

NATIONAL Assessment Centre Services.

part 1 Jan'03

SM 0921180008

Date In: 8/1/21 12:02	Job description	Date & Time Completed	Done by
Ref No: MAL CTI 21000343164	SAS e-filing		
Veh No: SMU 5880D	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 6/1/21 19:05	I-Motor Claim Form		
Old: (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKT 28016	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 repolier.	
() 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: (
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Date/Time:	Actions:

NA2100386		Invoice/Repairation Checklist																																	
Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):																																
Auditors Comments:		<table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claim against INC Only (w/c 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idco DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idco Mobile \$0</td> <td></td> </tr> </table>		1) AR: Accident Reporting (\$30);		2) DA: Damage Assessment (\$100); INC (\$30)		3) TP: Towing Fee \$40/\$45		4) PT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claim against INC Only (w/c 10 Jan 2003)		6) TR: Re-inspection \$75		7) NI: Idco DA + SMRT Survey \$160		8) NTUC Additional Services:-		ON:		*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: Idco Mobile \$0	
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Date: 2/3;		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 Submission 08/01/2021 12:02 (SGT)
Date of Accident 06/01/2021 19:05 (SGT)
Exact Location of Accident Hospital Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU5880D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIA BINGWEN IAN
NRIC No SXXXX119Z
Email Address IAN.AARONCHIA@GMAIL.COM
Mobile Phone No (Phone) +65-98370448
Alternative Phone No +65-98370448

VEHICLE PARTICULARS

Manufacturer BMW
Model 116d
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 DMPCSNW00157552000
Cover Note Number -

DRIVER

Name of Driver CHIA BINGWEN IAN
NRIC No SXXXX119Z
Date Of Birth 22/07/1982

Date Of Driving Pass	19/06/2015
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98370448
Alt. Phone Number	+65-98370448
Email Address	IAN.AARONCHIA@GMAIL.COM
Address	BLK 438B BUKIT BATOK WEST AVE 8 #08-1037
Address complement	-
Postcode	652438
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GI SELA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210106/2154

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	SKT2801G
Vehicle Manufacturer	-
Vehicle Model	-

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)	-

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:

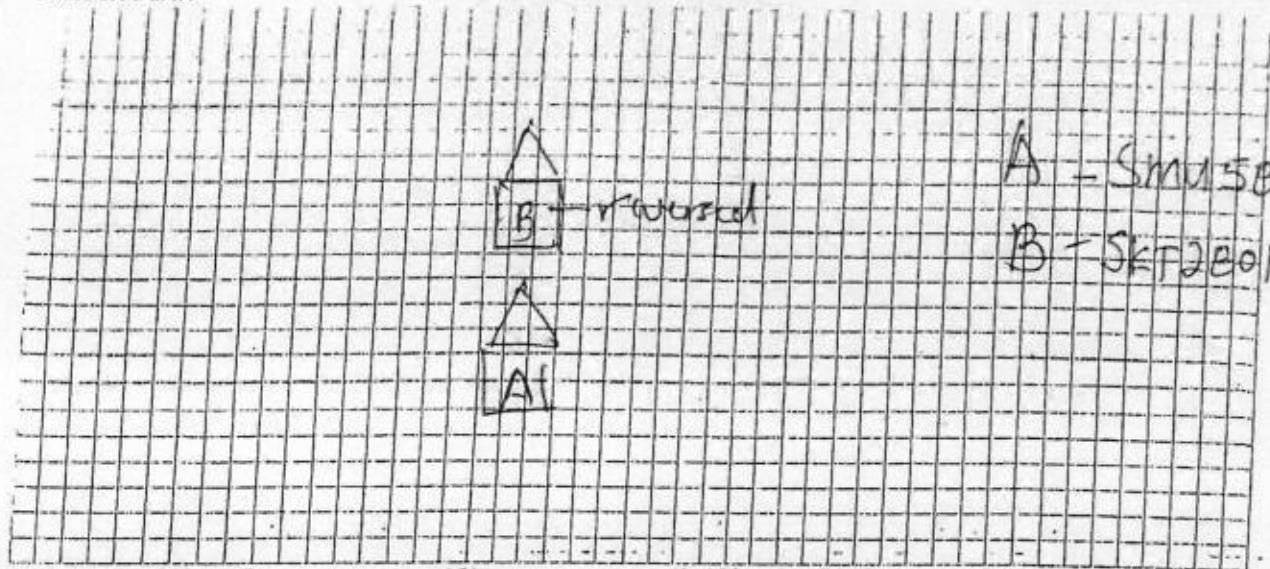
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report no: T/20210106/254

