

NATIONAL Assessment Centre Services. (not a service) MALIBU 2005501

Date In: 01/10/2020 11:09	Job description	Date & Time Completed	Done by
Ref No: 1158107220010534/Y	SAS e-Billing		
Veh No: 2GK 2176Y	E-mail (Ejals 2hrs, AIG 2hrs)		
D.O.A: 28/09/2020 15:00	I-Motor Claims Form		
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkcp / INC Assign Wkcp / QW: ( ) Telt ( ) Fax: ( )

TP Handicaps: ( ) Veh No: **SMD 527D** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Telt: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

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

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

Walk-In Customer: Customer's Information strictly Confidential & strictly NO refer of repair.

Total Loss Case: to e-mail Insurer URGENTLY.

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

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

**NA2005214**

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	ING (15)
Damaged Portion:	3) TP: Towing Fee	\$40.45
QC Checked by (Sign-In-Charge):	4) PT: Follow-Through Survey	\$110
	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (see 10 Jan 200)	
	6) TR: Re-inspection	\$75
	7) NI: 1 Day DA + SMRT Survey	\$160
	8) NFUC Additional Services:	
	DI:	
	* NI: Courtesy Car / Tpl Allowance	\$5
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$5
	TP (NI) TP (SMD INC) + release DTG	\$20
	9) NI: 1 Day Mobile	\$5

Fee Charged  
Fee Charged

Malibu 2005501

## 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	01/10/2020 11:09
Date Of Accident	30/09/2020 15:00
Exact Location Of Accident	ALONG AYE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2176Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Co Reg No	2XXXX317E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97707613
Alternative Phone No	OFFICE-97430733

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00002692000
Cover Note Number	

### Driver

Name of Driver	SNG AIK HUA, LESLIE (SUN YIHUA)
NRIC No	SXXXX263A
Date Of Birth	27/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707613
Fax Number	
Contact Number	OTHERS-97430733
EEmail Address	NOEMAIL

Address	BLK 603 YISHUN STREET 61 #03-349
Postcode	760603
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : PASSANGER GENDER: : MALE

#### 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	SMD5727D
Vehicle Make/Model/Colour	HONDA CITI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO YONG HONG
NRIC/Passport Number	
Contact Number	98236127
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHA1353A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver LEE GEK HONG  
NRIC/Passport Number  
Contact Number 92345766  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT AND REAR  
No. Of Passenger (Including Driver) 2

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLR5071A  
Vehicle Make/Model/Colour HONDA VEZEL  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR  
No. Of Passenger (Including Driver) 1

