

Date In: 09/03/2020 18:29	Job description	Date & Time Completed	Done by
Ref No: NBA/CT/200031874	SAS e-filing		
Veh No: SMD 5800B	E-mail (2 jobs then, AIC then)		
D.O.A: 01/03/2020 22:00	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (With: OD then, TP then)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **PDH 6008** 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 ()

() Walk-In Customer ; Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

XIA2001922		
Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/240	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$20	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collision Process Coordination \$5	
	TP (NI) + TP (Non-INC) against IAG \$20	
	*N12: Idea Mobile \$0	
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	09/03/2020 18:09
Date Of Accident	07/03/2020 22:00
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5300B
Insured/Policyholder	
Name Of Registered Owner	NG KHAI MUN
NRIC No	SXXXX502D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92292188
Alternative Phone No	OFFICE-92292188
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (A)
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	DMPCSN3063201900
Cover Note Number	
Driver	
Name of Driver	NG KHAI MUN
NRIC No	SXXXX502D
Date Of Birth	27/01/1989
Occupation	INDOOR
Date Of Driving Pass	18/08/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292188
Fax Number	
Contact Number	OFFICE-92292188
EMail Address	NOEMAIL

Address BLK 832 JURONG WEST STREET 81
 #10-14
 Postcode 640832
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
 Foreign Vehicle Registration Number DDH6008 (PRIVATE CAR)
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 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: : NG CHAN HO
 GENDER: : MALE
 Passenger 2
 NAME: : LEE HOI WAN
 GENDER: : FEMALE
 Passenger 3
 NAME: : NG LAI FOON
 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/20200309/7010

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number DDH6008

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

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

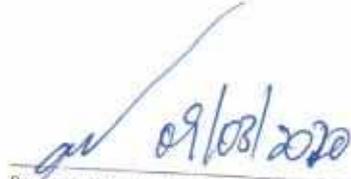
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

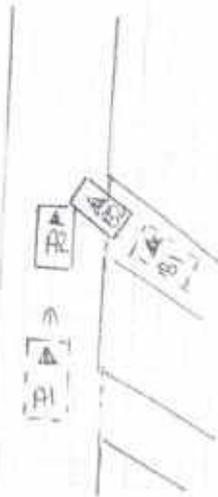
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



V-A) SMDS300B

V-B) DDH6008

Malaysia Custo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling straight in my lane along Malaysia custom.
As I was going straight, vehicle 'B' suddenly made an exit
from the right without stopping behind the give way line,
upon seeing, I immediately applied my brakes, however vehicle 'B'
still collided against my vehicle front right portion.

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:

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



**SINGAPORE
POLICE FORCE**



T/20200309/7010

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

1 of 3

Report No. T/20200309/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2020 15:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KHAI MUN			Address: APT BLK 832 JURONG WEST STREET 81 #10-14 SINGAPORE 640832		
ID Type / ID No.: NRIC NO / S8971502D			Contact No.:		Mobile: 92292188
Nationality: SINGAPORE CITIZEN			Email: QIWEN_5PFS@LIVE.COM.SG		
Sex: Male	Age: 31	Date of Birth: 27/01/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: others		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 07/03/2020 22:00	Type of Location:
Location: MALAYSIA CUSTOM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
DDH6008	Car					0
SMD5300B	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD5300B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30632019 00	24/08/2019	23/08/2020



**SINGAPORE
POLICE FORCE**



T/20200309/7010

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

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Report No. T/20200309/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KHAI MUN	ID No.	S8971502D
Related Vehicle	SMD5300B (Car)	Contact No.	92292188
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

I WAS TRAVELLING STRAIGHT IN MY LANE ALONG MALAYSIA CUSTOM. AS I WAS GOING STRAIGHT, VEHICLE DDH6008 SUDDENLY MADE AN EXIT FROM THE RIGHT WITHOUT STOPPING BEHIND THE GIVE WAY LINE, UPON SEEING I IMMEDIATELY APPLIED MY BRAKES, HOWEVER VEHICLE DDH6008 STILL COLLIDED AGAINST MY VEHICLE FRONT RIGHT PORTION.



**SINGAPORE
POLICE FORCE**

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



T/20200309/7010

3 of 3

Report No. T/20200309/7010

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
09/03/2020 15:05

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/03/2020 (dd/mm/yy) Time of Accident: 22:00 (24-HR-FORMAT)
Vehicle No.: SMD 5300 B Vehicle Make & Model: HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)
Exact location of Accident: MALAYSIA CUSTOM
Policyholder's Name / IC No.: NG KHAI MUN S8971502D
Driver's Name / IC No.: NG KHAI MUN S8971502D (As Above)
Driver's Contact No.: 9229 2188 Company Contact No.: _____
Driver's Address: 832 JURONG WEST STREET 81 #10-14 S640832
Insurance Company: CHINA TAIPING Email address (if any): _____

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 04

Passenger Name: NG CHAN HO

Passenger Name: LEE HOI WAN

Passenger Name: NG LAI FOON

Gender: Male

Gender: Female

Gender: Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: DDH 6008

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

MX1F
N 5N
ANC576A
COMPREHENSIVE
AUTOSAFE

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. _____
1. Index Mark and Registration Number of Vehicle: DMPCSN3063201900 Engine No: 04F0JU247458
SMD5300B Chassis No: KMHD641CMJU738495
2. Name of Policy Holder: MR NG KHAI MUR
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 24 AUGUST 2019
4. Date of Expiry of Insurance: 23 AUGUST 2020
5. Persons or Classes of Persons entitled to drive *
NAMED DRIVERS EX SECT. I S\$500.00
IN ADDITION TO NAMED DRIVERS EX:
EX SECT. I - AGE <= 25 S\$2,000.00
EX SECT. I - AGE >= 26 S\$500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN S\$100.00

(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\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO.: STANDARD CHARTERED BANK SINGAPORE 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.



Countersigned By: _____

Company Reg. No. 3322827K
Office: (65) 6333 8888 Fax: (65) 6322 4797
31 Joo Road, #14-01, Cyber Square, Singapore 107731

Authorised Officer

Authorised Signatory