

# NATIONAL Assessment Centre Services (wef 1 Jan/05)

Date in: <b>24/02/2022 16:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CTI 22001796/m4</b>	SAS e-filing		
Veh No: <b>SMU 6295L</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>20/02/2022 17:30</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>Smy 7254C</b>	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

**NA 2200520**

## Invoice Preparation Checklist

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2/3:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$80)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) N1: Idac 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: 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	24/02/2022 16:53 (SGT)
Date of Accident	20/02/2022 17:30 (SGT)
Exact Location of Accident	Upper E Coast Rd & Bedok S Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6295L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIA BUN HAN
NRIC No	SXXXX165E
Email Address	siabill00@gmail.com
Mobile Phone No	(Phone) +65-97515191
Alternative Phone No	+65-97515191

#### VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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
Transmission	Auto
CC	5998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00122942100
Cover Note Number	-

#### DRIVER

Name of Driver	SIA BUN HAN
NRIC No	SXXXX165E



Date Of Birth	03/06/1945
Occupation	Indoor
Date Of Driving Pass	17/11/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97515191
Alt. Phone Number	+65-97515191
Email Address	siabil00@gmail.com
Address	437 KEW CRESCENT
Address complement	-
Postcode	466260
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 - Change/cross lane
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)	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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATMENT AND POLICE REPORT ANNEX E

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY7254C
Vehicle Manufacturer	BMW
Vehicle Model	520i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	YEOW JIA HAO
NRIC No	SXXXX255I
Contact Number	(Phone) +65-91111444
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# 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 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 the (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 Insurer's 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 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, investigation, 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:

24/Feb/2022  
3.55 pm




Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/Feb/2022  
3.55 pm

 24/02/2022

Reporting Centre Personnel's Signature

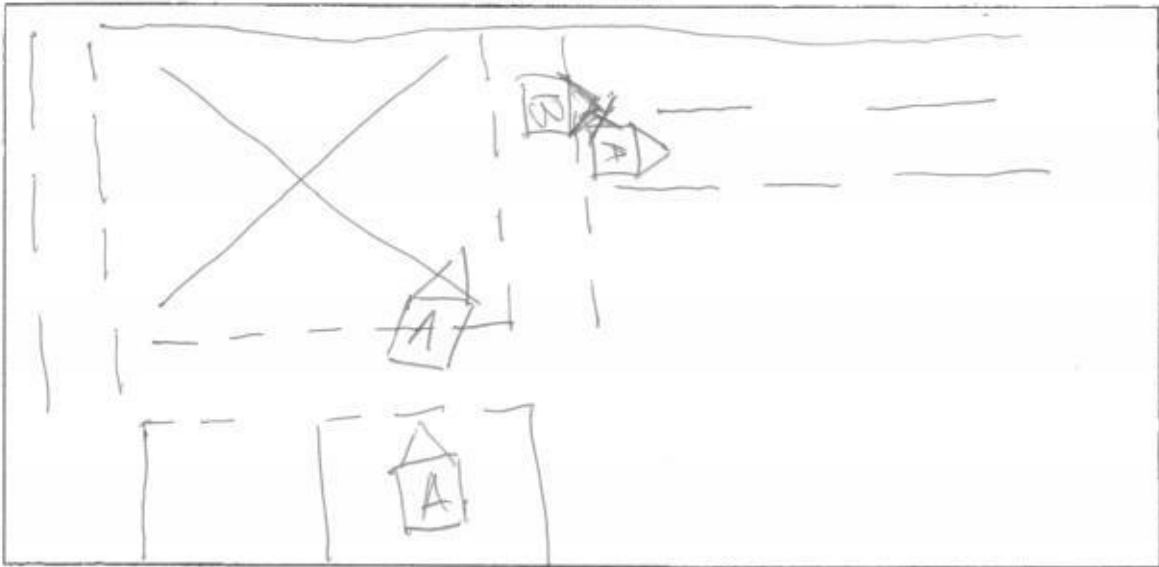
Name:

NRIC/FIN No:

I hereby authorise SME Motor P/L Send my accident report to:

reports@maxmotors.com.sg

### Sketch Plan




A - SMY 6295L  
A  
B - SMY 7254C  
B


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

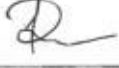
On 20.2.22 at 5.30pm, I was driving toward upper East Coast rd. (Junction of upper East Coast rd & Bedok South rd). AT TRAFFIC LIGHT TURNED GREEN R.H.SIDE AT FRONT, TURNED AT SAME TIME. R.H.S. CAN'T SEE L.H.SIDE AT BLIND SPOT. L.H.SIDE AT THE BACK. WHILE TURNING, ROAD NARROWS AND NO LINE DIVIDER, MY CAR IS HUGE PREVENTED HITTING CENTRE DIVIDER, HAD TO TURN AT BIGGER CORNER, LEFT H. CAR AT BACK SEE CLEARLY, RUSH FORWARDS AND MERGED TO HIT MY LEFT H HUGGARD.  
MINOR CRACK AT HUGGARD.  
NO PASSENGER ON BOTH CARS, NO INJURY  
(A) RIGHT H SIDE MY CAR KENTLEY  
(B) LEFT H SIDE MR YEOW JIA HAO

