

# NATIONAL Assessment Centre Services. [ver 1 Jan'05]

NA419/41350

Date In: 24/10/2019 16:56	Job description	Date & Time Completed	Done by
Ref No: NA419/41350/8915/Y	SAS e-Milling		
Veh No: SHD 54285	E-mail (Schedule Sheet, AIC Sheet)		
D.O.A: 23/10/2019 20:00	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/Worksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKW 9067Y	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%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
Date: ( )
Time: ( )
Location: ( )
Weather: ( )
Witness: ( )
Police: ( )
Insurance: ( )
Other: ( )

NA419/41350	1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Ideo DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (NI1): TP (Non INC) against INC	\$20	
9) NI2: Ideo 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 Report	24/10/2019 16:56
Date Of Accident	23/10/2019 20:00
Exact Location Of Accident	BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5428S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG KAR SOON
NRIC No	S8187032B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83284936
Alternative Phone No	OTHERS-83284936

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1930441900
Cover Note Number	

### Driver

Name of Driver	LEONG KAR SOON
NRIC No	S8187032B
Date Of Birth	04/10/1981
Occupation	INDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83284936
Fax Number	
Contact Number	OTHERS-83284936
Email Address	NOEMAIL

Address	BLK 688A CHOA CHU KANG DRIVE #10-346
Postcode	681688
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191023/2200 AND T/20191026/7013

#### 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	SKW9067Y
Vehicle Make/Model/Colour	BMW

Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver DZULKANEAN BIN ALI  
NRIC/Passport Number S9343448Z  
Contact Number 81273851  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGK3027M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEONG KAR SOON  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SMD5428S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

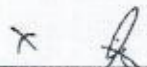
### IMPORTANT NOTICE


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 lodgment 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.


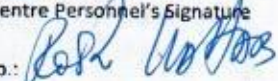

#### 8. Consent under the Personal Data Protection Act (PDPA)

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.
- (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, investigating, 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:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 



SKETCH PLAN

BRICKLAND ROAD TOWARDS SUNGAI TANGAH ROAD



A: SMD 5428 S (stationary)

B: SKW 9067 Y

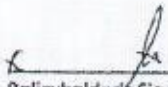
C: SGK 3027 M

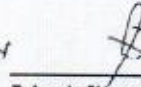
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report 1/20191023/2200

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:

 24/10/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/PIN No.:





# SINGAPORE POLICE FORCE



T/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20191023/2200

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2019 22:39	Vide Report No.:	Station Diary No.: 195
--------------------------------------------	------------------	---------------------------

**Informant's Particulars**

Name of Informant: LEONG KAR SOON			Address: APT BLK 688A CHOA CHU KANG DRIVE #10-346 SINGAPORE 681688		
ID Type / ID No.: NRIC NO / S8187032B			Contact No.: Home/Office: Mobile: 83284936		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/10/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 BRICKLAND ROAD Towards Sungei Tengah Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chained Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3027M	Car				Seriously Damaged	0
SKW9067Y	Car				Slightly Damaged	0
SMD5428S	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	3





**SINGAPORE  
POLICE FORCE**



T/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 3

Report No. T/20191023/2200

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD5428S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN19304419 00	24/08/2019	23/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DZULKANEAN BIN ALI		ID No.	S9343448Z
Related Vehicle	SKW9067Y (Car)		Contact No.	81273851
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	LEONG KAR SOON		ID No.	S8187032B
Related Vehicle	SMD5428S (Car)		Contact No.	83284936
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

On 23/10/2019 about 2000hrs, I was driving along Brickland Road towards Sungei Tengah Road. As there was a traffic jam, my vehicle (SMD5428S) was in stationary. Out of a sudden, my vehicle was hit on the rear by another vehicle (SKW9067Y) at the back. I then alighted from my vehicle and realised that it is a chained collision, involving 3 vehicles with SGK3027M being the third vehicle. All the drivers then decided to go for insurance claim and no vehicles were towed away. No one was injured and particulars of all drivers were exchanged as well. Subsequently, all of us drove off.

There is CCTV installed in my vehicle, both front and back.





**SINGAPORE  
POLICE FORCE**



T/20191023/2200

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20191023/2200

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J/  
Sgt 2



Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP158

Signature Of Informant:

Date/Time:  
23/10/2019 22:39

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20191026/7013

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

1 of 4

Report No. T/20191026/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/10/2019 16:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEONG KAR SOON			Address: 688A CHOA CHU KANG DRIVE #10-346 SINGAPORE 681688		
ID Type / ID No.: NRIC NO / S8187032B			Contact No.: Home/Office: Mobile: 83284936		
Nationality: SINGAPORE CITIZEN			Email: KARSOON0410@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 04/10/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2019 20:00	Type of Location: Straight Road
Location:  BRICKLAND ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3027M	Car	HYUNDAI			Seriously Damaged	0
SKW9067Y	Car	BMW		Blue	Slightly Damaged	0
SMD5428S	Car	HONDA	shuttle	Black	Totally Damaged	3
	Car	A.J.S.				0





