

NATIONAL ASSURANCE Centre Services, Inc. **SN0821890003**

Date In: **09/11/2021 16:37**  
 Ref No: **NAB/C1220114434**  
 Vch No: **SLB, 1149X**  
 DOA: **05/11/2021 19:00**

(1) **TP** Reporting Only

TP Insurer

Preferred Wksp/INO Avail in Wksp/OWI

TP Ind/Sp/Sp/Sp Vch No: **SLB 1451K** INO: **1/Non-INO**

Owner/Driver

Policy No

Period

Cover Type

Confirmed by

Insured/Driver Liability (%) [Note: Not shown (WO) NI 0-20% PI 21-79% PI 80-100%]

Year of Registration

License (\$)

Loading: \$1,000 (\$2,000)

( ) Waiver/Chycomar Customer Information Policy Confidential & strictly NO Rotor of rotation

( ) Total Loss Case to e-mail Insurer URGENTLY

Driver-In ( ) / Towed-In ( ) / Towed-Vch ( ) / NO ( ) / Towing Cost ( )

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

2) QC Check/Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Costs > \$5,000) ( )

Injury

**NAB2104361**

Driver/Owner

Contract No

Damaged Portion

QC Checked by (Engineer/Chycomar)

Sub

1) All accident workup (\$0)	
2) All body workup (\$100)	
3) All towing (\$100)	
4) All repair (\$100)	
5) All paint (\$100)	
6) All labor (\$100)	
7) All material (\$100)	
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100) All other (\$100)	

Per Owner  
Per Client



# 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	09/11/2021 16:37 (SGT)
Date of Accident	05/11/2021 19:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1149X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOW CHIEK KAY
NRIC No	SXXXX876B
Email Address	fabi3ntjh@gmail.com
Mobile Phone No	(Phone) +65-88083280
Alternative Phone No	+65-88083280

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00175962101
Cover Note Number	-

## DRIVER

Name of Driver	MARCO LOW YEW LUNG
NRIC No	SXXXX600F

Date Of Birth	17/07/1993
Occupation	Indoor
Date Of Driving Pass	08/10/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88083280
Alt. Phone Number	-
Email Address	fabi3ntjh@gmail.com
Address	BLK 709 TAMPINES STREET 71 #14-120
Address complement	-
Postcode	520709
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211106/2089

#### 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	SJD1451K
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK712S
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	MARCO LOW YEW LUNG
Gender	Male
Phone No	(Phone) +65-88083280
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLB1149X
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.

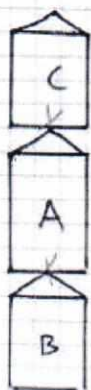
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIK towards MAS



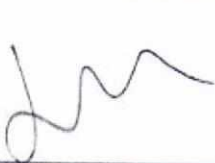
VEHICLE A - SLB 1149X  
VEHICLE B - SJD 1451K  
VEHICLE C - SMK 712S

Describe Circumstances of the Accident

REFER TO POLICE REPORT  
(T/20211106/2089)

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



Witnessed by Reporting Centre Personnel



Date of Accident : 05/11/2021 Accident Time: 1900 (24-HR-Format)  
 Accident Place : PIE (towards Tuas)  
 Vehicle No. (Car Plate No.) : SLB1149X Make/Model: Mercedes Benz GLA180  
 Insurance Company : China Taiping Policy No: DMP5NW00175962101  
 Owner or Company Name /IC No. : Low Chiek Kay (S0035876B)  
 Owner or Company Contact No. : 8808 3280 Owner's Hp : — Company Tel : —  
 DRIVER'S Name / IC No. : Marco Low Yew Lung (S9328600F)  
 DRIVER'S Date Of Birth : 17/07/1993 DRIVER'S License Pass Date 08/10/2012  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —  
 DRIVER'S Address : 709 Tampines Street 71 #14-120 S(520709)  
 DRIVER'S Contact No./ Alt No. : (1) — 2) —  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : FABI3NTJH@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  
 Was the accident reported to the police? YES \ NO  
 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): YES -

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SJD1451K</u> <u>(B)</u>	Vehicle No: <u>SMK7125</u> <u>(C)</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

**\* NEW - Passenger's name & gender:**



**SINGAPORE  
POLICE FORCE**



T/20211106/2089

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 4

Report No: T/20211106/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2021 21:11		Vide Report No.:		Station Diary No.: 93	
<b>Informant's Particulars</b>					
Name of Informant: MARCO LOW YEW LUNG			Address: APT BLK 709 TAMPINES STREET 71 #14-120 SINGAPORE 520709		
ID Type / ID No.: NRIC NO / S9328600F			Contact No.: Home/Office: Mobile: 88083280		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 17/07/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PORTFOLIO OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2021 19:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD1451K	Car				Seriously Damaged	0
SLB1149X	Car				Slightly Damaged	0
SMK712S	Car				Slightly Damaged	1





# SINGAPORE POLICE FORCE



T/20211106/2089

2 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20211106/2089

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMAD SYAKIR BIN MOHAMAD TAHIR	ID No.	NIL
Related Vehicle	SJD1451K (Car)	Contact No.	81183601
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
<b>Driver</b>			
Name	MARCO LOW YEW LUNG	ID No.	S9328600F
Related Vehicle	SLB1149X (Car)	Contact No.	88083280
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	FALA ATKHA	ID No.	NIL
Related Vehicle	SMK712S (Car)	Contact No.	96263610
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

**Brief Details.**

On the 5/11/2021 at about 7pm, I was driving my car bearing plate number (V1: SLB1149X) along PIE towards Jurong direction. I was driving on the first lane and there was heavy jam ahead of me. I slowed down my car and as I was about to stop my vehicle, I felt an impact from the rear of my vehicle. There was a car (V2: SJD1451K) drove very fast and he was unable to stop in time which led him to collide into the rear of my car. Due to the collision, my car was pushed forwards and collided onto another car (V3: SMK712S) which was in front of me.

There was a few other vehicles involved in this accident but I did not managed to take down their details.



SINGAPORE  
POLICE FORCE



T/20211106/2089

3 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No: T/20211106/2089

CONTINUATION OF REPORT

In addition, I went to Changi General Hospital for a medical check due to the accident and I was given 3 days of MC as I suffered from head injury

I do not recall the exact location when the accident took place, but I have in-car camera which capture front and rear of my car.





**SINGAPORE  
POLICE FORCE**



T/20211106/2089

4 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20211106/2089

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  
G /  
Sgt 3 LIM YA HUI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
06/11/2021 21:11

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 Private Car

MX1E

R SN

AN0699A

Gov. Type C

### 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

DMPCSNW00175962101

Engine No.: 27091030881292

Cha. No. WDC1569422J221042

1. Index Mark and Registration  
Number of Vehicle

SLB1149X

AUTOSAFE  
=====

2. Name of Policy Holder

LOW CHIEK KAY

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

29/09/2021  
(00:00:00)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$53,000.00

Ex Sect. I - Age >= 26 \$5500.00

\* Age as at date of accident

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

28/09/2022

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 \$51,000 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.: HL BANK 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: INSMART ENTERPRISE  
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