

MAM42034(5)

1/A2002029

Comments Particular

Driver/Owner:

Contract No:

Arranged Portion:

Checked by (Engr-In-Charge):

STATE OF NEW YORK

Auditors' Comments

1.1

312

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (240)
3) TP: Towing Fee	\$60/\$45
4) PT: Follow-Through Survey	\$120
5) PF: Follow-Through Survey (Re-survey)	\$30
For claiming against INC Only (was 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Ideal DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
Q1:	
*N5: Courtesy Car / Tpl Allowance	\$5
*N6: Repairs Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Access Coordination	\$5
TE (Nil): TP (Non INC) against INC	\$10
9) N12: Ideal Mobile	\$0
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 Report	18/03/2020 16:32
Date Of Accident	18/03/2020 13:30
Exact Location Of Accident	BRADDELL RD TOWARDS CITY AFTER UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4244B
Insured/Policyholder	
Name Of Registered Owner	JOSEPH, CHEANG KIM CHWEE
NRIC No	SXXXX690H
Email Address	JOSEPHCHEANG88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86066818
Alternative Phone No	OTHERS-86066818

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 J (A)
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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3066851901
Cover Note Number	

Driver

Name of Driver	JOSEPH, CHEANG KIM CHWEE
NRIC No	SXXXX690H
Date Of Birth	11/07/1958
Occupation	INDOOR
Date Of Driving Pass	26/03/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86066818
Fax Number	
Contact Number	OTHERS-86066818
Email Address	JOSEPHCHEANG88@GMAIL.COM

Address BLK 431C YISHUN AVENUE 1
#03-573
Postcode 763431
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 4
Passenger 1
NAME: : MILDRED
GENDER: : FEMALE
Passenger 2
NAME: : NATALIE
GENDER: : FEMALE
Passenger 3
NAME: : REENE
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SMP5678Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA1058T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOSEPH, CHEANG KIM CHWEE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM4244B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MILDRED
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM4244B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name REENE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM4244B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name	NATALIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM4244B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 18/03/2020
NRIC/FIN No.: 18/03/2020

SKETCH PLAN

Braddell Rd
Towards City
After Upp
Sinnsoon Rd

A

B

C

- (A) SLM 4244B
- (B) SMP 5676Z
- (C) SMA 1058T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18-12-2020 at about 13:20hrs, I was travelling along Braddell Rd Towards City After Upper Sinnsoon Rd. As I heading straight, ahead of me there's a vehicle slow down, I follow suit. All of a sudden, I felt an impact from the rear. Then I realised a vehicle SMP 5676Z had collided onto my rear. Total 2 vehicles was involved in the accident. That's all.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NBC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 18.03.2020 TIME: 13:30hrs (hh:mm) 24 hrs Format
LOCATION: Braddell Rd Towards City After Upper Serangoon Rd

VEHICLE NUMBER: SLM 4244B
INSURED NAME: Joseph Cheong Kim Chwee
NRIC/FIN: S1321690H
MAKE: Toyota MODEL: Vios Janto

Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: China Taiping
TYPE OF POLICY: (☒) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: PMPCS N3066851901

NAME DRIVER: (☒) SAME AS INSURED

NRIC/FIN: S1321690H CONTACT: 8606 6918
DATE OF BIRTH: 11-01-1958
DRIVING PASS DATE: 26-03-1984
OCCUPATION: (☒) INDOOR () OUTDOOR
GENDER: (☒) MALE () FEMALE
EMAIL ADDRESS: Joseph.Cheong88@gmail.com () NO EMAIL
ADDRESS OF DRIVER: 431C Yishun Ave 1 #03-513 SC 763431

Number Of Passenger Include Driver: 4 Pax
(1) Mildred (F) (3) Natalia (P)
(2) Reene (P)

Was driver an employee of the Insured's Company? () YES () NO

If No, Relationship Of The Driver With The Insured

(☒) Owner () Spouse () Friend () Relative () Children () Sibling () Others

Does The Driver Own Any Other Vehicle? () YES (☒) NO

If Yes, Vehicle Registration Number Of Driver's Own Vehicle:

Insurance Company Of Driver's Own Vehicle

Weather Conditions: (☒) Clear () Raining () Drizzling () Others

Road Surface: (☒) Dry () Wet () Others

Was Any Foreign Vehicle Involved In This Accident? () YES (☒) NO

Was Anybody Injured In The Accident? (☒) YES () NO

If YES, Injured details:

Convey By Ambulance: () YES (☒) NO

Was There Any Video Capture By Car Camera? () YES (☒) NO

Was There Accident Reported To The Police? () YES (☒) NO If Yes Attach Police Report

Police Report Number (if any)

Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)	Contact
Veh B	SMF 56782	() / Not Sure ()	
Veh C	SMA 10587	() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	

Insurance SLM 4244B - 21/11/2019 - 20/11/2020



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 20020334E

MX1F
R. SN
AN0592A
Cov. Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1956 (Malaysia)

ORIGINAL

CERTIFICATE No	DMPCSN3066851901	Engine No :1N4X556204 ChasNo:MR053HY9305005227
1. Index Mark and Registration Number of Vehicle	SLM4244B	AUTOSAFE
2. Name of Policy Holder	JOSEPH, CHEANG KIM CHWE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 November 2019	Named Drivers Ex Sect. I \$5500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... \$33,000.00 Ex Sect. I - Age >= 26..... \$5500.00 * Age as at date of accident EX ON WINDSCREEN \$5100.00
4. Date of Expiry of Insurance	20 November 2020	
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 \$5500 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. : SPEEDO CAPITAL PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180) 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 180) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: WINNIE SOO, STAFF WAI



[Signature]
Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	690H

Vehicle Details

Vehicle No.:	SLM4244B
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS J AUTO
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	1NZX556204
Chassis No.:	MR053HY9305005227
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,441.00
Original Registration Date:	21 May 2007
First Registration Date:	21 May 2007
Transfer Count:	4
Actual ARF Paid:	\$13,686.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	20 May 2022
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$25,333.00
COE Rebate Amount:	\$10,827.00
Total Rebate Amount:	\$10,827.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 18 Mar 2020