## 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:  
NRIC/FIN No.:

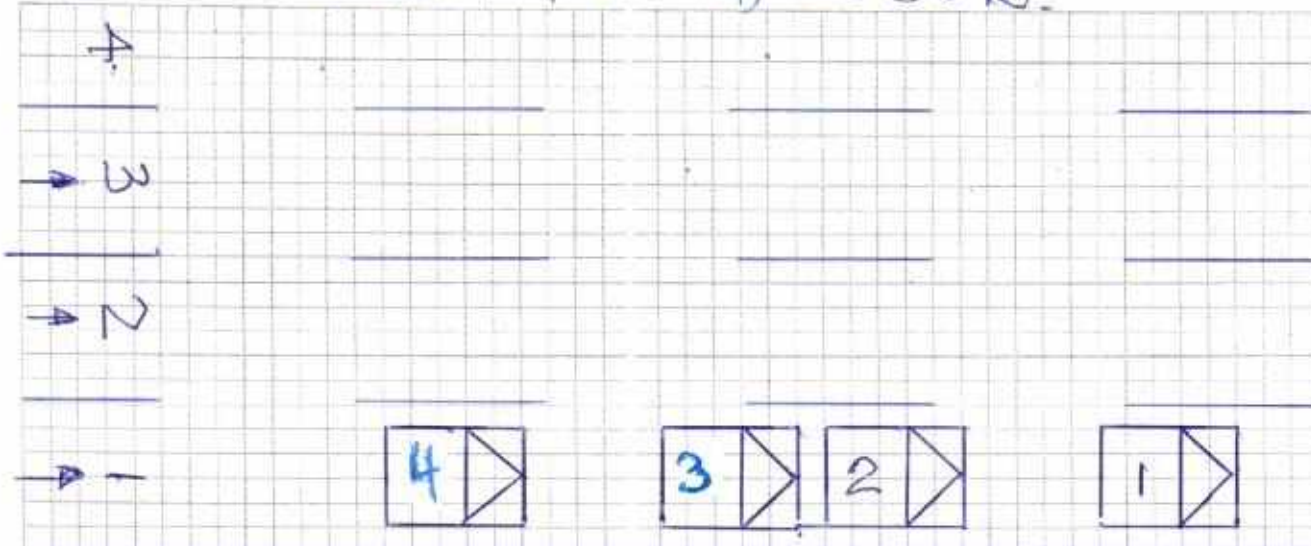
1) SLR 5071A

3) SGK 2176Y

2) SHA 1353A

4) SMD 5127D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving car nos 3 on the AYE the first <sup>car</sup> stopped taxi. could not stop in time being onto 1st car. I was a distance and had managed to stop however the 4th car behind me could not stop and being onto my car resulting my car to be pushed forward to slightly touched the rear of taxi. My photos taken after the accident would justify my statement.

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:  
NRIC/FIN No.:

### 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 willful 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 28 09 20  
Date Of Accident 28 09 20 1500hrs.  
Exact Location Of Accident AYE TOWARDS CHANGI  
Country/State of Loss

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK 2176 Y  
Insured/Policyholder TODDS PARTNERS P/K.  
Name Of Registered Owner 20153317E  
Co Reg No 97707613.  
Email Address  
Mobile Phone No  
Alternative Phone No  
Vehicle Particulars HONDA  
Manufacturer ACCORD.  
Model  
Exact Purpose for which vehicle was being used at time of accident WORK.  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken CLAIM THIRDA PARTY  
Vehicle Category  
Insurance Company  
Name of Insurance Company CHINA TAI PING  
Type Of Coverage COMPREHENSIVE  
Fleet Policy  
Policy Number  
Cover Note Number  
Driver  
Name of Driver SNG AIK HUA LESLIE  
NRIC No S7635263A.  
Date Of Birth 27 10 1976  
Occupation DRIVER  
Date Of Driving Pass 12 JULY 2001  
Driving Experience  
Gender MALE.  
Mobile Number  
Fax Number  
Contact Number 97430733  
Email Address

Address  
 Postcode  
 Was driver an employee of the Insured's Company  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle  
 Insurance Company of Driver's Own Vehicle

NO  
 HIRELER  
 NA

General Information of the Accident  
 Type Of Accident  
 Weather Conditions  
 Road Surface  
 Other Information

CHAIN COLLISION  
 CLEAR  
 DRY

Was any foreign vehicle involved in this accident?  
 Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES  
 NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

male - 80 MO

Number of Passengers (Including Driver)

OF PASSENGER + DRIVER

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given?

NA

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?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR 5071A (1)

(2) SHA 1352A

Vehicle Make/Model/Colour

VEZEL HONDA

BLUE

Details Of Properties

TAXI C

Name of Driver

NOT KNOWN (1)

LEE GEEK HONG

NRIC/Passport Number

(1) PERSON

92345766

Contact Number

SERIOUS FRONT / REAR SCATCH  
 2 PERSON

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

(4) SMD 5727A

Details of Witness

HONDA CITY

Name

TEO YONG HONG (B)

Phone Number

98236127

Email Address

(FRONT)





Motor Hire Car

MZ406L/B

E SN

AN0478A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 159)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMHCSNA00002692000

Engine No.: K20A6043098

Cha. No.:CL73202636

1. Index Mark and Registration Number of Vehicle: SGK2176Y

2. Name of Policy Holder: TODDS PARTNERS PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 23/06/2020

Excess Sect. I: S\$2,000.00

Excess Sect. I (Outside Singapore): S\$4,000.00

Excess Sect. II: S\$2,000.00

4. Date of Expiry of Insurance: 30/04/2021

Excess Sect. II (Outside Singapore): S\$4,000.00

EX ON WINDSCREEN: S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 159) 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 159) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Signatory

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA430085501 Vehicle Registration No: SGK 2176Y  
Name (as shown in NRIC): SNG ALE HUA, LAR LIE (SUN YI HUA) NRIC/FIN/Passport No: SXXXX 763A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 97430133  
Email Address : \_\_\_\_\_  
Date of Accident : 30/09/2020 Time of Accident: 15:00  
Place of Accident : ALONG AYE TOWARDS CHANGI  
Insurance Company: CHINA TRIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT TO 30/09/2020

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: POE LIAW HAN  
NRIC/FIN No.:  
Date: 02/10/2020