

MDAP17092571 / Ding Auto Pte Ltd - HQ  
ENTRY DATE & TIME: 14/07/2017 10:30

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 14/07/2017 11:34**

## 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 ability.
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 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 Report             | 14/07/2017 10:30                   |
| Date Of Accident           | 06/07/2017 21:00                   |
| Exact Location Of Accident | CENTRAL EXPRESSWAY TWDS ANG MO KIO |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJV8022A               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | CHIA HOCK HERNG        |
| NRIC No                     | S7410803B              |
| Email Address               | MAXIMUS@SINGNET.COM.SG |
| Mobile Phone No             | (LOCAL) +65-97565303   |
| Alternative Phone No        | Office-97565303        |

### Vehicle Particulars

|              |                 |
|--------------|-----------------|
| Manufacturer | AUDI            |
| Model        | TT-2.0 TFSI (A) |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE CAR

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | B28882452QMX                         |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHIA HOCK HERNG      |
| NRIC No              | S7410803B            |
| Date Of Birth        | 06/04/1974           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 19/05/1993           |
| Driving Experience   | 24 YEARS AND 1 MONTH |
| Gender               | MALE                 |

|   |                              |
|---|------------------------------|
| Mobile Number                                       | (LOCAL) +65-97565303         |
| Fax Number  |                              |
| Contact Number                                      | OFFICE-97565303              |
| EMail Address                                       | MAXIMUS@SINGNET.COM.SG       |
| Address   | 9 BISHAN STREET 15<br>#31-18 |
| Postcode  | 573909                       |
| Was driver an employee of the Insured's Company     | NO                           |
| If No, Relationship of the Driver with the Insured  | OWNER                        |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                  |

**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 this accident?  | NO  |
| Was any body injured in the Accident?   | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

**Details of Police Action**

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BISHAN NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

**Circumstances of Accident**

REFER TO ATTACHMENT ON POLICE REPORT NO: E/20170706/2151

**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 | SHB1209D  |
| Vehicle Make/Model/Colour   | CHEVROLET |
| Details Of Properties       | NOT GIVEN |
| Name of Driver              | G HALIMA  |
| NRIC/Passport Number        | S7936894F |
| Contact Number              | 96951064  |

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number | SJZ993S       |
| Vehicle Make/Model/Colour   | HONDA         |
| Details Of Properties       | FRONT PORTION |
| Name of Driver              | ANG SIEN YANG |
| NRIC/Passport Number        | S7936894F     |
| Contact Number              | 90198438      |

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

## Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report : F/20170706/2151

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

14 July 2017

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

14 July 2017




Witnessed by Reporting Centre Personnel



## Sketch Plan #2

SKETCH PLANIMPORTANT 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.

|   |   |  |
|---|---|--|
| <br>Policyholder's Signature / Date & Time<br>14 July 2017 | <br>Driver's Signature (If driver is not the policyholder) / Date & Time<br>14 July 2017 | <br>Witnessed by Reporting Centre Personnel |
|---|---|--|

Sketch Plan

Sketch Plan #3





**MSIG Insurance (Singapore) Pte. Ltd.**  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

|  |  |
|--|--|
| Form M.X.1<br>Individual Ownership   | <b>MOTOR MAX</b><br><b>Comprehensive</b> |
| Certificate No: B 28882752 QMX   |  |
| Excess : SGD1,500<br>Windscreen Excess : SGD100  |  |
| 1. Index Mark and Registration Number of Vehicle<br>SJVB022A   |  |
| 2. Name of Policyholder<br>Chia Hock Herng   |  |
| 3. Effective Date of the Commencement of Insurance for the purposes of the Act<br>09/02/2017   |  |
| 4. Date of Expiry of Insurance<br>08/02/2018   |  |
| 5. Persons or Classes of Persons entitled to drive*<br>Chia Hock Herng<br>Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.<br><br>* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*<br>Use only for social domestic and pleasure purposes and for the Policyholder's business.<br>The Policy does not cover use for hire or reward 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.<br><br>* 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. |  |
| PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.  |  |
| This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).   |  |

