

# NATIONAL Assessment Centre Services

Date In 23/09/21	Job description	Date & Time Completed	Done by
Ref No NA/CT/21009912/13	SAS e-filing		
Veh No: CB8337E	E-mail (within 3hrs, M/F 2hrs)		
DOA 22/09/21 0620	i-Motor Claim Form		
OD TP <u>Reporting Only</u>	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: CYCLIST	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 :

Date/Time	Actions

NA2104006

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	• 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 \$0		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:			

## 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	23/09/2021 09:43 (SGT)
Date of Accident	22/09/2021 06:20 (SGT)
Exact Location of Accident	Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8337E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE MENG HUAT
NRIC No	SXXXX808E
Email Address	seemenghuat69@gmail.com
Mobile Phone No	(Phone) +65-97312232
Alternative Phone No	+65-97312232

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00011192000
Cover Note Number	-

#### DRIVER

Name of Driver	SEE MENG HUAT
NRIC No	SXXXX808E

Date Of Birth	20/10/1969
Occupation	Outdoor
Date Of Driving Pass	08/09/1999
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-97312232
Alt. Phone Number	+65-97312232
Email Address	seemenghuat69@gmail.com
Address	BLK 318 UBI AVE 1
Address complement	#10-477
Postcode	400318
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	Collided into Bicyclist
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?	Yes
Was any other vehicle 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	STUDENT
Gender	Female

#### PASSENGER 2

Name	STUDENT
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210922/2032

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	NA / Unknown
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

## 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 willful 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:

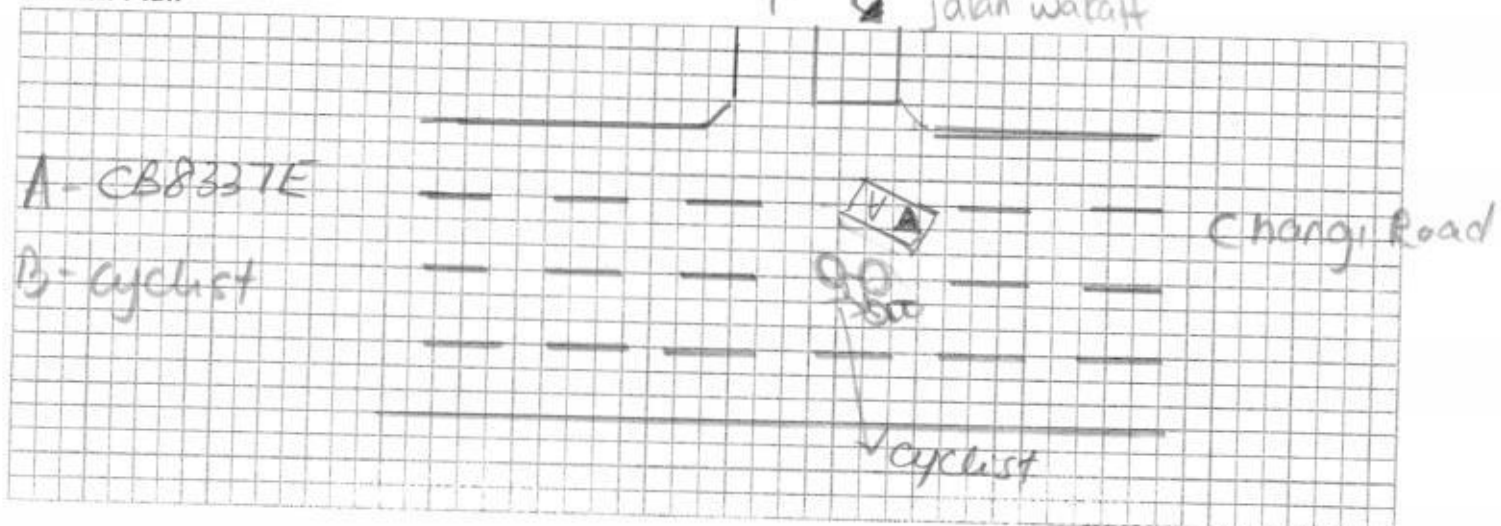
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


*P/s refer to the police report: T/20210922/2032*

**Declaration**

We declare the foregoing particulars are true in every respect.

