

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 Submission	30/12/2020 17:11 (SGT)
Date of Accident	29/12/2020 17:50 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	JLN BOON LAY FILTER TWDS AYE CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV5635R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MARC NG YEW CHONG
NRIC No	SXXXX269D
Email Address	yewchong@hotmail.com
Mobile Phone No	(Phone) +65-82882240
Alternative Phone No	+65-82882240

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00175872000
Cover Note Number	-

DRIVER

Name of Driver	MARC NG YEW CHONG
NRIC No	SXXXX269D
Date Of Birth	28/09/1978
Occupation	Indoor

Date Of Driving Pass	22/04/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82882240
Alt. Phone Number	+65-82882240
Email Address	yewchong@hotmail.com
Address	BLK 178 YUNG SHENG ROAD
Address complement	#06-129
Postcode	610178
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201230/2045

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	SML5275Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE YAP HENG
NRIC No	SXXXX018D

Contact Number	(Phone) +65-91443331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MARC NG YEW CHONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	DMPCSNW00175872000
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

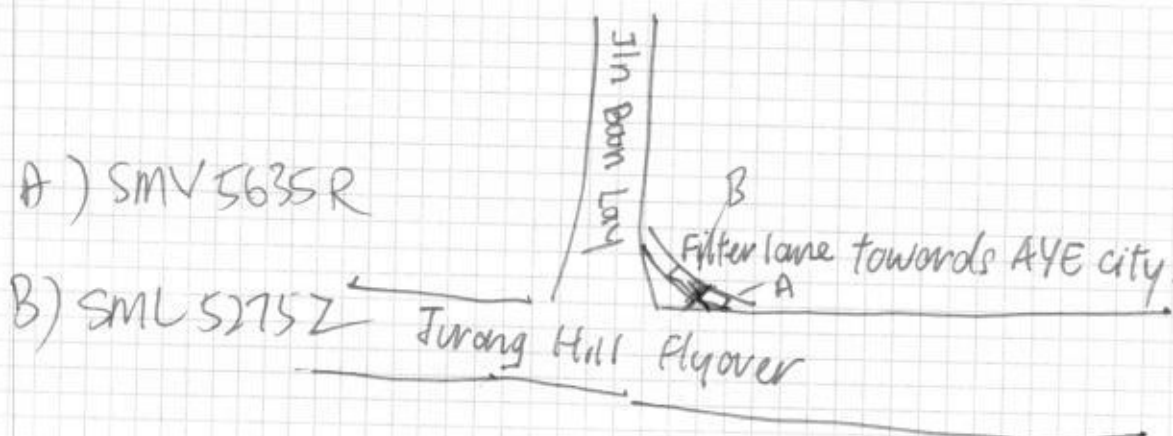
Policyholder's Signature / Date & Time

11.46am

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was on the way towards city for dinner appointment. The accident happened on 29 December 2020 at about 5:50pm. I was along Jalan Boon Lay, filtering to the A/E towards City. The car speed was normal and gradual considering the peak hour traffic. My car was moving pending this motorcyclist in front of me who is turning the same direction. It was that time when the Honda made car rammed into my car from behind with an impact. (Pictures of ~~dam~~ both cars and the other 2 drivers' licences is available).

The other driver admitted his mistake and requested to proceed to claim insurance against his.

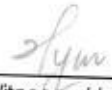
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

30 December 2020
11:46am

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

 30/12/20
Witnessed by Reporting Centre
Personnel

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 : SN0820CU000A Vehicle Registration No: SMV5635R
Name (as shown in NRIC) : MARC NG YEW CHUNG NRIC/FIN/Passport No : S7827269D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 178 YONG SHENG RD #06-129 Singapore(610178)
Contact (Tel) : _____ Mobile No. : 82843340
Email Address : _____
Date of Accident : 29/12/20 Time of Accident : 17:30
Place of Accident : JEN BOON CAY FILTER TWD AYE CITY
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:

AMEND VEH REGISTRATION NUMBER

Policyholder / Driver's Signature
Date:

lym 30/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE



T/20201230/2045

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20201230/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 13:01		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: MARC NG YEW CHONG			Address: APT BLK 178 YUNG SHENG ROAD #06-129 SINGAPORE 610178		
ID Type / ID No.: NRIC NO / S7827269D			Contact No.: Home/Office: Mobile: 82882240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 28/09/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LECTURER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink. Drive: No	Date/Time of Accident: 29/12/2020 17:50	Type of Location: FILTER LANE
Location: JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
SML5275Z	Car	HONDA	HRV 1.5 DX CVT	Blue	Slightly Damaged	0
SMV5635R	Car	MERCEDES BENZ	C180K	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV5635R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001758 72000	24/11/2020	23/11/2021



**SINGAPORE
POLICE FORCE**



T/20201230/2045

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3

Report No. T/20201230/2045

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LEE YAP HENG	ID No.	S8630018D
Related Vehicle	SML5275Z (Car)	Contact No.	91443331
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	MARC NG YEW CHONG	ID No.	S7827269D
Related Vehicle	SMV5635R (Car)	Contact No.	82882240
Hospital/Clinic	CRAWFURD MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2020	Date Discharge	30/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29/12/2020 at about 1750hrs, I was driving my vehicle SMV5635R along Jalan Boon Lay filtering to AYE towards City. At the point of time, I was at the filter lane looking for oncoming vehicles on my right to clear before I proceed. Suddenly, I felt a huge impact on my vehicle and I alighted to make a check. I discovered there was a vehicle SML5275Z which was driving behind me collided onto my rear portion of vehicle. My vehicle is currently at the workshop and actual damages is still pending detailed assessment. There was no traffic police or ambulance at scene. On 30/12/2020 at about 0800hrs, I woke up and I felt muscle spasm and ached on my lower back. At about 1040hrs, I went to consult the doctor at Crawford Medical and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



12/01/2020

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

303

12/01/2020

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 1 LIM FANG JIE

Signature Of Interpreter:

Not applicable

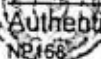
Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

SN 124



Authentication Stamp

NR 168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

30/12/2020 13:01

Classification Of Case:

Police Report

ACCIDENT STATEMENT

ACCIDENT DATE: 29/12/2020 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: Jalan Boon Lay filter towards AYE city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMV 5635R
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: 0MPCSNW00175872000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2011 Mercedes C180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Dinner appointment
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Marc Ng Yew Chong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S78272690 CONTACT: 82882240
 c) ADDRESS: 17B, Ying Sheng Road, #06-109, S10178

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/09/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 April 1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 5275Z MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = yewchong@hotmail.com
 VIDEO

Motor Private Car

MX1E

E SN

AN0695A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00175872000

Engine No.: 27191031344308

Cha. No.: YDD2040452A519137

1. Index Mark and Registration
Number of Vehicle

SMV5635R

AUTOSAFE

2. Name of Policy Holder

MARC NG YEW CHONG

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

24/11/2020
(00:00:00)

Named Drivers Ex Sect. I
Additional Ex Other than Named Drivers:

SS\$500.00

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

4. Date of Expiry of Insurance

23/11/2021

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\$1,000 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.: TECK WEI CREDIT 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

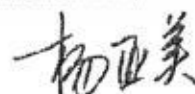
The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

Issued By: Lim Lee Choo
Authorised Officer



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