

# NATIONAL Assessment Centre Services

Date In: 07/06/22	Job description	Date & Time Completed	Done by
Ref No: NM/C7100005407/12	SAS e-filing		
Veh No: SLX699R	E-mail (within 8hrs. AIC 2hrs)		
DOA: 04/06/22 1255	i-Motor Claim Form		
OD: (IP) 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: SL75591E 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

MOBILE REPORTING

1st AUTO

## Invoice Preparation Checklist

- |   | Amt (\$) | Amt (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 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 (N-n INC) against INC \$20         |          |          |
| 9) N12: Idac Mobile \$30                        |          |          |

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	07/06/2022 16:29 (SGT)
Date of Accident	04/06/2022 12:55 (SGT)
Exact Location of Accident	Marina Gardens Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX699R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOE LYE F & B PTE. LTD.
Company Reg No	2XXXXX975M
Email Address	skycity1818@gmail.com
Mobile Phone No	(Phone) +65-91859353
Alternative Phone No	+65-91859353

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00235752101
Cover Note Number	-

#### DRIVER

Name of Driver	KALAM ABUL
NRIC No	SXXXX247C

Date Of Birth	01/03/1972
Occupation	Outdoor
Date Of Driving Pass	19/07/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91859353
Alt. Phone Number	-
Email Address	skycity1818@gmail.com
Address	BLK 86 COMMONWEALTH CLOSE
Address complement	#03-51
Postcode	140086
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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

PLS REFER TO THE POLICE REPORT:T/20220606/7024

#### 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	SLT5591E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	KALAM ABUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLX699R
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

*Shyn* 07/06/22

Witnessed by Reporting Centre Personnel

### Sketch Plan



veh A: SLX 699R

veh B: SLT 559/E

Marina Garden Drive

**Describe Circumstances of the Accident**

Please Refer to Police Report No : T/2022 0606/2024

**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

slym 07/06/22

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20220606/7024

1 of 3

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

Report No T/20220606/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2022 15:02	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: KALAM ABUL	Address: 86 COMMONWEALTH CLOSE #03-51 SINGAPORE 140086	
ID Type / ID No.: NRIC NO / S7286247C	Contact No.: Home/Office:	Mobile: 91859353
Nationality: BANGLADESHI	Email: KALAMABUL708@YAHOO.COM	
Sex: Male	Age: 50	Date of Birth: 01/03/1972
Type of Informant: Driver		
Race: Bangladeshi	Language: English	Institution / School Name:
Occupation:	Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2022 12:55	Type of Location: T-Junction
Location:  MARINA GARDENS DRIVE				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT5591E	Car	HYUNDAI	ELANTRA	Silver		3
SLX699R	Car	BMW	523	Black	Seriously Damaged	0

**Details of Vehicle Insurance**

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



T/20220606/7024

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

2 of 3

Report No. T/20220606/7024

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX699R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KALAM ABUL	ID No.	S7286247C
Related Vehicle	SLX699R (Car)	Contact No.	91859353
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/06/2022	Date	05/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS TRAVELLING ON THE FIRST LANE ALONG CENTRAL BOULEVARD , WHILE MAKING A RIGHT TURN INTO MARINA GARDENS DRIVE, PASSING THE TRAFFIC LIGHT IN THE YELLOW BOX, ANOTHER VEHICLE SLT5591E FROM THE SECOND LANE CUT INTO MY LANE AND BANG INTO THE FRONT LEFT HAND SIDE OF MY VEHICLE.





**SINGAPORE  
POLICE FORCE**



T/20220606/7024

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

3 of 3

Report No. T/20220606/7024

**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 /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
06/06/2022 15:02

Classification Of Case:



890 HIRONIA DRIVE, SUITE 100  
MOUNTAIN VIEW, CA 94039  
TEL: (415) 945-1100

Patient Name : KALAM ABUL  
ID No. : S7286247C  
Account No. : O220714748  
Receipt No. : 220055835  
Date : 05/06/2022  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.80
ARCOXIA TAB 120MG	5	EA	19.90
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMQ CONSULTATION FEE	1	EA	67.00
Total Charges			117.70
Tax @ 7%			8.24
			125.94

Paid:  
MASTER CARD BY KALAM ABUL  
Mode of Payment : MASTER CARD  
Reference No. : ---

This is a computer generated official receipt, no signature is required.



## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M22000088732

*Screened with Love*

This is to certify that KALAM ABUL, S7286247C, is granted Outpatient Sick Leave for 3 day(s) from 05-Jun-2022 to 07-Jun-2022.

Remark : ROAD TRAFFIC ACCIDENT

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated

Dr. Yeang Ming Sheng  
MCR : 604548

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

05/06/2022

Date

# ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 6 / 2022) (DD/MM/YYYY), TIME: (12 : 55) (HH:MM)

LOCATION: Marina Gardens Drive.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 699R.  
 b) INSURANCE COMPANY: China Taping  
 c) POLICY NUMBER: DMP CSN W00235752101  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 523. AUTO/MANUAL  
 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: Hoe Lye F&B Pte Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Kalqun Abul (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57286247C CONTACT:  
 c) ADDRESS: BLK 86 Common wea/tn Close #03-51 S (140086)

\*d) DATE OF BIRTH: (01 / 03 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/07/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT5591E MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
 (Including driver)  
 (1)

\*No of passenger  
 (Including driver)  
 ( )

\*No of passenger  
 (Including driver)  
 ( )

Email = skycity1818@gmail.com

fax =

VIDEO =

Motor Private Car

MX4E

R SN

AN0650A

Car Type

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987  
(Road Transport Act, 1987 (Malaysia))  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1989 (Malaysia)

CERTIFICATE NO

DMPCSNW00235752101

Engine No. B3710306N200200

Chassis No. WBAKG12006DX51182

1. Policy Description  
Name of Insured

SLX699R

2. Name of Policy Holder

HOE LYE F&B PTE LTD

3. Effective Date of the Commencement of Insurance for the purposes of the Regulations  
Date of Commencement of Insurance

15/11/2021  
(00:00:00)

Named Drivers Ex Sect 1

S\$750.00

Additional Ex Other than Named Drivers

Ex Sect 1 Age >= 25

S\$5,000.00

Ex Sect 1 Age < 25

S\$500.00

\* Age as at date of accident

Ex ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

15/11/2022

5. Persons entitled to drive

Any person who is driving on the Policyholder's order or with their 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 on Usage

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 5 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:

BELL AUTO PTE LTD.  
Authorised Officer



Authorised Signature