

# NATIONAL Assessment Centre Services

Date In: 14/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/1121010652/13	SAS e-filing		
Veh No: 5MC7417R	E-mail (within Max. Alt. 2hrs)		
DQA 13/12/21 1630	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: SC2 7007M	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

NA104679	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Driver/Owner:</b>	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
<b>Contact No:</b>	5) iFT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
<b>Damaged Portion:</b>	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRI Survey \$160			
	8) NTUC Additional Services:-			
<b>QC Checked by (Engr-In-Charge):</b>	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5			
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
<b>Cat. 2 / 3:</b>	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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	14/12/2021 16:22 (SGT)
Date of Accident	13/12/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT RD TURNING TWDS KPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7417R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO THIAM BENG
NRIC No	SXXXX046J
Email Address	tbteo4995s@gmail.com
Mobile Phone No	(Phone) +65-81578588
Alternative Phone No	+65-88702241

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1499

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00009402000
Cover Note Number	-

#### DRIVER

Name of Driver	TEO THIAM BENG
NRIC No	SXXXX046J

Date Of Birth	11/09/1970
Occupation	Outdoor
Date Of Driving Pass	28/01/1994
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81578588
Alt. Phone Number	+65-88702241
Email Address	tbteo4995s@gmail.com
Address	BLK 351 UBI AVE 1
Address complement	#07-955
Postcode	400351
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 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	PASSENGER
Gender	Female

#### PASSENGER 2

Name	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	WITH BMW BIS
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ7007M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MAGNUS STEPHANIE SHIN-LYN
NRIC No	SXXXX974J
Contact Number	(Phone) +65-96227224
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

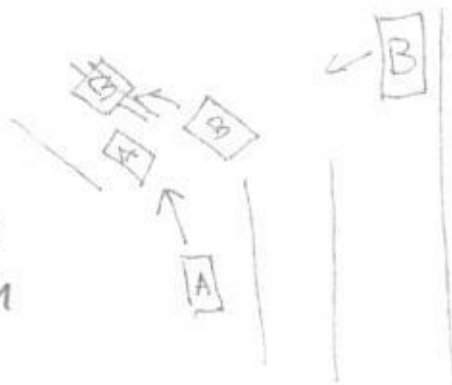
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

AIRPORT RD TURNING  
TWO'S LANE

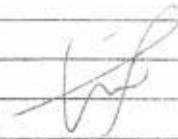


Refer to Video

**Describe Circumstances of the Accident**

I was driving towards KPE, the third party cut across from main road to slip road and made sudden turn to my lane and collided onto my car.

The collision pushed my car towards the side kerb and caused my left front rim to hit the side kerb. Damages sustained both frontal left and right.



**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

 14/12/21

Witnessed by Reporting Centre Personnel



✓ Video

Grab

✓ photos

✓ ins Cert

✓ China.

**SINGAPORE ACCIDENT STATEMENT****ACCIDENT DETAILS**

*DATE / TIME OF ACCIDENT	Date: 13/12/21 Time (24HRS): 1630 Hrs
*Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <u>Third Party</u> Claim/Reporting only)
*Country / State of Loss	<u>Singapore</u>
*Exact Location of Accident (Block / Street / Ave)	<u>Airport Rd Turning Twp KPE</u>
*Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) Pls state-	<u>Side Swipe</u>
*Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others,
*Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others,
*Was any foreign vehicle involved in accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*No. of vehicles involved in the accident	<u>2</u> including own vehicle
*Has the driver been approached by unknown person(s) soliciting accident claims assistance?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station)
Police Station Name	
*Was notice of intended Prosecution given?(If any)	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If Yes, against whom?

**OWN VEHICLE (INSURED / POLICYHOLDER)**

*Own Vehicle Registration Number	<u>SMC 7417R</u>
*Vehicle Category	Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others,
*Vehicle Make & Model	BMW Model: <u>Gran 2161</u>
*Transmission	<input type="radio"/> Manual <input checked="" type="radio"/> Auto
*CC	
*Number of Passengers (including driver)	<u>3</u>
1. Passenger Name:	<u>Unknown</u> <input type="radio"/> Male <input checked="" type="radio"/> Female
2. Passenger Name:	<u>Unknown</u> <input type="radio"/> Male <input checked="" type="radio"/> Female
3. Passenger Name:	<input type="radio"/> Male <input type="radio"/> Female
4. Passenger Name:	<input type="radio"/> Male <input type="radio"/> Female

**OWN VEHICLE POLICY**

*Name of Insurance Company	<u>China</u>
*Coverage Type	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> Only
*Fleet Policy (For Company Vehicle)	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Policy Number	<u>PMH CSN W00009402000</u>
*Personal Identification Type	<input checked="" type="radio"/> NRIC <input type="radio"/> IN <input type="radio"/> Passport Number
*Registered Owner ID No.	<u>870320465</u>
*Registered Owner Name (See Insurance Cert.)	<u>TEO THIAM BENG</u>
*Email Address	<u>fbteo4995@gmail.com</u>
*Mobile No	<u>8157 8588</u>
*Alternative Contact Number	<u>8870 2241</u>

**DRIVER INFORMATION**

Is the Driver the Policy Holder?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Name of Driver	
*Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
*Driver Identification Type	<input checked="" type="radio"/> NRIC <input type="radio"/> IN <input type="radio"/> Passport Number

BMW BU

*Driver ID No.	
*Date of Birth	dd/ mm/ yy
*Driving License Pass Date	28 dd/ 01 mm/ Year 1994
*Driver's Mobile No	
*Driver's Alternative Contact Number	
*Driver's Address	
*Driver's Email Address	
*Driver's Occupation	<input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor <i>Grab driver</i>
*Driver Owner Relationship	
*Does Driver Own Other Vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No
- if yes, please state vehicle no. & insurance	

#### TP VEHICLE OR PROPERTY

*Was there any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
DETAILS OF OTHER 1ST VEHICLE	THIRD PARTY PARTICULAR 1ST VEHICLE (DRIVER)
Vehicle Registration Number (TP's Car Number)	<i>SCZ 7007</i> <del>EP55</del> / M
Vehicle Make/ Model/ Colour/Type	<i>Toyota Harrier</i>
Details of Properties(Damages of his car)	
Name of Insurance Company	
Name of Driver	<i>MAGNUS STEPHANIE SHIN E/M</i>
Personal Identification - NRIC (Singaporean/PR)	<i>S7736974 J</i>
- FIN/Passport Number	
Contact Number	<i>96227229</i>
Address	<i>(2 persons)</i>

DETAILS OF OTHER 2ND VEHICLE	THIRD PARTY PARTICULAR 2ND VEHICLE (DRIVER)
Vehicle Registration Number (TP's Car Number)	
Vehicle Make/ Model/ Colour/Type	
Details of Properties(Damages of his car)	
Name of Insurance Company	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
*Was anybody injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No
*Was there any Witnessess?	<input type="radio"/> Yes <input type="radio"/> No

#### Details of Injured 1st Person

Name	<i>NA</i>	<i>No injuries</i>
Address		
Approximate Age		
Injuries Sustained		
If vehicle occupants, state in which vehicle?		
Were seat belts worn?	<input type="radio"/> Yes <input type="radio"/> No	<i>by</i>
Was injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No	

#### Details of Injured 2nd Person

Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	



Model form C01

\$3,513.02

CERTIFICATE OF INSURANCE

Issued by China Taiping Insurance (Singapore) Pte. Ltd.  
100 Robinson Road, 18th Floor, Singapore 068903  
Main Office: 100 Robinson Road, 18th Floor, Singapore 068903  
Branch Office: 100 Robinson Road, 18th Floor, Singapore 068903

Policy No.  
Insured  
Co. Name

CERTIFICATE NO.

DMHCSN000009402000

Insured Name and Registration

SMQ7813G

Name of Policy Holder

TEO THIAM BENJ

Effective Date of the Commencement of Insurance Period and Expiry Date of the Expiration of Insurance Period

30/12/2020  
30/12/2021

Date of Entry of Insurance

28/12/2021

Persons or Classes of Persons entitled to Insure

As per Named Driver's valid licence

Provided that the person driving is permitted to drive in accordance with the licence, or valid licence or a Court of Law or by reason of any endorsement or regulation in that behalf from driving the Motor Vehicle.

TEO THIAM BENJ

Limitations as to Use

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for local domestic pleasure purposes and business purposes of any person to whom the policy is issued.

The Policy does not cover

- (1) Use for racing, pace making, stunts, trial or speed testing.
- (2) Use where driving is under duress or the policyholder is not the named driver.

HIKE PURCHASE CO. HONG LEONG FINANCE LTD

\* Limitations mentioned hereunder are subject to the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Motor Transport Act 1961 (Malaysia) and are not to be construed under their headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

ROSE, WEI CREDIT PTE LTD

Co. Reg No. 200512300K  
210 Tuft Club Road  
The Grandstand, L01-08  
Singapore 277995  
Sole Agent for HIKE PURCHASE CO. HONG LEONG FINANCE LTD  
Authorized Signatory

Issued By

ROSE, WEI CREDIT PTE LTD

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg No. 200208334E)  
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.ctaiping.com

DMHCSN000009402000  
SMQ7813G  
TEO THIAM BENJ  
30/12/2020 - 29/12/2021