NRIC No	SXXXX478H
Email Address	bernardliew67@yahoo.com.sg
Mobile Phone No	(Phone) +65-96665566
Alternative Phone No	+65-96665566

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00137132000
Cover Note Number	-

#### DRIVER

Name of Driver	LIEW KA SONG
NRIC No	SXXXX478H
Date Of Birth	18/06/1967
Occupation	Indoor

Date Of Driving Pass .....	12/09/1984
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96665566
Alt. Phone Number .....	+65-96665566
Email Address .....	bernardliew67@yahoo.com.sg
Address .....	BLK 727 YISHUN STREET 71
Address complement .....	#02-91
Postcode .....	760727
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIEW GUI YING
Gender .....	Female

#### PASSENGER 2

Name .....	NEO YU
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201218/7024

#### 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 .....	SMK5226X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIEW KA SONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	LIEW GUI YING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	NEO YU
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.:



SKETCH PLAN

CTE / SLE

(A) SMK 5566 B

(B) SMK 5226 X

Strip Road

A

B

Refer To Police Report 17/2020/218/7024

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

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



**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

1 of 4

Report No. T/20201218/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2020 13:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIEW KA SONG			Address: 727 YISHUN STREET 71 #02-91 SINGAPORE 760727		
ID Type / ID No.: NRIC NO / S1829478H			Contact No.: Home/Office: Mobile: 96665566		
Nationality: SINGAPORE CITIZEN			Email: bernardliew67@yahoo.com.sg		
Sex: Male	Age: 53	Date of Birth: 18/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2020 18:00	Type of Location: SLIP ROAD ENTERING EXPRESSWAY
Location:  BRADDELL ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMK5226X	Car	HYUNDAI	AVANTE	Silver		2
SMW5566B	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Black		2



**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

Report No. T/20201218/7024

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW5566B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001371 32000	28/09/2020	27/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIEW KA SONG		ID No.	S1829478H
Related Vehicle	SMW5566B (Car)		Contact No.	96665566
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	18/12/2020		Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	
Passenger				
Name	LIEW GUI YING		ID No.	T0030489H
Related Vehicle	SMW5566B (Car)		Contact No.	92984254
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/12/2020		Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	
Passenger				
Name	NEO YU		ID No.	S6810905A
Related Vehicle	SMW5566B (Car)		Contact No.	82188058
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/12/2020		Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	





**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201218/7024

**CONTINUATION OF REPORT**

Brief Details.

ON THE 17/12/2020 AROUND 6 PM, I ( LIEW KA SONG S1829478H), WAS DRIVING MY CAR SMW5566B WITH MY WIFE (NEO YU S6810905A) SITTING AT THE FRONT PASSENGER SEAT AND MY DAUGHTER ( LIEW GUI YING T0030489H ) SITTING AT THE BACK SEAT. I WAS TRAVELLING ON A SLIP ROAD (FIRST LANE) FROM BRADDELL ROAD BEFORE ENTERING CTE/SLE DIRECTION, SUDDENLY A CAR (SMK5226X SILVER HYUNDAI AVANTE) CUT INTO MY LANE WITHOUT SIGNALLING WHILE MY CAR IS ON MOVING, THE CAR (SMK5226X) HIT THE LEFT HAND SIDE OF MY VEHICLE. AFTER THE COLLISION, HE DIDNT GET DOWN TO CHECK ON THE DAMAGES. HE IMMEDIATELY DROVE OFF. THEREFORE I DO NOT HAVE THE DRIVER PARTICULARS. I CAN SEE THAT, THE DRIVER WAS A CHINESE MAN, WITH A WOMAN, CARRYING A CHILD SITTING ON THE FRONT PASSENGER SEAT. I MAKE THIS REPORT IS TO MAKE A THIRD PARTY CLAIM



**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

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Report No. T/20201218/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NOR AFFENDY BIN JAFFAR  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
18/12/2020 13:01

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 12 / 2020) (DD/MM/YYYY), TIME: (18 : 05) (HH:MM)

LOCATION: Slip Road Braddell Road before Entering CRE/SLR

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMW 5566 B  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMP GSN W 00137132000  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Bmw 523i  
 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: Liew Ka Song (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1829478 H CONTACT: 9666 5566  
 c) ADDRESS: 727 Yishun St TI #02-91 S'760727

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

## DRIVER

- a) NAME: Liew Ka Song (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1829478 H CONTACT: 9666 5566  
 c) ADDRESS: 727 Yishun St TI #02-91 S'760727

\*d) DATE OF BIRTH: (18 / 06 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 36

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: ubi Avenue 3

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMK 5276 X MODEL: Hyundai Avante

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 = feqrage.claims@gmail.com

fax = bernardliew67@yahoo.com.sg

yu

Motor Private Car

MX1E

E SN

AN0420A

Cov. Type:C

**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.

DMPCSNW00137132000

Engine No.: 07187608N52B25AF

Cha. No.: WBAFP32090C547171

1. Index Mark and Registration  
Number of Vehicle

SMW5566B

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

LIEW KA SONG

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

08/10/2020

Named Drivers Ex Sect. I  
Additional Ex Other than Named Drivers:

\$S2,100.00

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

\* Age as at date of accident

EX ON WINDSCREEN .

\$S100.00

4. Date of Expiry of Insurance

27/09/2021

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 \$S1,000 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. : SSL HOLDINGS PTE. LTD.

\* 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



Issued By:

Chen Lay Sally

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory