

NATIONAL Assessment Centre Services.

10/1/2001

SA/02/NE0005

Date In: 14/01/2001 17:47	Job description	Date & Time Completed	Done by
Ref No: N/A 699 21000 711/4	SAS e-Milling		
Veh No: SCH 6622M	E-mail (to Julia Shree, AIG 2 hrs)		
D.O.A. 13/01/2001 17:47	1-Motor Claims Form		
OD TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBL 79L	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 reporter.

() 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 > \$9000] ()		

Injury: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

SA/02/NE000520	1) All: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) TP: Towing Fee	\$40/\$43
	4) PT: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NS: Repair Coordination	\$10
	• NI: Post Repair Inspection	\$23
	• ND: DV / Collect Excess Coordination	\$3
	• TP (NI) : TP (SA/INC) at least ONE	\$20
	9) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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 Submission	14/01/2021 17:47 (SGT)
Date of Accident	13/01/2021 18:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	EXIT 13 JURONG TOWN HALL ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCH6622M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SIEW LIAN
NRIC No	SXXXX436F
Email Address	c.banleng@gmail.com
Mobile Phone No	(Phone) +65-96250611
Alternative Phone No	+65-96250611

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	DMPCSNW00177462003
Cover Note Number	-

DRIVER

Name of Driver	NG SIEW LIAN
NRIC No	SXXXX436F
Date Of Birth	11/05/1969
Occupation	Indoor

Date Of Driving Pass	19/09/1997
Driving experience	23 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96250611
Alt. Phone Number	+65-96250611
Email Address	c.banleng@gmail.com
Address	BLK 316 JURONG EAST STREET 32 #08-264
Address complement	-
Postcode	600316
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 - Major/Minor Rd
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KER MOI HOI
Gender	Female

PASSENGER 2

Name	HO WEI LIN
Gender	Female

PASSENGER 3

Name	NG LIAN HIONG
Gender	Female

PASSENGER 4

Name	NG AH KAM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20210113/7026

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 FBL79L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Contact Number -
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 NG SIEW LIAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SCH6622M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name MR CHAI
Phone (Phone) +65-98562235
Email -

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:

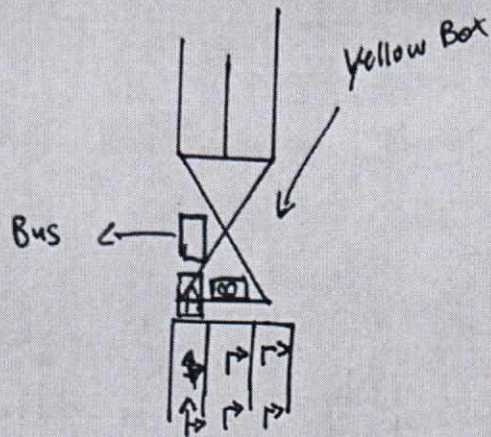
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

14/01/2021
Reporting Centre Personnel's Signature
Name: Resa
NRIC/FIN No.:

SKETCH PLAN



Vehicle A : SCH6622M

Vehicle B : FBL79L

Jurong Town Hall Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to D/2021-0113 / 7026
Police Report

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.:

Date of Accident : 13/1/21 Accident Time: 1810 (24-HR-Format)

Accident Place : AYE Exit 13 Jurong Town Hall Road Junction

Vehicle No. (Car Plate No.) : SCH 6622M Make Model: A115

Insurance Company : China Taiping Policy No:

Owner or Company Name IC No.:

Owner or Company Contact No. : Owner's Hp : Company Tel :

DRIVER'S Name / IC No. : NG Siew Lian S6916436E

DRIVER'S Date Of Birth : 11-05-1969 DRIVER'S License Pass Date 19/09/1997

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : BLK 316 Jurong East St 32 #08-269

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

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : C.banteng@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): 5

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):

Other Party Driver's Particular (if any)

Vehicle No: _____

Vehicle No: FBL 79L

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



D/20210113/7026

1 of 3

POLICE REPORT (NP299)

Report No. D/20210113/7026

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 13/01/2021 22:02	Vide Report No.	Station Diary No.
Name Of Informant NG SIEW LIAN	Address 316 JURONG EAST STREET 32 #08-269 SINGAPORE 600316	
ID Type / ID No. NRIC NO / S6916436F	Contact No. Home/Office:	Mobile: 96250611
Nationality SINGAPORE CITIZEN	Email Address c.banleng@gmail.com	
Occupation packing	Sex Female	Age 51
Institution/School Name	Date of Birth 11/05/1969	Race Chinese
Date/Time Of Incident 13/01/2021 18:10	Language English	
	Location Of Incident JURONG TOWN HALL ROAD	

Brief details.

Case no. D/20210113/0080

On the above mentioned date and time, I was driving my vehicle SCH6622M with 4 passengers on board.

All of us were belted.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2021 22:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210113/7026

We are travelling straight i was at along jurong town hall after exit aye exit 13. As I was approaching the junction of jurong town hall road, traffic light was green and as such I proceeded straight past the stop line.

However due to heavy traffic in front, there was not enough time for me to reach the opposite side of the junction.

An SBS bus right in front of me was also stuck in the yellow box when the traffic light on jurong town hall road towards west coast road had turned green.

While i was still stationary and about to move off as the SBS bus in front of me had moved off, i felt a massive impact from my right portion.

The impact was so massive that my vehicle jerked sideways violently.

I alighted to realise that vehicle FBL79L had collided onto my driver side door.

There was a witness by the name of mr chai, phone number 98562235. He told us that he was right behind FBL79L when accident happened.

He had witnessed that the bus and my vehicle was stationary at the yellow box when the rider of FBL79L crashed into my vehicle. He was not looking in front as he was arguing with some people beside him and when he looked in front it was too late for him to avoid my stationary vehicle.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

13/01/2021 22:02

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20210113/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210113/7026

Later that night, i started feeling soreness on my right arm and chest areas.

As such i went to First care family clinic & surgery at 253 jurong east street 24 for treatment and was given 3 days mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2021 22:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Motor Private Car

MX1F

R SN

AN0214A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMPCSNW00177462003

Engine No.: 3ZZ4815132
Cha. No.:MR053ZEE1061250691. Index Mark and Registration
Number of Vehicle

SCH6622M

AUTOSAFE
=====

2. Name of Policy Holder

NG SIEW LIAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment23/12/2020
(00:00:00)Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

22/12/2021

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.

* 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: SC ALLIANCE PTE LTD
Authorised Officer

Authorised Signatory