

Date In: 23/4/21 12:15	Job description	Date & Time Completed	Done by
Ref No: NA/CT121005076/h4	SAS e-filing		
Veh No: SMK2422R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 05/3/21 14:25	i-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: bicycle 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 ( )

General Remarks:

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

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars: NA2102723

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors' Comments: \_\_\_\_\_

at 1: \_\_\_\_\_

at 2/3: \_\_\_\_\_

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		fit Bill	Add Bill
1) AR: Accident Reporting (\$30);	INC (\$80)		
2) DA: Damage Assessment (\$100);	\$40/\$45		
3) TP: Towing Fee	\$120		
4) FT: Follow-Through Survey	\$30		
5) FT: Follow-Through Survey (Resurvey)	\$75		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$160		
7) NI: Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	\$5		
*N5: Courtesy Car / Tpl Allowance	\$10		
*N6: Repair Co-ordination	\$25		
*N7: Post Repair Inspection	\$5		
*N8: DV / Collect Excess Coordination	\$20		
TE (N11): TP (N-in INC) against INC	\$0		
9) N12: Idac Mobile			
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 Submission	23/04/2021 12:15 (SGT)
Date of Accident	05/03/2021 19:25 (SGT)
Exact Location of Accident	Lor 3 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2422R
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX882D
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(Phone) +65-91998131
Alternative Phone No	+65-91998131

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMHCSNA00001962000
Cover Note Number	-

#### DRIVER

Name of Driver	NG SIU LEONG (HUANG XMLONG)
NRIC No	SXXXX502J

Date Of Birth	24/05/1979
Occupation	Outdoor
Date Of Driving Pass	27/07/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96689643
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 7A COMMONWEALTH AVENUE #02-660 SINGAPORE
Address complement	-
Postcode	141007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
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	Boon Teck Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002549999
Alt. Police Station Phone No	(Fax) +65-63554310
Police Station Address	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210305/2126

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO IS WITH TRAFFIC POLICE
Was there any audio recorded?	No

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person	-
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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 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.

*[Handwritten Signature]*

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SUV → R  
B: pedestrian

7/11/2018



PARKING

**Describe Circumstances of the Accident**

Refer to police report 7/20210305/2126

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 23/4/21



Driver's Signature (If driver is not the policyholder) / Date & Time 23/4/21



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210305/2126

1 of 3

Report No. T/20210305/2126

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2021 21:02	Vide Report No.: E/20210305/0142	Station Diary No.: 11
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NG SIN LEONG		Address: APT BLK 311C CLEMENTI AVE 4 #17-197 SINGAPORE 123311	
ID Type / ID No.: NRIC NO / S7915502J		Contact No.: Home/Office:	Mobile: 96689643
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 24/05/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 05/03/2021 19:10	Type of Location: CONDOMINIUM EXIT
Location: LORONG 3 TOA PAYOH			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK2422R	Car	TOYOTA		Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210305/2126

2 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20210305/2126

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/03/2021 at about 1911hrs, I was driving my car SMK2422R at the exit of Trevista Condominium, towards Lorong 3 Toa Payoh when a cyclist dash across my path. The cyclist brush across the front side of my bumper and hit onto the number plate causing it to dislodged slightly. I came out and made a check on the cyclist who informed that he was not injured. The cyclist later called someone down to assist him in the claims. After traffic police came, I told the officers that at that time, I came out from the exit at a very slow speed as I was passing by the barrier. However the cyclist who was riding at a high speed came from the left side and brush across my front bumper area. To my understanding, the cyclist is not supposed to ride on the pedestrian footway as it is meant for pedestrian only. Also the fact that the cyclist was coming at a very fast speed. After the traffic police seized my inbuilt camera SD card, I was advised to lodged a report on this case. I am not injured from this accident.



**SINGAPORE  
POLICE FORCE**



T/20210305/2126

3 of 3

Report No. T/20210305/2126

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

**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: E / Sgt 3 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2021 21:02
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168  SN 062 SIGNATURE	

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

**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)

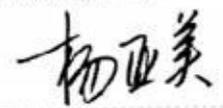
CERTIFICATE No	DMHCSNA00001962000	Engine No.: 2ZR0D11819 Cha. No.: ZWR800369367
1. Index Mark and Registration Number of Vehicle	SMK2422R	
2. Name of Policy Holder	ASIA EXPRESS CAR RENTAL PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/03/2020	Excess Section II \$S2,000.00 Excess Section II (Outside Singapore) \$S4,000.00
4. Date of Expiry of Insurance	24/03/2021	
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.	
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.: SKYWAY CREDIT & LEASING 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 reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Gan Li Jia Jesca  
Authorised Officer

  
Authorised Signatory

# ACCIDENT REPORTING (India/Etiqa/NTUC/Ergo/Tokio)

ACCIDENT STATEMENT	
Date of Report	23/4/2021
Date of Accident	05/03/2021 1925hours
Exact Location of Accident	Lorong 3 Toa Payoh
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK2422R
INSURED/POLICYHOLDER	
Name of registered Owner	Asia Express Car Rental
NRIC No.	201116982D
Email Address (if does not have, state NOEMAIL)	peyie@expresscar.com.sg
Mobile Phone No.	9199 8131
Alternative Phone No.	
VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	Noah
Exact Purpose for which vehicle was being used at time of accident	Private use / Commercial Use / <u>Private Hire</u> use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes (OD) / <u>No</u> (Reporting only or 3 <sup>rd</sup> party)
If No to above, state action to be taken	E.g 3 <sup>rd</sup> Party <u>Reporting only</u>
Vehicle Category	Private Car / Commercial Car / <u>Private Hire</u>
INSURANCE COMPANY	
Name of Insurance company	China Taiping
Type of Coverage	
Fleet Policy	Yes / No
Policy Number	DMHCSNA00001962000
DRIVER	
Name of Driver	Ng Sim Leong (Huang Xinlong)
NRIC No	57913502J
Date of Birth	24/05/1979
Occupation	Indoor / <u>Outdoor</u>
Date of Driving Pass	24/05/1979 <del>24/6/2003</del> 27/7/2002
Driving Experience	Years Months

If Yes, against whom?		
<b>CIRCUMSTANCES OF ACCIDENT</b>		
Refer to sketch plan (kindly provide details on a separate sketch plan)		
<b>ATTACHMENT (S)</b>		
Are accident photos available for attachment?	Yes / No	
Was there any video captured by Car Camera?	Yes / No	
Was there any audio recorded?	Yes / No	
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>		
Vehicle Registration Number		
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
<b>DETAILS OF OTHER VEHICLE PROPERTY 2</b>		
Vehicle Registration Number		
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
<b>DETAILS OF OTHER VEHICLE PROPERTY 3</b>		
Vehicle Registration Number		
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		