### DECLARATION

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

  
Policyholder's Signature  
Date & Time  
24/2/22 3.55pm

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time  
24/2/22 3.55pm

 24/02/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN NO:

DRIVERS: A: SIA BUN HAN 50225165E  
B: YEOW JIA HAO 59482551I

**CONFIDENTIAL**

**ANNEX E**

**NOTICE OF REPORTING**

This is to confirm that Sia Bun Han, NRIC: S0225165E, Tel: 97515191 has reported to the Police a non-injury traffic accident which occurred at the junction of Upper East Coast Rd and Bedok South Rd on 22.02.2022 at 1720hrs, involving the following vehicles:-

- i) **SMU6295L (Bentley Flying Spur Continental, Black/Grey)**
- ii) **SMY7254C (BMW 520i, Green) Driver: Yeow Jia Hao S9238255I, HP: 91111444**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) Ari Haikal

Date: 22.02.2022

Time: 1939hrs

Station Diary ref: 92

Police Post/Unit: Bedok NPC

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

Bedok North NPC  
No. 30 Bedok Fourth Fl.  
Singapore 462671  
Tel: 1800 744 000

version as of 15 Sep 2000

**CONFIDENTIAL**

SIA BUN HAN  
IC S0225165E

*[Handwritten signature]*



(Continued)

VEHICLE NO: SMU 62951	MAKE & MODEL: Bentley	AUTO/MANUAL
DATE OF ACCIDENT	20/2/22	CC 6000 (5998cc)
TIME OF ACCIDENT	5:30 (17:30) AM/PM	
LOCATION OF ACCIDENT	Toward Upper East Coast rd	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Sia Bun Han	
EMAIL	siabil100@gmail.com	
TEL NO	Mobile 9751519	Office Home
NRIC	80225165E	
CLAIM TYPE	OD (THIRD PARTY)	REPORTING ONLY
FLEET POLICY	YES/NO	
INSURANCE CO	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party Third Party Fire & Theft	
POLICY NO		
NAME OF DRIVER	AS ABOVE / IF NO	
NRIC	80225165E	
DATE OF BIRTH	3/1/61	1945
ANY PASSENGER	YES/NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE/FEMALE	
OCCUPATION	Outdoor / Indoor	NOT WORKING
DATE OF DRIVING PASS	17/11/2012	
GENDER	MALE/FEMALE	
CONTACT NO	Mobile 9751519	Office Home
EMAIL		
ADDRESS	437 KOW CRESCENT (S) 466260	
DOES DRIVER OWN OTHER VEHICLE	NO / If yes, Reg No	INSURER
RELATIONSHIP	Employee / If No	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who?	
CONTACT NO		
POLICE REPORT	No / If yes, Where? YES	
NOTICE OF INTENDED PROSECUTION GIVEN?	No / If yes, Where?	
VEHICLE B NO	SMY 7254C	Any Passenger YES/NO
NAME	yeow Jia hao	59230255i
CONTACT NO	91111444	
VEHICLE C NO		Any Passenger YES/NO
VEHICLE D NO		Any Passenger YES/NO
VEHICLE E NO		Any Passenger YES/NO
VEHICLE F NO		Any Passenger YES/NO
ANY WITNESS	NO	
WITNESS CONTACT NO	NO	
WAS THERE ANY VIDEO CAPTURE?		YES/NO
WAS THERE ANY AUDIO RECORDED?		YES/NO
SCENE ACCIDENT PHOTOS TAKEN?		YES/NO
Have you been approach by unknown person soliciting offering accident claims assistance?		YES/NO



Motor Private Car

MX1/B

N SN

AN0444A

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.

DMPCSNNW00122942100

Engine No.: BWR21353

Cha. No.: SCBBF53W49C060785

1. Index Mark and Registration  
Number of Vehicle

SMU6295L

2. Name of Policy Holder

SIA BUN HAN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment15/06/2021  
(11.43.55)

Excess Sect I

S\$10,000.00

Excess Sect I (Outside Singapore)

S\$20,000.00

EX ON WINDSCREEN

S\$1,000.00

4. Date of Expiry of Insurance

15/06/2022

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

As per Named Driver(s) stated below.

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.

SIA BUN HAN

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.

\* 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: META AGENCY PTE LTD

Authorised Officer



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