

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN 09213 B000C

Date In: 11/3/21 14:11	Job description	Date & Time Completed	Done by
Ref No: MA/C72 21003221/h4	SAS e-filing		
Veh No: SBU 1008 M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/3/21 10:40	i-Motor Claim Form		
OD:  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: PC 2045 C.	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 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

NA 2102131	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 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 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 ..... 11/03/2021 14:11 (SGT)  
Date of Accident ..... 10/03/2021 10:40 (SGT)  
Exact Location of Accident ..... International Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBU1008M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AW CHI TONG DEREK  
NRIC No ..... SXXXX687A  
Email Address ..... AW\_DEREK@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97853428  
Alternative Phone No ..... +65-97853428

#### 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 ..... DMPCSNW00047922100  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... AW CHI TONG DEREK  
NRIC No ..... SXXXX687A  
Date Of Birth ..... 20/08/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/07/2000
Driving experience .....	20 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97853428
Alt. Phone Number .....	+65-97853428
Email Address .....	AW_DEREK@HOTMAIL.COM
Address .....	BLK 130B LOR 1 TOA PAYOH #32-518
Address complement .....	-
Postcode .....	312130
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 .....	Collision - Cross Junction
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO POLICE REPORT T/20210310/7021

#### 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 .....	PC2045C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Contact Number .....	(Phone) +65-90287518



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 .....	AW CHI TONG DEREK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SBU1008M
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 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.

#### 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

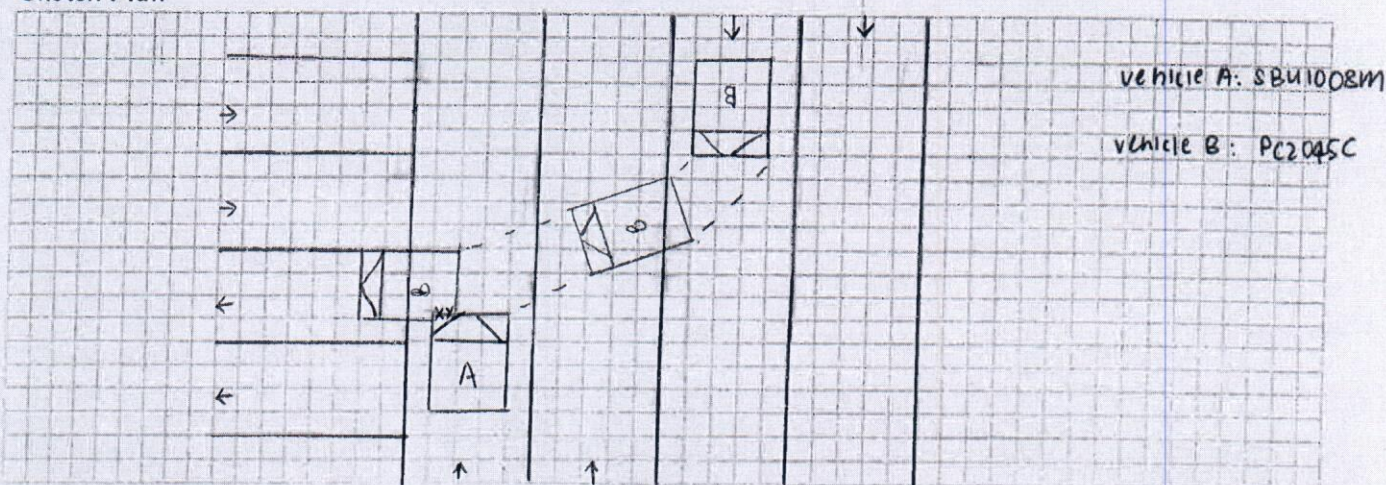
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan







Describe Circumstances of the Accident


Refer to police report. 7120210310 / 7021

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210310/7021

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

1 of 3  
Report No. T/20210310/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 14:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AW CHI TONG, DEREK			Address: 130B LORONG 1 TOA PAYOH #32-516 SINGAPORE 312130		
ID Type / ID No.: NRIC NO / S8118687A			Contact No.: Home/Office: Mobile: 97853428		
Nationality: SINGAPORE CITIZEN			Email: AW_DEREK@HOTMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 20/08/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2021 10:40	Type of Location: X-Junction
Location:  INTERNATIONAL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC2045C	Bus/Coach/Mi nibus			White		0
SBU1008M	Car	BMW	523i 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Grey	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210310/7021

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

2 of 3

Report No. T/20210310/7021

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBU1008M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001809 42000	01/12/2020	30/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	AW CHI TONG, DEREK		ID No.	S8118687A
Related Vehicle	SBU1008M (Car)		Contact No.	97853428
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SBU1008M ON  
INTERNATIONAL ROAD, AT THE MOST LEFT LANE. AS I WAS TRAVELLING STRAIGHT AND  
APPROACHING A JUNCTION, VEHICLE B BEARING CARPLATE NUMBER PC2045C DASHED OUT  
OF THE FILTER RIGHT POCKET ON HIS LANE AND RESULTED THE HEAD ON COLLISION. I  
STOPPED WITH INTENTIONS TO ALIGHT FROM MY VEHICLE BUT THE OTHER PARTY FLED OFF.  
I GAVE HIS VEHICLE A CHASE, HORNED HIM THROUGH OUT THE ROUTE AND EVENTUALLY  
MANAGED TO STOP HIM AT THE PLACE HE WAS GOING TO PETROL. I TRIED TO EXCHANGE  
PARTICULARS WITH HIM BUT HE REFUSED, HE SAID THIS ACCIDENT WAS A MINOR ISSUE TO  
HIM AND HE FELT LIKE THERE WAS NOTHING SERIOUS GOING ALONG. THE CRASH HAD  
RESULTED IN SERIOUS DAMAGE IN MY VEHICLE'S FRONT PORTION. I AM CURRENTLY FEELING  
THE STRAINS ON MY NECK AREA AND WILL BE SEEKING MEDICAL ATTENTION ASAP.





**SINGAPORE  
POLICE FORCE**

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



T/20210310/7021

3 of 3

Report No. T/20210310/7021

**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 /  
NEO ZHI YUAN  
Contact No.: 65476079

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:  
10/03/2021 14:56

Classification Of Case:





Motor Private Car

MX1E

N SN

BR0138A

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.

DMPCSNW00047922100

Engine No.: 13657672N52B25AF

Cha. No.: WBAFP32070C863880

1. Index Mark and Registration  
Number of Vehicle

SBU1008M

AUTOSAFE

=====

2. Name of Policy Holder

AW CHI TONG DEREK

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

12/03/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$1,000.00

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

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.

\* 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: IVAN INSURANCE BROKERS PTE LTD

Authorised Officer

Authorised Signatory



Date of Accident : 10/03/2021 Accident Time: 1040 Am (24-HR-Format)  
Accident Place : International Rd  
Vehicle Reg. No. (Car Plate No.) : SBU1008M  
Vehicle Make/Model : BMW 523i  
Insurance Company : China Taiping Policy No. \_\_\_\_\_  
Owner or Company Name /IC No. : AW Chi Tong, Derek (Hu ZhiTang, Derek)  
Owner or Company Contact No. : 97853428 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AW Chi Tong, Derek (Hu ZhiTang, Derek) S8118687A  
DRIVER'S Date Of Birth : 20-08-1981 DRIVER'S License Pass Date 26-07-2000  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 130B lor 1 10A payoh #32-518 S312130  
DRIVER'S Contact No./ Alt No. : 1) 97853428 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : AW - Derek @ Hotmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 injuries on neck  
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: <u>PC2045C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>Chitson Transport Service Co.</u>	Name Driver: _____
IC No. Driver: <u>6765 0262</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9028 7518</u>	Driver's Contact & Add: _____