

NATIONAL ASSOCIATION OF CERTIFIED SCRAPERS

12/27/2021

Date In: 12/27/2021 12:27
 Ref No: N/A/12/27/2021
 Job No: SMT 1533M
 Date: 12/27/2021 12:30

Job Description	Done by
SAS Billing	
Transfer (by phone, A/S, etc)	
Motor Claim Review	
Motor W/O (Within 60 days of loss)	
Police Uploaded	
Assessment/Repair Report	
Final Report by Fax/Email to Owner/Agent	

(1) Reporting Only

TP Insured

Preferred Wksp / HO / A/S / Wksp / A/S

TP Insured / A/S / Y / N / SBC 60284

Owner / Driver

Policy No

Period

Cover Type

Continued by

Date

Time

Insured/Driver Liability

% (Not-Test Status (WO) N/A-20% PI 21-79% PI 80-100%)

Year of Registration

Warranty Yes / No

License (\$

License (\$1,000 / \$2,000)

() Written Guarantee / Customer's Information strictly confidential & should NO refer or repetition

() Total Loss Case / to email Insurer URGENTLY

Driver In

Driver In

Involved VNS

NO

Towing Cost

1) Apply for Transport Allowance / Courtesy Car

2) QO Check / Post Repair Inspection

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

Insured

12/27/2021

Driver/Owner

Continued No

Continued Portion

QO Checked by (Signature/Initials)

Date

Time

Initials

Signature

Print Name

Print Title

Print Address

Print City

Print State

Print Zip

Print Phone

Print Email

Print Fax

Print Mobile

Print Pager

Print Telex

Print TTY

Print FRS

Print BBS

Print Internet

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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	17/12/2021 12:27 (SGT)
Date of Accident	16/12/2021 12:50 (SGT)
Exact Location of Accident	80 Marine Parade Rd, Singapore 449269
Additional Location Information	LEVEL 4 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1533M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG KOK CHONG
NRIC No	SXXXX644H
Email Address	shawn369sg@yahoo.com
Mobile Phone No	(Phone) +65-93666145
Alternative Phone No	+65-93666145

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00218012100
Cover Note Number	-

DRIVER

Name of Driver	NG KOK CHONG
NRIC No	SXXXX644H

Date Of Birth	14/12/1975
Occupation	Indoor
Date Of Driving Pass	14/10/2002
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93666145
Alt. Phone Number	+65-93666145
Email Address	shawn369sg@yahoo.com
Address	188 JOO CHIAT TERRACE #05-11
Address complement	-
Postcode	427334
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211216/2059

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	SDQ6023H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	DAVID LEONG
Contact Number	(Phone) +65-98533665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 17/10/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Parkway Parade Shopping Centre LAUNDY MSCP

A: SMT1533M

B: SDQ 6023H



Describe Circumstances of the Accident

Please refer to the police report (T/2021/216/2059).

Declaration

We declare the foregoing particulars are true in every respect.

Sif

Policyholder's Signature / Date &
Time

Sif

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

[Signature] 17/12/2021
Witnessed by Reporting Centre
Personnel

Date of Accident : 16/12/2021 Accident Time: 12:50 PM (24-HR-Format)
 Accident Place : Marine Parade Road Carpark
 Vehicle. No. (Car Plate No.) : SMT1533M Make/Model: BMW 520I
 Insurance Company : China Taiping Policy No: DMPCSNW00218012100
 Owner or Company Name /IC No. : Ng Kok Chong (S7537644H)
 Owner or Company Contact No. : 9366 6145 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : As above
 DRIVER'S Date Of Birth : 14/12/1975 DRIVER'S License Pass Date 14/10/2002
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 188 Joo Chiat Terrace #05-11 S(427334)
 DRIVER'S Contact No./ Alt No. : 1) 9366 6145 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : shawn369sg@yahoo.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): 0 Passengers
 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): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>SDQ 6023H (Veh B) - NTUC</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>David Leong</u>	Name Driver: _____
IC No. Driver/Contact: <u>9853 3665</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20211216/2059

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20211216/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 15:20		Vide Report No.: G/20211216/0102		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: NG KOK CHONG		Address: 188 JOO CHIAT TERRACE #05-11 SINGAPORE 427334			
ID Type / ID No.: NRIC NO / S7537644H		Contact No.: Home/Office: Mobile: 93666145			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 46	Date of Birth: 14/12/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Chief operating officer/General Manager		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2021 12:50	Type of Location: Car Park
Location: MARINE PARADE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDQ6023H	Car					0
SMT1533M	Car	BMW	520I AT 2WD 4DR HID NAV	Grey	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20211216/2059

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Report No. T/20211216/2059

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT1533M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002180 12100	20/10/2021	19/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KOK CHONG	ID No.	S7537644H
Related Vehicle	NIL	Contact No.	93666145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/12/2021 between 1110hrs-1115hrs, I parked my car bearing registration number SMT1533M at the multi-storey carpark of Parkway Parade Shopping Centre (Level 4). After parking my car, I then left and everything was in order.

On the same day at about 1250hrs, I came back to my car and realized that there were some damages to the front bumper of my car. Subsequently, 2 witnesses came forward to inform me that earlier on, one car bearing registration number SDQ6023H had earlier on hit my car and drove off. They showed me a photo of the car and the car was parked at Level 5 of the said location.

I then called up the police and was attended to by Traffic Police officers (reference number G/20211216/0102). The car was still there when police came. I was then advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20211216/2059

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20211216/2059

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 /
Sr Staff Sgt MUHAMMAD
FARHAN BIN SAFARUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2021 15:20

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Motor Private Car

MX1E

N SN

AN0582A

Cov. 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.

DMPCSNW00218012100

Engine No.: A3591318N20B20B

Cha. No.: WBA5A32080D829194

1. Index Mark and Registration
Number of Vehicle

SMT1533M

AUTOSAFE
=====

2. Name of Policy Holder

NG KOK CHONG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment20/10/2021
(00:00:00)Named Drivers Ex Sect. I \$S750.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

19/10/2022

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 \$S1,000 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.: GOLDBELL FINANCIAL SERVICES 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.

Issued By: COSMO INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory