

NATIONAL Assessment Centre Services

(Ref: NA-001)

SN0922B30001

Date In: 03/11/2022 11:01
Ref No: NBA/21P20010969/Y
Veh No: SMK 9029Y
D.O.A: 02/11/2022 07:50

OD (TP) Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / GW: (

TP Particulars:

Veh No:

SLH 5581S

INC () / Non-INC ()

Owner / Driver: (

Tel: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: (

Date: ()

Time: ()

Insured/Driver Liability: ()

% (Note: Bst 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: ()

NA2203081

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$10/\$40)

4) PF: Follow-Through Survey (\$120)

5) PT: Follow-Through Survey (Resurvey) (\$30)

6) TR: Re-inspection (\$75)

7) NI: New DA + SMRT Survey (\$140)

8) NTUC Additional Services:

9) NI: Courtesy Car / Trip Allowance (\$5)

10) NI: Repair Coordination (\$10)

11) NI: Post Repair Inspection (\$25)

12) NI: DV / Collect Excess Coordination (\$1)

13) TP (NI): TP (Non-INC) against INC (\$30)

14) NI: Inflation Means (\$10)

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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 Actual 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	03/11/2022 11:01 (SGT)
Reported by	Both
Date of Accident	02/11/2022 07:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	TOWARDS UPPER BUKIT TIMAH BESIDE NAMLY AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9029Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHIN CHYE
NRIC No	SXXXX096J
Email Address	tanyiling.yl@yahoo.com
Mobile Phone No	(Phone) +65-96282791
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218i
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	1499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V14303/VPC/R00

DRIVER

Name of Driver	TAN YI LING
NRIC No	TXXXX049F
Date Of Birth	30/08/2000
Occupation	Indoor

Date Of Driving Pass	07/01/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98398892
Alt. Phone Number	-
Email Address	tanyiling.yl@yahoo.com
Address	6B PHILLIPS AVENUE
Address complement	-
Postcode	554578
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ONG RUI EN SHANN
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20221102/7056

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5531S
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	TAN YI LING
Gender	Female
Phone No	(Phone) +65-98398892
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMK9029Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG RUI EN SHANN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMK9029Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

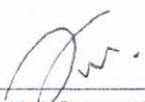
IMPORTANT NOTICE


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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

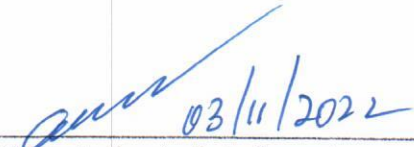
8. Consent under the Personal Data Protection Act (PDPA)

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.