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEONG KAR SOON	ID No.	S8187032B
Related Vehicle	SMD5428S (Car)	Contact No.	83284936
Hospital/Clinic	CLOVER MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/10/2019	Date Discharge	24/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMD5428S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMD5428S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





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

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SMD5428S (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	DZULANEAN BIN ALI		ID No.	S9343448Z
Related Vehicle	NIL		Contact No.	81273851
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 23/10/2019 at about 2000hrs, i was driving along Brickland road towards sungei tengah road. I stopped my vehicle and was hit by another vehicle from the rear. I get out of my vehicle and realised it was a chain collision and involving 2 other vehicles. I was the first vehicle at the front during the accident. I had 3 other passengers in my vehicle. No government property damage. No police nor ambulance were at scene. After the accident, i went to lodge a traffic accident report, refernece report number: T/20191023/2200. After lodging the report, i felt that my shoulder was in pain hence i went to see a doctor at yew tee point and was given 3 days MC hence i am lodging another report with the MC given by the doctor.



**SINGAPORE  
POLICE FORCE**



T/20191026/7013

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

4 of 4

Report No. T/20191026/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

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

Date/Time:  
26/10/2019 16:08

Classification Of Case:





Medical Clinic Pte Ltd

21 Choa Chu Kang North B #01-01 Yew Tee Point S(689578)  
Tel: 6509 4480

Patient: LEONG KAR SOON  
NRIC: S6187032B  
ID: 29305

Date of Visit: 24 October 2019  
Date Created: 24 Oct 2019  
MC: #12364

### Medical Certificate

This is to certify that the abovementioned is Unfit for Duty from 24 October 2019 to 26 October 2019 for 3 day(s).

DR TAN SHUJUAN  
M.B., B.S. (London)  
MCR 12106A

DR TAN SHU JUAN  
Family Physician  
MBBS (London)  
GDFM (Singapore)

Note: This medical certificate is not valid for absence from court.



Date of Accident : 23/10/2019 Accident Time: 20:00 (24-HR-Format)  
 Accident Place : Along Road 1 / Brickland Road / Towards Sungai Tengah Road  
 Vehicle Reg. No. (Car Plate No.) : SMD 5428S  
 Vehicle Make/Model : Honda Shuttle  
 Insurance Company : China Taiping Policy No. DMHCSN 1930441900  
 Owner or Company Name /IC No. : Leong Kar Soon SS187032B  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 83284936 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Leong Kai Soon SS187032B  
 DRIVER'S Date Of Birth : 04 Oct 1981 DRIVER'S License Pass Date 16 Mar 2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 688A Choa Chu Kang drive #10-346 (681658)  
 DRIVER'S Contact No./ Alt No. : 1) 83284936 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 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): 3 Passengers (1M 2F)  
 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

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

Vehicle Reg. No: <u>SGK 3027M</u>	Vehicle Reg. No: <u>SKW 9067 Y</u>
Vehicle Make/Model: _____	Vehicle Make/Model: <u>BMW</u>
Name Driver: _____	Name Driver: <u>DzulKarean Bin Ali</u>
IC No. Driver: _____	IC No. Driver: <u>S9343448Z</u> <u>81275851</u>
Driver's Contact & Add: _____	Driver's Contact & Add: _____





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co Reg No 200208384E

MZ406L/B  
N SN B  
AN0621A  
Cov.Type: C

MOTOR HIRE CAR

### 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)

ORIGINAL

CERTIFICATE No. DMHCSN1930441900

Engine No :LEB6556242  
ChaNo:GP71213369

1. Index Mark and Registration  
Number of Vehicle

SMD54285

2. Name of Policy Holder

MR LEONG KAR SOON

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

24 August 2019

Excess Sect I ..... S\$1,250.00

Excess Sect. I (Outside Singapore)... S\$2,500.00

Excess Sect. II ..... S\$1,500.00

4. Date of Expiry of Insurance

23 August 2020

Excess Sect.II (Outside Singapore)... S\$3,000.00

EX ON WINDSCREEN ..... S\$100.00

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.

THE POLICYHOLDER

ANY AUTHORISED DRIVER

6. Limitations as to use\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

\* 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:



Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6388 6111 Fax: 6225 3392 Website: www.sg.cntaiping.com

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA419141350 Vehicle Registration No: SMD54285  
Name (as shown in NRIC) : Leang Kar Soon NRIC/FIN/Passport No : S 8187032B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K688A Choa Chu Kang Drive #10-346 Singapore (681688)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83284936  
Email Address : \_\_\_\_\_  
Date of Accident : 23/10/2019 Time of Accident : 20:00  
Place of Accident : Brickland Road Towards Surgei Tengah Road  
Insurance Company : China Taiping

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I was given 3 days MC from doctor  
NEW POLICE REPORT 7/20191026/2013.

X  
Policyholder / Driver's Signature  
Date:

29/10/2019  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_