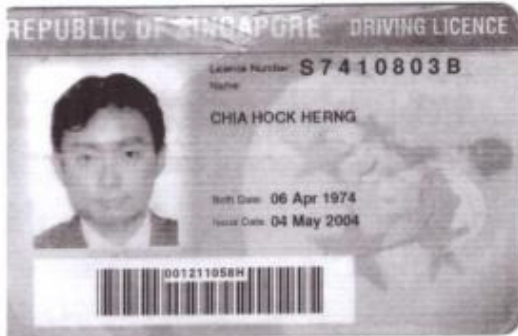
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**  
 Approved Insurers

for Chief Executive Officer

ELYM201701260941

**Sketch Plan #4**



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



E/20170706/2151

1 of 3

**POLICE REPORT (NP299)**

Report No. E/20170706/2151

Police Station Of Origin  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

|   |  |   |           |                             |                 |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made<br>06/07/2017 22:50 |  | Vide Report No.   |           | Station Diary No<br>142     |                 |
| Name Of Informant<br>CHIA HOCK HERNG      |  | Address<br>9 BISHAN STREET 15 #31-18 SINGAPORE 573909   |           |                             |                 |
| ID Type / ID No.<br>NRIC NO / S7410803B   |  | Contact No.<br>Home/Office                      Mobile<br>97565303  |           |                             |                 |
| Nationality<br>SINGAPORE CITIZEN          |  | Email Address   |           |                             |                 |
| Occupation<br>SELF EMPLOYED               |  | Sex<br>Male   | Age<br>43 | Date of Birth<br>06/04/1974 | Race<br>Chinese |
| Institution/School Name                   |  | Language<br>English   |           |                             |                 |
| Date/Time Of Incident<br>06/07/2017 21:00 |  | Location Of Incident<br>CENTRAL EXPRESSWAY SINGAPORE<br>Going towards Northbound direction before Moulmein exit |           |                             |                 |

**Brief details.**

On 06/07/2017 at about 2100hrs, I was driving my car (SJV8022A) along CTE going towards Northbound direction and before Moulmein exit, the SMRT taxi (SHB1209D) in front suddenly e-brake as such I follow suit and managed to stop in time without collision with the taxi but the car behind (SKZ993S) was not able to stop in time and collided into the rear of my car. I got out of my car to check on the damages and engaged the driver of SKZ993S, Mr Ang Sien Yang. When I was discussing about the accident with Mr Ang, the taxi driver (male Chinese) approached us and informed that he is familiar with such cases and for us to claim on our own. Initially I thought that the taxi driver was just being helpful as such I told

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>E / Staff Sgt LIM BENG LEE   | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>06/07/2017 22:50 |
| Officer In-Charge Of Case:<br>E / Tanglin Police Divisional HQ /<br>SSI 2 CHIN WEE KAY LAWRENCE<br>Contact No.: 63910000 | Classification Of Case:        |

Authentication Stamp







**SINGAPORE  
POLICE FORCE**



E/20170706/2151

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20170706/2151

him that I will settle the matter with Mr Ang and for him to continue on his journey. However, the taxi driver kept on interfering with my conversation with Mr Ang and that's when both me and Mr Ang realized that the taxi driver wanted to claim insurance against us. Both of us were puzzled as there was no collision between my car and the taxi and there was no damages on the rear of the taxi as well.

The taxi driver then claim that his passenger told him that he felt an impact as such the taxi driver going to claim against us. However, when both Mr Ang and me wanted to check with the passenger on his well being, the taxi driver stopped both of us and claim that the passenger is his witness and that we cannot speak to his witness. After which, the taxi driver proceed to took photos of Mr Ang's and mine vehicles. When I told the taxi driver to check on the damages on his taxi but the taxi driver was not interested and claim that it is for the workshop staff to access it instead. Both Mr Ang and me felt suspicious as such we did not gave our particulars to the taxi driver. After I exchanged my particulars with Mr Ang, we drove off.

Mr Ang and his passenger Ms G Halima informed me that they willing to be witness to prove that there were no damage on the taxi and there was no collision between my car and the taxi.

| Subjects Involved |                                    |              |                 |
|-------------------|------------------------------------|--------------|-----------------|
| Others            |                                    |              |                 |
| Person Name       | Roseline Fong Sook Kuen            |              |                 |
| ID Type           | NRIC NO                            | ID No        | S7617474A       |
| Gender            | Female                             | Age          | 41              |
| Nationality       | SINGAPORE CITIZEN                  | Address Type | Without Apt Blk |
| Address           | 9 Bishan st 15 #31-18<br>SINGAPORE | Mobile No    | 98200982        |

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>E / Staff Sgt LIM BENG LEE   | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>06/07/2017 22:50 |
| Officer In-Charge Of Case:<br>E / Tanglin Police Divisional HQ /<br>SSI 2 CHIN WEE KAY LAWRENCE<br>Contact No.: 63910000 | Classification Of Case:        |
| Authentication Stamp   | SV 070                         |

|  |
|--|
| <br>Signature:<br>Singapore Police Force |
|--|



SINGAPORE  
POLICE FORCE



E/20170706/2151

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20170706/2151

|             |               |           |           |
|-------------|---------------|-----------|-----------|
| Person Name | Ang Sien Yang |           |           |
| ID Type     | NRIC NO       | ID No     | S7936894F |
| Gender      | Male          | Mobile No | 90198438  |
| Person Name | G Halima      |           |           |
| Gender      | Female        | Mobile No | 96951064  |

Signature Of Officer Recording The Report:

E / Staff Sgt LIM BENG LEE

Signature Of Interpreter:  
Not applicableOfficer In-Charge Of Case:  
E / Tanglin Police Divisional HQ /  
SSI 2 CHIN WEE KAY LAWRENCE  
Contact No.: 63910000

Authentication Stamp



Signature Of Informant:

Date/Time:  
06/07/2017 22:50

Classification Of Case:

**Accident Photo**





**Accident Photo**



**Accident Photo**





**Accident Photo**



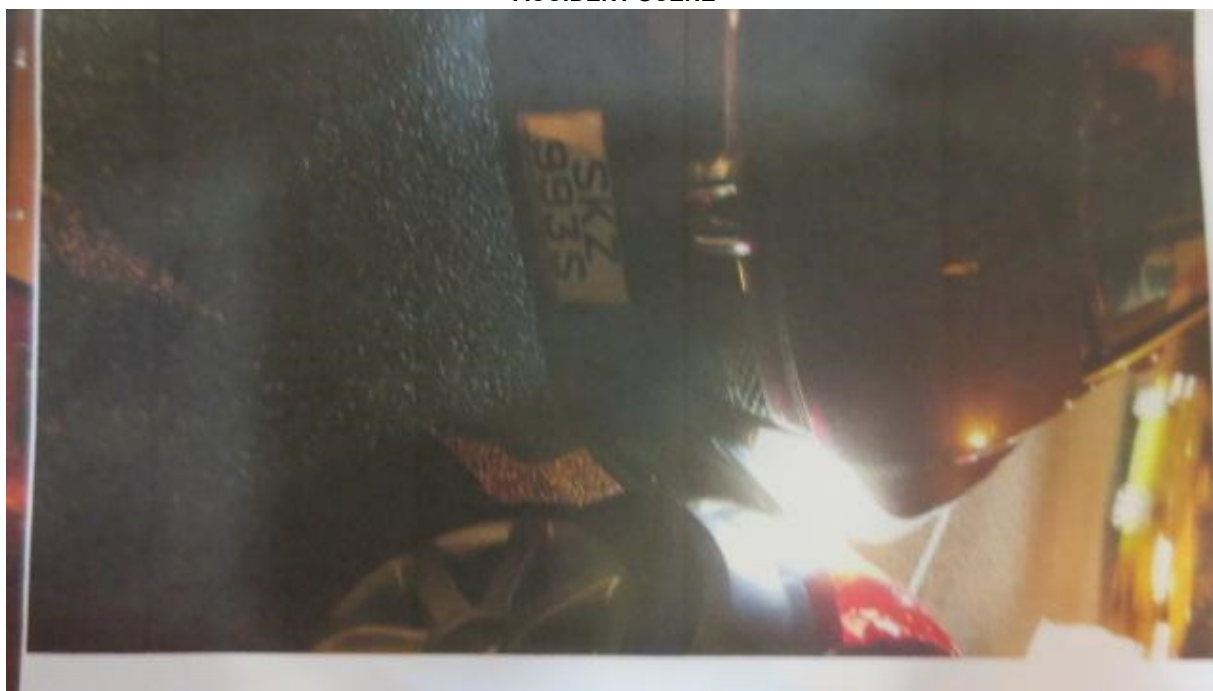
Accident Photo



Accident Photo



**ACCIDENT SCENE**



**ACCIDENT SCENE**

