

NATIONAL Assessment Centre Services.

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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 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	20/07/2020 12:01
Date Of Accident	17/07/2020 18:00
Exact Location Of Accident	AYE TWDS CHANGI B4 ALEXANDRA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV663C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG THENG THENG (HUANG TINGTING)
NRIC No	SXXXX233B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92950901
Alternative Phone No	OFFICE-92950901
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AVANTE
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00005432000
Cover Note Number	
<b>Driver</b>	
Name of Driver	JAMAS JEOW QI LONG
NRIC No	SXXXX797E
Date Of Birth	08/03/1999
Occupation	INDOOR
Date Of Driving Pass	02/09/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83236625
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 JURONG EAST ST 13 #08-418
Postcode	600113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLEAR
Road Surface	DRY

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200717/2134

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB7675R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT5466J  
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 JAMAS JEOW QI LONG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJV663C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

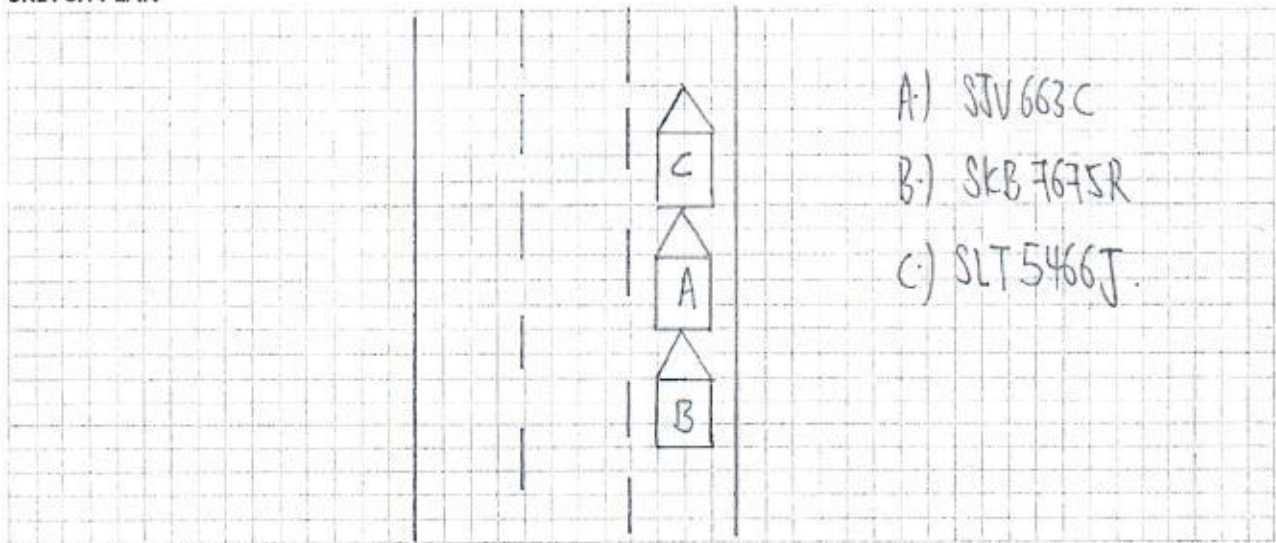
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.07.2020 at about 18.00 pm, I was travelling along AYE Towards  
 changi Before Alexandra. In front the vehicle slow down and stopped. I follow  
 Suddenly I felt an impact from my rear and my car moved forward and hit  
 the front vehicle. I was involved in a 3 vehicles chain collision.

## 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/20200717/2134

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20200717/2134

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2020 21:58		Vide Report No.:	Station District No: 36
<b>Informant's Particulars</b>			
Name of Informant: JAMAS JEOW QI LONG		Address: APT BLK 113 JURONG EAST STREET 13 #03-418 SINGAPORE 600113	
ID Type / ID No.: NRIC NO / S9913797E		Contact No.: Home/Office: Mobile: 83236625	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 08/03/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: 3,3A Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2020 18:10	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY MARINA COASTAL EXPRESSWAY before Alexandra exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJV663C	Car				Seriously Damaged	0
SKB7675R	Car				Seriously Damaged	1
SLT5466J	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20200717/2134

Station Of Origin:

PP

Geopark Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20200717/2134

**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	JAMAS JEOW QI LONG	ID No.	S9913797E
Related Vehicle	SJV663C (Car)	Contact No.	83236625
Hospital/Clinic	K L TAY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	17/07/2020	Date Discharge	17/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Witness</b>			
Name	TAN TONG LUN, LESLIE	ID No.	S8235484J
Related Vehicle	SLT5466J (Car)	Contact No.	92312304
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>Witness</b>			
Name	Ang Poh Giat	ID No.	S7937437G
Related Vehicle	NIL	Contact No.	97608746
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 17/07/2020 at about 1810hrs, I was driving my white Hyundai Avante, SJV663C at the first lane along AYE towards MCE before Alexandra exit. While travelling straight, a red Mazda 6, SLT5466J in front of me suddenly applied emergency brake and I was able to stop my vehicle on time. After which, I felt an impact from my rear and my vehicle surged forward hence, collided onto the red Mazda 6. After the collision, my vehicle was sandwiched in between both cars and when I alighted from my vehicle, I realized that a silver Toyota, SKB7675R had hit me from the back. Due to the impact, I sustained a 2 cm cut on my right feet and decided to call for the ambulance. When the ambulance arrived, nobody was convey. My vehicle front and rear portion were crumpled in. My vehicle was install with a front in-car camera. No





**SINGAPORE  
POLICE FORCE**



T/20200717/2134

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

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Report No. T/20200717/2134

**CONTINUATION OF REPORT**

one else is injured. As I felt unwell after the accident, I had sought medical treatment at private and the doctor had given me 3 days MC. I do not have any witness.



SINGAPORE  
POLICE FORCE



T/20200717/2134

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20200717/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPG (T) P10  
the certificate (in)

Signature  
of the  
Staff Sgt  
Signature  
Not applicable

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:

Sgt 2 HEAP ZHI YONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

17/07/2020 21:58

Classification Of Case:



Date of Accident : 17.07.2020 Accident Time: 18.00 (24-HR-Format)  
Accident Place : AYE Towards Changi Before Alexandra .  
Vehicle. No. (Car Plate No.) : SJV 663 C Make/Model: \_\_\_\_\_  
Insurance Company : Ching Tai Ping Policy No: DMPCSNW 0000 5432000 .  
Owner or Company Name /IC No. : Ng Theng Theng (S7310233B) .  
Owner or Company Contact No. : 9295 0901 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : James Jeong Ai Long (S9913797E) .  
DRIVER'S Date Of Birth : 08.03.1999 DRIVER'S License Pass Date 02.09.2019  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 113 Jurong East Street 13 #08-418 (S) 600113 .  
DRIVER'S Contact No./ Alt No. : 1) 8323 6625 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): 1 Driver .  
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): YES .

Vehicle B	Other Party Driver's Particular (if any)	Vehicle C
Vehicle. No: <u>SKB 7675R</u>		Vehicle. No: <u>SLT 5466J</u>
Vehicle Make/Model: _____		Vehicle Make/Model: _____
Name Driver: _____		Name Driver: _____
IC No. Driver/Contact: _____		IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



Motor Private Car

MX1F

E SN

AN0397A

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.

DMPCSNW00005432000

Engine No.: G4FC9U799538

Cha. No.:KMHDU41BMAU965247

1. Index Mark and Registration  
Number of Vehicle

SJV663C

AUTOSAFE

=====

2. Name of Policy Holder

NG THENG THENG (HUANG TINGTING)

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

07/01/2020  
(13:07:06)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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\$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. : TOKYO CENTURY LEASING (S) PTE LTD

\* 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

Issued By:



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory