

NATIONAL Assessment Centre Services (M11 12/2011) 50822820001

Date In: 02/11/2022 13:20	Job description	Date & Time Completed	Done by
Ref No: X190/C1122010921/4	SAS e-filing		
Veh No: 8MUL 5373B	E-mail (with 3hrs, A/C 3hrs)		
D.O.A: 27/10/2022 16:50	I-Motor Claim Form		
CO: (10) Reporting Only	I-Motor W/O (with 3hrs, A/C 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: () Veh No: GRG 858C INC () / Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

Insured Driver Liability: () % (Note: Btl Status (WO): N 0-2034 P 21.79% F 30-11034)

Year of Registration: () Warranty: YES () / NO ()

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

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Subject to O refer of repeller.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$30000] ()

Injury: ()

Date/Turn: ()

NA2203072

Injury Particulars: ()

Owner/Owner: ()

Contact No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Comments: ()

1) AR: Accident Reporting (330)	INC (330)
2) DA: Damage Assessment (3100)	INC (3100)
3) TP: Towing Fee	\$100
4) PT: Follow Through Survey	\$100
5) PT: Follow Through Survey (Resurvey)	\$100
6) TR: Re-inspection	\$100
7) NI: NI/DA/DMRT Survey	\$100
8) NTUC Additional Services	\$100
9) NI: NI/DA/DMRT Survey	\$100
10) NI: NI/DA/DMRT Survey	\$100
11) NI: NI/DA/DMRT Survey	\$100
12) NI: NI/DA/DMRT Survey	\$100
13) NI: NI/DA/DMRT Survey	\$100
14) NI: NI/DA/DMRT Survey	\$100
15) NI: NI/DA/DMRT Survey	\$100
16) NI: NI/DA/DMRT Survey	\$100
17) NI: NI/DA/DMRT Survey	\$100
18) NI: NI/DA/DMRT Survey	\$100
19) NI: NI/DA/DMRT Survey	\$100
20) NI: NI/DA/DMRT Survey	\$100



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 Actual 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	02/11/2022 13:20 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 16:50 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5373B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE. LTD.
Company Reg No	2XXXXX961K
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-92205664
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Commercial vehicle
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00192792202

DRIVER

Name of Driver	CHEONG HUI TING (ZHANG HUITING)
NRIC No	SXXXX443H
Date Of Birth	18/04/1982
Occupation	Indoor

Date Of Driving Pass	12/10/2004
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-92205664
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	BLK 266C COMPASSVALE BOW #08-20
Address complement	-
Postcode	543266
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	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	8
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ELLA LIM KE EN
Gender	Female

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/20221028/7024 AND T/20221028/7059

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8538C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SNH9985R
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 3

Vehicle Registration Number	SJJ5259S
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 4

Vehicle Registration Number	SMF2497B
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 5

Vehicle Registration Number	SLD2599M
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 6

Vehicle Registration Number	SMU477T
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 7

Vehicle Registration Number	SGG2988S
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	CHEONG HUI TING (ZHANG HUITING)
------------------------	---------------------------------

Gender	Female
Phone No	(Phone) +65-92205664
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMU5373B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ELLA LIM KE EN
Gender	Female
Phone No	(Phone) +65-92205664
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMU5373B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.
 - (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.

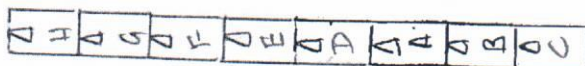


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SMU5373B
 Vehicle B : AB48538C
 Vehicle C : SNA9985R
 Vehicle D : STJ5259S
 Vehicle E : SMF2497B
 Vehicle F : SLD2599m
 Vehicle G : SMV477T
 Vehicle H : SH62088S

Describe Circumstances of the Accident

Refer to police report 7/2022/028/7024 & 7/2022/028/7059

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'Hty'.

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

A handwritten signature in blue ink followed by the date '02/04/2022'.

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221028/7024

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

1 of 3

Report No. T/20221028/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 11:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEONG HUI TING			Address: 266C COMPASSVALE BOW #08-20 SINGAPORE 543266		
ID Type / ID No.: NRIC NO / S8212443H			Contact No.: Home/Office: Mobile: 92205664		
Nationality: SINGAPORE CITIZEN			Email: HT0418@GMAIL.COM		
Sex: Female	Age: 40	Date of Birth: 18/04/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Service provider - secretary (Lodgement Officer)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2022 16:50	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG8538C	Van B	/				0
SGG2988S	Car H	/				0
SJJ5259S	Car D	/				0
SLD2599M	Car F	/				0



SINGAPORE POLICE FORCE



T/20221028/7024

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

2 of 3

Report No. T/20221028/7024

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMF2497B	Car	/				0
SMU477T	Car	/				0
SMU5373B	Car	/				0
SNH9985R	Car	/				0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ELLA LIM KE EN	ID No.	T0810603C
Related Vehicle	SMU5373B (Car)	Contact No.	92205664
Hospital/Clinic	K K WOMEN'S CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/10/2022	Date	27/10/2022
No. of Days granted Medical Leave	02	Degree of	Serious
Driver			
Name	CHEONG HUI TING	ID No.	S8212443H
Related Vehicle	SMU5373B (Car)	Contact No.	92205664
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/10/2022	Date	27/10/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