 22/9/21  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

 23/09/21  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210922/2032

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

1 of 4

Report No. T/20210922/2032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 13:08		Vide Report No.: G/20210922/0065	Station Diary No.: 6
<b>Informant's Particulars</b>			
Name of Informant: SEE MENG HUAT		Address: APT BLK 318 UBI AVENUE 1 #10-477 SINGAPORE 400318	
ID Type / ID No.: NRIC NO / S6936808E		Contact No.: Home/Office: Mobile: 97312232	
Nationality: SINGAPORE CITIZEN		Email: mhsee@yahoo.com.sg	
Sex: Male	Age: 51	Date of Birth: 20/10/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/09/2021 06:20	Type of Location: T-Junction
Location: CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: MOVING VEHICLE AGAINST CYCLIST			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8337E	Bus/Coach/Minibus (School Children)	TOYOTA	HIACE VAN TURBO 4DR AT	Silver	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB8337E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SNW000111 92000	02/11/2020	01/11/2021



# SINGAPORE POLICE FORCE



T/20210922/2032

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Report No. T/20210922/2032

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SEE MENG HUAT	ID No.	S6936808E
Related Vehicle	CB8337E (Bus/Coach/Minibus (School Children))	Contact No.	97312232
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 22/9/2021, sometime between 0620hrs to 0625hrs, I was driving my minibus bearing registration number CB8337E and picking up students from Saint Anthony Conossian Primary school, to send them to school. I was driving along Jln Wakaff and heading towards the direction of Changi Road. As I was approaching the T-Junction between Changi Road and Jln Wakaff, I had slowed down my minibus and immediately made a check on my right side as Changi Road is a one way road. I did not see any oncoming cars, pedestrian or cyclist. I had made a left turn into Changi Road. I had drove to the second lane as the first lane was a bus lane. After I had crossed the divider between the first and second lane, I heard a loud sound coming from my right side. I made a check and saw that a cyclist was sitting on the floor next to his bicycle.

I had exited my minibus and spoke to the cyclist however he could not speak English and was a Malaysian Malay man in his 60s. 2 passerby had came by and approached the cyclist. One of the passerby spoke to the cyclist in Malay. I decided to call for 995 immediately. As I was on the phone with the 995 operator, the 2 passerby had brought the cyclist and the bicycle to the side of the road. Afterwards, an ambulance and Traffic Police had came down to the scene. I had handed over my front facing camera SD Card to the Traffic Police officer and was given an acknowledgement form. I was unsure if the camera was recording or not as I do not know how to operate the camera as it belonged to my company.

The cyclist has abrasion on his right eyebrow area and was complaining of pain on his right leg area. However he does not want to go to Hospital and said he wants to wait for his supervisor to come down first. When his supervisor had arrived, he had told that if he were to go to hospital, he will have to pay for his own medical bills. However, I had advised the cyclist to make a check at the hospital to ensure that he is fine and there was no serious injury as he was complaining of pain on his right leg. The cyclist was then conveyed to Changi General hospital. I had exchanged contact number with his supervisor. I was advised to make a traffic accident report by the Traffic Police officer.

I had received a WhatsApp from Vick, who had asked me to for my personal details and to pay for the cyclist medical fees. However I had consulted with my insurance agent who advised to make an insurance claim instead.

I wish to add that the cyclist was wearing dark colored clothing, there were no lights on his bicycle and the





**SINGAPORE  
POLICE FORCE**



T/20210922/2032

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No. T/20210922/2032

**CONTINUATION OF REPORT**

sky was still dark at the point of accident. I am now lodging this report under the instruction from the Traffic Police and for insurance claiming purposes.



**SINGAPORE  
POLICE FORCE**



T/20210922/2032

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Report No. T/20210922/2032

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

**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

G /

Sgt 3 JONATHAN LIM ZI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Signature Of Informant:

Date/Time:

22/09/2021 13:08

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (22/09/21) (DD/MM/YYYY), TIME: (06:20) (HH:MM)

LOCATION: CHANGI ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB8237E  
 b) INSURANCE COMPANY: SATHANA  
 c) POLICY NUMBER: DMB15NW00011192000  
 d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
 e) MAKE & MODEL: TOYOTA HIACE (A)  
 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: SEE MENG HUAT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S69368086 CONTACT: 97312232  
 c) ADDRESS: BLK 318 UBI AVE 1  
 #10-477 (400218)

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

### DRIVER

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

\* No of passenger  
 (including driver)  
 (3)

2 student (F)

- \* d) DATE OF BIRTH: (20/10/1969) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 08/09/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO) cyclist  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CYCLIST MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 ( )

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 ( )

convey

Email = seemenghuat69@gmail.com

fax =

VIDEO = yes, sd card with tp



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Bus

MZ601/P

N SN

AN0580A

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.

DMB1SNW00011192000

Engine No.: 1KDB048578

Cha. No.: JTFHT02P009990509

1. Index Mark and Registration  
Number of Vehicle

CB8337E

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

SEE MENG HUAT

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

02/11/2020  
(00.00.00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

01/11/2021

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO., BOARDINGHOUSE 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 reverse

Issued By:

Zhong Yue Qiang  
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com