DECLARATION

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

JA

Policyholder's Signature

Date & Time:

JA

Driver's Signature

(If driver is not the policyholder)

Date & Time:

JA

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210106/2154

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20210106/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 22:17		Vide Report No.:		Station Diary No.: 131	
Informant's Particulars					
Name of Informant: CHIA BINGWEN, IAN			Address: APT BLK 438B BUKIT BATOK WEST AVENUE 8 #08-1037 SINGAPORE 652438		
ID Type / ID No.: NRIC NO / S8827119Z			Contact No.: Home/Office: Mobile: 98370448		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 28/07/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CREATIVE DESIGNER		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/01/2021 19:05	Type of Location: Straight Road
Location: HOSPITAL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving vehicle - Rear to Front				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT2801G	Car					0
SMU5880D	Car	BMW	116D 5DR HATCHBAC K DSC LED	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20210106/2154

2 of 3

Report No. T/20210106/2154

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU5880D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001575 52000	27/10/2020	29/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA BINGWEN, IAN		ID No. S8827119Z
Related Vehicle	SMU5880D (Car)		Contact No. 98370448
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 06/01/21 at about 1904hrs, I was driving V1) SMU5880D along Hospital Drive outside National Heart Centre, Drop off point heading towards Kampong Bahru Road. As I was turning out to the main road, there was a car (V2: SKT2801G) in front of me that has stopped for quite awhile. So I waited behind him. Suddenly, the car reversed and as he was reversing very close to my car, I horned him but still, the car's rear left hit onto my front right headlight area. After hitting onto my car, the car stopped and proceeded to enter the main road without alighting for us to exchange particulars.

Eventually, at the traffic light of Kampong Bahru Road, I encountered with the car mentioned above again. I looked at the driver but the driver just smiled and drove off. Subsequently, when I reached my destination at Bukit Batok Industrial Park, I checked on my car and saw some scratches on my car's front right headlight area. I informed my car insurance agent and was advised to lodge a traffic accident report. At the time of accident, my sister was in the car with me.

There is an in car camera in my car and it is recording. I have saved a the video recording. I am not injured and the damages to my car as follows:

-Scratches on the front right headlight area

No particulars exchanged and I managed to get the car's registration plate number from the video recording of my in car camera.



**SINGAPORE
POLICE FORCE**



T/20210106/2154

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20210106/2154

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:

J /

Sgt 2 SITI SUHAILAH BINTE HUSSAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2021 22:17

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168



POLICE FORCE

WATERLOO STREET, SINGAPORE

Motor Private Car

MX1E

E SN

AN0509A

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.

DMPCSNW00157552000

Engine No.: 36019386B37D15A

Cha. No.: WBA1V720X0V250115

 1. Index Mark and Registration
Number of Vehicle

SMU5880D

 AUTOSAFE
 =====

2. Name of Policy Holder

CHIA BINGWEN IAN

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

 27/10/2020
 (14:15:34)

Named Drivers Ex Sect. I S\$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

29/11/2021

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.: MAYBANK

* 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.

 Issued By: Lim Lee Choo
 Authorised Officer



Authorised Signatory

Date of Accident : 06/01/21 Accident Time: 1905hrs (24-HR-Format)
Accident Place : Hospital Drive
Vehicle Reg. No. (Car Plate No.) : Smy 5880 D
Vehicle Make/Model : Bmw 116D
Insurance Company : Ching Tai ping Policy No. DMPCSNW 00157552000
Owner or Company Name /IC No. : Chia Bingwen lan
Owner or Company Contact No. : - Owner's Hp 98370448 Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 28/7/88 DRIVER'S License Pass Date 19/6/15
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK 438B Bukit Batok West Ave 8 #08-1037
DRIVER'S Contact No./ Alt No. : (1) (652438) 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ian.aaronchia@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WBT
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 - Gisela (Sister)
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKT 28016

Vehicle Make/Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make/Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add: