

Date In: 27/11/20 09:23	Job description	Date & Time Completed	Done by
Ref No: NA/C7320013091/4	SAS e-filing		
Veh No: SCE 6900 B	E-install (within 3hrs, A/C 2hrs)		
DOA: 25/11/20 13:45	I-Motor Claim Form		
OD: <u>TP</u> / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Tel: 6 Fax:)

Tel: _____)

Cover Type: ()

Time:)

%: P: 21-79%, P: 80-100%]

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Working Co: ()

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Reporting (330)	50.00
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Assessment (SLO),	210/210	
	540/545	

Through Survey	\$120	
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Through Survey (Resurvey)	350	
4-510 Jan 2003		

against the only one who was	ITS	
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+ SMRT Survey	\$160	
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Additional Services:-		
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Co-ordination	510	
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pair Inspection	5.5	
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Collect Express Coordination		
2000-2001	520	

Mobile	30	12/1/2021
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Fee Charged

Fee Charged \$100.00

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	27/11/2020 09:23
Date Of Accident	25/11/2020 13:45
Exact Location Of Accident	CTE TWDS AMK NORTH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE6900B
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	5XXXX454D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93883383

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMHCSNW00005292001
Cover Note Number	

Driver

Name of Driver	NG LIN MING
NRIC No	SXXXX101Z
Date Of Birth	10/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88942265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 150 YISHUN ST 11 #07-04
Postcode	760150
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ
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

REFER TO POLICE REPORT T/20201126/7014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3291Z
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

SME6822A

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 3

Vehicle Registration Number

FBJ9750H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

NG LIN MING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SCE6900B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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:

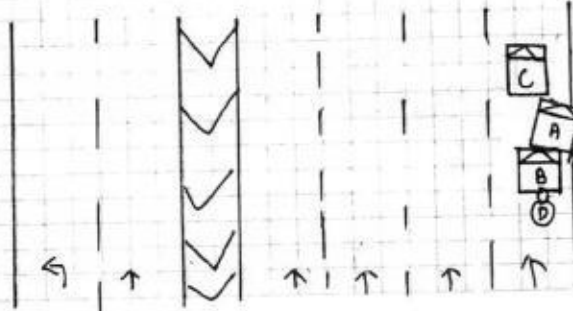

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

CTE towards Ang mo Kio North Flyover

Vehicle A: SCE6900B
 Vehicle B: SLV32912
 Vehicle C: SME6B22A
 Vehicle D: FBJ 9750H




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report No: T/20201126/7014

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/20201126/7014

1 of 3

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

Report No. T/20201126/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2020 14:45		Vide Report No.: F/20201125/0099		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG LIN MING			Address: 150 YISHUN STREET 11 #07-04 SINGAPORE 760150		
ID Type / ID No.: NRIC NO / S8833101Z			Contact No.: Home/Office: Mobile: 88942265		
Nationality: SINGAPORE CITIZEN			Email: NG.LINMING@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 10/09/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Delivery Driver		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/11/2020 13:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ9750H	Motorcycle					0
SCE6900B	Car					0
SLV3291Z	Car		BMW			0
SME6822A	Car		HYUNDAI			0



**SINGAPORE
POLICE FORCE**



T/20201126/7014

2 of 3

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

Report No. T/20201126/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LIN MING	ID No.	S8833101Z
Related Vehicle	SCE6900B (Car)	Contact No.	88942265
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/11/2020	Date	25/11/2020
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

ON 25/11/2020 AT AROUND 13:45PM, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SCE6900B) TRAVELLING ALONG CTE TOWARDS ANG MO KIO NORTH FLYOVER AT LANE 1. AS INFRONT VEHICLE CAME TO A STOP, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION CAUSING MY VEHICLE SURGE FORWARD TO THE RIGHT SIDE AND HIT THE BARRIER. I ALIGHTED AND REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES, AFTER THAT I WAS CONVEYED TO TAN TOCK SENG HOSPITAL BY AMULANCE. I WAS GIVEN 7 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20201126/7014

3 of 3

Report No. T/20201126/7014

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

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:
26/11/2020 14:45

Classification Of Case:



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.

Motor Hire Car

MZ406L/B

R SN

AN0420A

Cov. Type:T

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.

DMHCSNW00005292001

Engine No.: 4A910128014

Cha. No.: JMYSRCY2AAU000382

1. Index Mark and Registration
Number of Vehicle

SCE6900B

2. Name of Policy Holder

ECHAN STUDIO

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

24/09/2020

Excess Sect. II \$S1,500.00
Excess Sect. II (Outside Singapore). \$S3,000.00

4. Date of Expiry of Insurance

25/08/2021

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

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.: LIAN HONG PTE 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Date of Accident : 25/11/2020 Accident Time: 1345hrs (24-HR-FORMAT)

Accident Place : CTE towards Ang mo kio North Flyover

Vehicle Reg. No (Car plate No.) : SCE6900B Vehicle Make/Model: mitsubishi Lancer

Insurance Company : China Taiping Policy No. DMHCSNW00005292001

Name of Registered Owner : Company / Individual ECHAN STUDIO

ID of Registered Owner : Co Reg No: 532434540 Owner's NRIC No: -

: Co Contact No: 93883383 Owner's Contact No: -

DRIVER'S Name : Ng Lin Ming DRIVER'S NRIC No: S88331012

DRIVER'S Date of Birth : 10-09-1988 DRIVER'S License Pass Date 03 Nov 2017

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Hirer

DRIVER'S Address : APT BIK150 Yichun Street 11 #07-04 Singapore 760150

DRIVER'S Contact No./ Alt No. : 1) 8894 2265 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : nglinming@gmail.com

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): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Ng Lin Ming

* with TP Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work Purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>S1V3291Z</u>	Vehicle Reg No: <u>SME6822A</u>
Vehicle Make/Model: <u>Bmw</u>	Vehicle Make/Model: <u>Hyundai</u>
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>FBJ9750H</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____