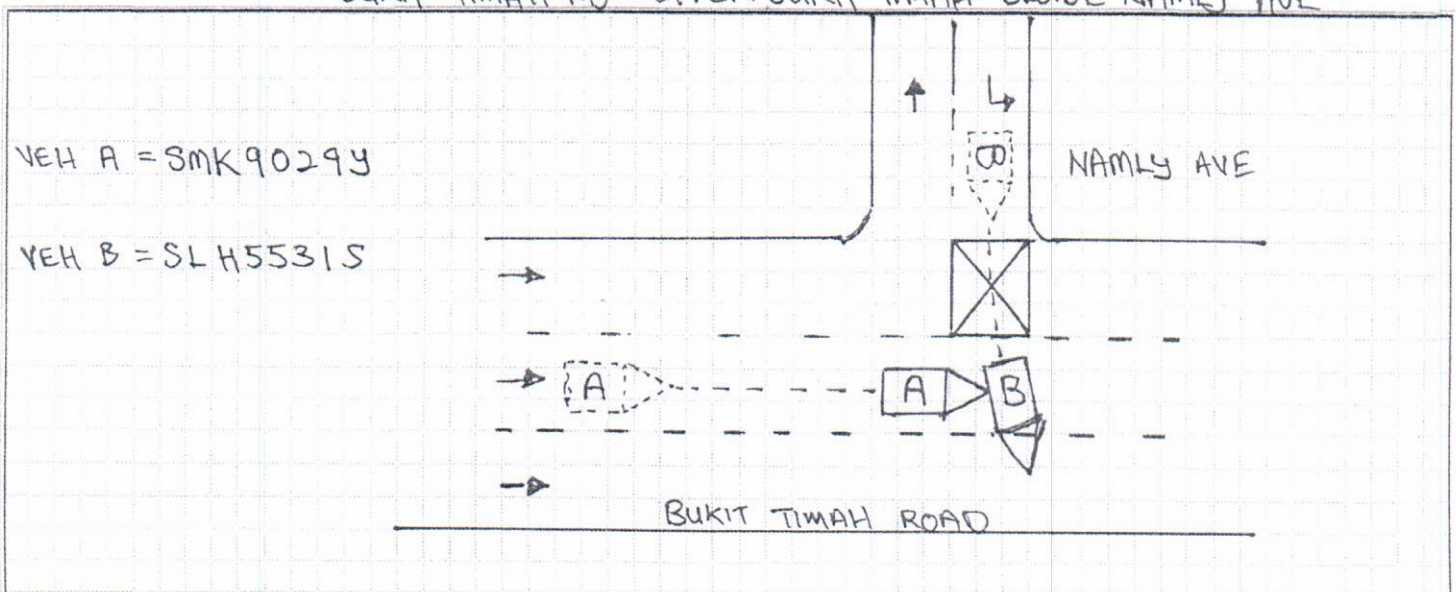

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BUKIT TIMAH RD - UPPER BUKIT TIMAH BESIDE NAMLY AVE.

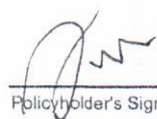


Describe Circumstance of the Accident

Please refer to Police Report No: T/2022/1102/7056

Declaration

I/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
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221102/7056

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

1 of 4

Report No. T/20221102/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 18:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN YI LING		Address: 6B PHILLIPS AVENUE SINGAPORE 544578			
ID Type / ID No.: NRIC NO / T0047049F		Contact No.: Home/Office: Mobile: 98398892			
Nationality: SINGAPORE CITIZEN		Email: TANYILING.YL@YAHOO.COM			
Sex: Female	Age: 22	Date of Birth: 30/08/2000	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Student		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2022 07:50	Type of Location:	
Location: BUKIT TIMAH ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMK9029Y	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221102/7056

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

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Report No. T/20221102/7056

CONTINUATION OF REPORT

Driver			
Name	TAN YI LING		ID No. T0047049F
Related Vehicle	SMK9029Y (Car)		Contact No. 98398892
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		11	Degree of Serious

Brief Details.

On the stated date and time, I was driving SMK9029Y along Bukit Timah Road towards Upp Bukit Timah direction with my friend, Ong Rui En Shann, on board.

I was travelling straight along the middle of 3 lanes when SLH5531S abruptly dashed out from Namly Ave on my left.

I was caught completely off guard as I would never have expected a vehicle to cut across multiple lanes at the same time.

Despite immediately jamming on my brakes, I could not avoid colliding with the rear right portion of said vehicle.

Both our bodies lurched forward due to the huge impact only to be restrained by the seat belts.

Shortly after the accident, I started feeling pain in my neck, right shoulder and mid back areas.

I also experienced pain in my chest and shortness of breath.

As such, I took a grab to Gleneagles A&E after parking the vehicle nearby as I was no longer able to driver due to the pain.

I was referred to the Orthopaedic Specialist, JL Sports Medicine & Surgery, for further assessment.

It was during that time that Shann also complained of pain in her left shoulder and back areas.

As such, we consulted Dr Tan, the Orthopaedic Specialist, together and we were each given 11 days HL.

I am also scheduled for further scans the following day.



**SINGAPORE
POLICE FORCE**



T/20221102/7056

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Report No. T/20221102/7056

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

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221102/7056

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

4 of 4

Report No. T/20221102/7056

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 /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
02/11/2022 18:58

Classification Of Case:

Date of Accident : 02/11/2022 Accident Time: 07:50 (24-HR-Format)
Accident Place : BUKIT TIMAH RD - UPPER BUKIT TIMAH BESIDE NAMLY AVE
Vehicle. No. (Car Plate No.) : SMK 9029Y Make/Model: BMW 218I
Insurance Company : LIBERTY Policy No: SD22V14303/VPC/R00
Owner or Company Name /IC No. : TAN CHIN CHYE S0126096J
Owner or Company Contact No. : 9628 2791 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : TAN YI LING T0047049F
DRIVER'S Date Of Birth : 30/08/2000 DRIVER'S License Pass Date 07/01/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 6B PHILLIPS AVENUE S544578
DRIVER'S Contact No./ Alt No. : 1) 9839 8892 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : tanyiling.yl@yahoo.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): 02
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
Any Injury (If YES, Pls state): _____

(B) Other Party Driver's Particular (if any)

Vehicle. No: <u>SLH 5531 S</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① ONG RUI EN SHANN - FEMALE

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:	Certificate No.:
TAN CHIN CHYE	SD22V14303/ VPC / R00
Date of Issue:	Effective Date of Commencement:
11 Oct 2022	29 Oct 2022 00:00
Registration No.:	Date of Expiry:
SMK9029Y	28 Oct 2023 23:59
Chassis No.:	Type of Certificate:
WBA2H32070VD66721	MX1

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) 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 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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$700, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	
Name of Producer:	SD CONTEGO SERVICES (A1429-5)