

# ATTENTION! ASSASSINATE THE COMPETITIVE SERVICES. **SN02/150005**

Date: 05/11/2021 17:48  
Ref No: N3A/C7120113147  
Val No: SMH 7051K  
D.O.A: 08/11/2021 02:28

Job description	Date & Time Completed	Done by
SAS e-tiling		
Trinitat (by whole time, A/C time)		
Motor Claim Admin		
Motor W/O (W/whole 00 time, TP time)		
Photo Uploaded		
Assessment/Survey Report		
Asst Report by New/Hand to Owner/Driver		

(1) TP Reporting Only

TP Insurer

Preferred Wksp/INO A/C/11 Wksp/ QW1

TP Insured/Driver Val No: **SLD 187011** INO: **5/Non-INO**

Owner/Driver Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: (Note: Est. Status (WO) N10-20%, P121-79%, P180-100%)  
Year of Registration: **2019** Warrant YES/NO  
License (\$): **1,000** / \$2,000

( ) Will-in Give-in: Customer's Information Privately Confidential & Strictly NO Referral of Repulsion

( ) Total Loss Case: (to email Insurer URGENTLY)

Drive-in: / Follow-in: Involves YES/NO: Towaway Cost:

1) Apply for Transport Allowance / Courtesy Car

2) QC Check/Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Injury:

**NA2104342**

1) All Load/unload (20)

2) All Demurrage (100%)

3) All Fueling

4) All Follow-up/Repair

5) All Follow-up/Repair (Insurance)

6) All Follow-up/Repair (Insurance)

7) All Follow-up/Repair (Insurance)

8) All Follow-up/Repair (Insurance)

9) All Follow-up/Repair (Insurance)

10) All Follow-up/Repair (Insurance)

11) All Follow-up/Repair (Insurance)

12) All Follow-up/Repair (Insurance)

13) All Follow-up/Repair (Insurance)

14) All Follow-up/Repair (Insurance)

15) All Follow-up/Repair (Insurance)

16) All Follow-up/Repair (Insurance)



# 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	05/11/2021 17:48 (SGT)
Date of Accident	04/11/2021 02:28 (SGT)
Exact Location of Accident	Sengkang E Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7051K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEO WEN XIANG KENNETH (LIANG WENXIANG KENNETH)
NRIC No	SXXXX615D
Email Address	kennethleo84@yahoo.com
Mobile Phone No	(Phone) +65-89107376
Alternative Phone No	+65-89107376

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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
Transmission	Auto
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00098182102
Cover Note Number	-

### DRIVER

Name of Driver	LEO WEN XIANG KENNETH (LIANG WENXIANG KENNETH)
NRIC No	SXXXX615D

Date Of Birth	17/02/1984
Occupation	Indoor
Date Of Driving Pass	14/12/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89107376
Alt. Phone Number	+65-89107376
Email Address	kennethleo84@yahoo.com
Address	29 FERNVALE ROAD #07-37
Address complement	-
Postcode	797416
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 vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211104/7006

#### 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	SLD8390H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	LEO WEN XIANG KENNETH (LIANG WENXIANG KENNETH
Gender	Male
Phone No	(Phone) +65-89107376
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMH7051K
Were seat belts worn?	Yes
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

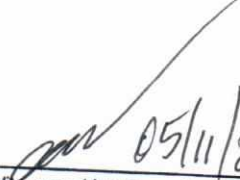
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(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.

  
Policyholder's Signature / Date & Time

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

 05/11/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Sengkang East



A - SMH 7051K


B - SLD 8390H


Describe Circumstances of the Accident

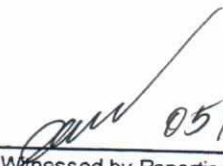
Attach police report 7/2021104/2006

Declaration

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

 05/11/2021  
Witnessed by Reporting Centre  
Personnel



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04/11/2021 (dd/mm/yy) Time of Accident: 02:28 (24-HR-FORMAT)  
Vehicle No.: SMH7051K Vehicle Make & Model: BMW 316i  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 1.6  
Exact location of Accident: Sengkang East Drive  
Policyholder's Name: Leo Wen Xiang Kenneth NRIC/FIN/REG No.: S84056150  
\*Policyholder's email address: kennethleo84@yahoo.com (LIANLEI WENXIANG KENNETH)  
Driver's Name: as above NRIC/FIN/REG No.: -  
\*Driver's email address: kennethleo84@yahoo.com  
Driver's Contact No.: 8910 7376 Company Contact No (if any): -  
Date of birth: 17/02/1984 Driving Pass Date: 14/12/2006  
Driver's Address: 29 Pervale Road #07-37 S(797416)  
Insurance Company: China Taiping  
Policy No.: IMPLSNW00098182102 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -  
What do you wish to claim? (Please TICK one only)  
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other -  
Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver): 01  
\*Passanger Name: - Gender: Male / Female  
\*Passanger Name: - Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -  
Was there any video captured by your car Car camera? ☐ Yes / ☐ No  
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Leo Wen Xiang Kenneth  
Injuries Sustain: Neck and back pain Injured Person in Which Vehicle: SMH7051K  
Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: 10 Ubi Avenue 3 (4) 408864

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SL08390H  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20211104/7006

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

1 of 3

Report No. T/20211104/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/11/2021 12:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEO WEN XIANG KENNETH			Address: 29 FERNVALE ROAD #07-37 SINGAPORE 797416		
ID Type / ID No.: NRIC NO / S8405615D			Contact No.: Home/Office: Mobile: 94882329		
Nationality: SINGAPORE CITIZEN			Email: KENNETHLEO84@YAHOO.COM		
Sex: Male	Age: 37	Date of Birth: 17/02/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			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: 04/11/2021 02:30	Type of Location: Straight Road
Location:  SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD8390H	Car					1
SMH7051K	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20211104/7006

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

2 of 3

Report No. T/20211104/7006

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7051K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000981 82102	28/05/2021	27/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEO WEN XIANG KENNETH		ID No. S8405615D
Related Vehicle	SMH7051K (Car)		Contact No. 94882329
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	04/11/2021		Date 04/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was traveling straight in my vehicle (a). Suddenly i felt a huge impact from the rear and when I alighted I realised it was vehicle (b) that had collided onto the rear portion of my vehicle (a) causing damages to my vehicle (a).  
I felt pain on my neck and lower back so I went to our family physician clinic to seek consultation and was given 3days mc.  
Vehicle(a) SMH7051K  
Vehicle(b) Sld8390h



**SINGAPORE  
POLICE FORCE**



T/20211104/7006

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

3 of 3

Report No. T/20211104/7006

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/11/2021 12:27

Classification Of Case:



# 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)

R SN

AN0561A

Cov. Type:C

CERTIFICATE No. DMPCSNW00098182102 Engine No.: A856J864N13B16A  
 Cha. No.: WBA3A16010NS38950

1. Index Mark and Registration Number of Vehicle SMH7051K AUTOSAFE  
 \*\*\*\*\*

2. Name of Policy Holder LEO WEN XIANG KENNETH

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 28/05/2021 (00:00:00)  
 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

4. Date of Expiry of Insurance 27/05/2022

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.: HONG LEONG FINANCE 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

Issued By:

VENTURE CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

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