Refer to f/20221027/0109



**SINGAPORE
POLICE FORCE**



T/20221028/7024

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

3 of 3

Report No. T/20221028/7024

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
28/10/2022 11:55

Classification Of Case:



SINGAPORE POLICE FORCE



T/20221028/7059

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

1 of 4

Report No. T/20221028/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 17:24		Vide Report No.: T/20221028/7024		Station Diary No.:
Informant's Particulars				
Name of Informant: CHEONG HUI TING		Address: 266C COMPASSVALE BOW #08-20 SINGAPORE 543266		
ID Type / ID No.: NRIC NO / S8212443H		Contact No.: Home/Office:		Mobile: 92205664
Nationality: SINGAPORE CITIZEN		Email: HT0418@GMAIL.COM		
Sex: Female	Age: 40	Date of Birth: 18/04/1982	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Service Provider - Secretary (Lodgement Officer)		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2022 16:50	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG8538C	Van B					0
SGG2988S	Car H					0
SJJ5259S	Car D					0
SLD2599M	Car F					0



**SINGAPORE
POLICE FORCE**



T/20221028/7059

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

2 of 4

Report No. T/20221028/7059

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMF2497B	Car E					0
SMU477T	Car K					0
SMU5373B	Car A	TOYOTA	Prius Plus	Beige	Seriously Damaged	1
SNH9985R	Car C					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ELLA LIM KE EN	ID No.	T0810603C
Related Vehicle	SMU5373B (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	27/10/2022	Date	27/10/2022
No. of Days granted Medical Leave	02	Degree of	Serious
Driver			
Name	CHEONG HUI TING	ID No.	S8212443H
Related Vehicle	SMU5373B (Car)	Contact No.	92205664
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/10/2022	Date	27/10/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated time and date, I was driving my vehicle bearing SMU5373B with my daughter onboard on our way home. I remember clearly that we were travelling along KPE towards TPE when I noticed that there were traffic building up due to closed lane and the vehicles were coming to a stop. I applied my brakes gradually and came to a stop as well. Out of a sudden, I heard a loud screeching sound, follow by a loud bang. I felt a huge impact from the rear and it caused my vehicle to surge forward and collide onto the vehicle in front of me. Shortly after I collided onto the vehicle in front of me and my airbags deployed, I felt another



**SINGAPORE
POLICE FORCE**



T/20221028/7059

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

3 of 4

Report No. T/20221028/7059

CONTINUATION OF REPORT

lighter impact. Both my daughter and I stayed in the vehicle as we were badly injured and is experiencing pain. I quickly called for my husband to scene to assist me. We alighted the vehicle and rest by the vehicle as both of us are experiencing terrible pain. The other drivers called for the ambulance and the TP arrived shortly with the ambulance. Both me and my daughter were conveyed to the hospital while my husband stayed behind to assist with the TP on scene and gathering of information. I was conveyed to Seng Kang General Hospital while my daughter was conveyed to KK Hospital. I was then discharged on the day itself with a 5 days MC and my daughter given 2 days MC. We are lodging the report again for amendment of previous report: T/20221028/7024



**SINGAPORE
POLICE FORCE**

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



T/20221028/7059

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Report No. T/20221028/7059

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

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

Date/Time:
28/10/2022 17:24

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 10 / 2022 (dd/mm/yy) Time of Accident: 16 : 50 (24-HR-FORMAT)
Vehicle No.: SMU 5373B Vehicle Make & Model: Toyota Prius
*Transmission : ☐ Manual ☒ Auto *C.c : 1798
Exact location of Accident: KPE
Policyholder's Name: Lumens Auto Pte Ltd NRIC/FIN/REG No.: 201426961K
*Policyholder's email address : kelchow.tay@lumens.sg
Driver's Name: cheong Hui Ping NRIC/FIN/REG No.: S8212443H
*Driver's email address : S8212443H
Driver's Contact No.: 92205664 Company Contact No (If any): _____
Date of birth: 15/11/1982 Driving Pass Date: 12/10/2004
Driver's Address: Blk 266C Compassvale Bldg, 08-20, S 543266
Insurance Company: China Taiping
Policy No.: DMPCINA00192792202 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): 2
*Passenger Name: Ella Lim Ice En Gender: Male / Female
*Passenger 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: Driver and passenger
Injuries Sustain : Body Injured Person in Which Vehicle: _____
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: 6B485380
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: my car consultant pte ltd Contact No: 83447681



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

MX4F

R SN

BR0096A

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.

DMPCSNA00192792202

Engine No.: 2ZR2H34145

Cha. No.:JTDZS3EU00J060269

1. Index Mark and Registration
Number of Vehicle

SMU5373B

2. Name of Policy Holder

LUMENS AUTO PTE. LTD.

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

18/08/2022
(00:00:00)

4. Date of Expiry of Insurance

17/08/2023

Named Drivers Ex Sect. I

S\$950.00

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

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:

Ho Li Hwa Irene

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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