

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 24/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA1C7123007475/d4	SAS e-filing		
Veh No: 8BQ 8898K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/07/2023 02:00	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: 8MJ 3897C	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

NA2302208

Claimant's Particulars	Invoice Preparation Checklist	Unit (\$)	A
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	OD*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 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	24/07/2023 15:32 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2023 02:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN RING ROAD TOWARDS YISHUN STREET 21 BESIDE BLK 296 YISHUN STREET 20
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ8898K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO JULY
NRIC No	SXXXX394H
Email Address	JK.POON@ICLOUD.COM
Mobile Phone No	(Phone) +65-98968998
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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	2497

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00111642302

### DRIVER

Name of Driver	JEREMY POON JOO KHOON
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Occupation .....	Indoor
Date Of Driving Pass .....	20/01/2012
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86911681
Alt. Phone Number .....	-
Email Address .....	JK.POON@ICLOUD.COM
Address .....	APT BLK 201 YISHUN STREET 21
Address complement .....	# 08-61
Postcode .....	760201
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 - Head to Rear
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 .....	HO HAN HWEE
Gender .....	Male

#### 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

#### PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SMJ3897C
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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 .....	JEREMY POON JOO KHOON
Gender .....	Male
Phone No .....	(Phone) +65-86911681
Address .....	APT BLK 201 YISHUN STREET 21
Address Complement .....	# 08-61
Post Code .....	760201
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SBQ8898K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	HO HAN HWEE
Gender .....	-
Phone No .....	(Phone) +65-97932927
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER PAIN
Injured person in which vehicle? .....	SBQ8898K
Were seat belts worn? .....	-
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: Lee

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): [Signature] 24/7/2023

Sketch Plan: Yishun Ring Road Towards Yishun Street 21 Beside Blk 296 Yishun Street 20

Yishun Street 20  
Blk 296  
S 760296

Yishun Street 21  
A - SBD 8898 K  
B - SMJ 3897 C

Yishun Ring Rd

Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle (SBQ 8898K) along Yishun Ring Rd beside BIK 296 Yishun Street 20 S760296 on the right lane of a 2 lane rd. Before the junction of Yishun street 21, my vehicle was stationary while waiting for traffic, out of a sudden, vehicle B (SMJ 3897C) collided into the rear left portion of my vehicle.

Declaration

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

Jule  
Policyholder's Signature / Date & Time

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

[Signature] 24/7/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO: <u>SBO 8898 K</u>	MAKE & MODEL: <u>BMW 523</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT: <u>23/07/2023</u>	CC: <u>25</u>	
TIME OF ACCIDENT: <u>0200</u> HRS		
LOCATION OF ACCIDENT: <u>Yishun Ring Rd x Yishun Street 21 beside BIK 296 Yishun Street</u>	20	
EXACT PURPOSE USE DURING ACCIDENT:	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER:	<u>Teo July</u>	
TEL NO:	H/P: <u>9896 8998</u>	OFFICE: HOME:
NRIC:	<u>S7603431A</u>	
ADDRESS:	<u>Apt BIK 201 Yishun Street 21 #08-61 S 760201</u>	
EMAIL:	<u>JK.POON@ICLOUD.COM</u>	
CLAIM TYPE:	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / NO?</u>	
INSURANCE COMPANY:	<u>China Taiping</u>	
TYPE OF COVERAGE:	<u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO:	<u>DM PCSNA 00111642302</u>	
NAME OF DRIVER:	<u>AS ABOVE / IF NO: Jeremy Poon Joo Khoo</u>	
NRIC:	<u>S7603431A</u>	ANY PASSENGER: <u>1 (1M)</u>
DATE OF BIRTH:	<u>04/02/1976</u>	LICENCE PASSED DATE: <u>20/01/2012</u>
OCCUPATION:	<u>OUTDOOR / INDOOR</u>	
GENDER:	<u>MALE / FEMALE</u>	
CONTACT NO:	H/P: <u>8691 1681</u>	OFFICE: HOME:
ADDRESS:	<u>Apt BIK 201 Yishun Street 21 #08-61 S760201</u>	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	<u>Mother</u>	
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:	
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:	
ANY INJURIES:	<u>NO</u> / IF YES, WHO? <u>Neck (D) (P) Shoulder</u>	
NAME & CONTACT:	<u>Jeremy Poon Joo Khoo (8691 1681)</u>	
NAME & CONTACT:	<u>Ho Han Hwee (9793 2927)</u>	
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO:	<u>SMJ 3897C</u>	ANY PASSENGERS: <u>NIA</u>
NAME OF DRIVER:		CONTACT NO: <u>8822 0587</u>
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / <u>NO</u>	
ACCIDENT PORTION:	<u>Rear Left Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES</u> / <u>NO</u>		
WORKSHOP PARTICULAR:	<u>Twincar Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve 88215151</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	

Motor Private Car

MX1E

R SN

AN0478A

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.

DMPCSNA00111642302

Engine No.: 05287463N52B25AF

Cha. No.: WBAFP32000C544773

1. Index Mark and Registration  
Number of Vehicle

SBQ8898K

AUTOSAFE  
=====

2. Name of Policy Holder

TEO JULY

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

22/07/2023

Named Drivers Ex Sect. I

S\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

21/07/2024

5. 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.

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.

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 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

**Agent Assistance (IH)**  
**Hotline: 6287 7077**

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally  
Authorised Officer  
Authorised Signatory