

NATIONAL Assessment Centre Services. [url: 1 Jan 2003]

SN0820CF0008

Date In: 15/12/2020 18:26	Job description	Date & Time Completed	Done by
Ref No: N80/C7E20013485/Y	SAS e-illing		
Veh No: SGU 9934C	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 19/12/2020 18:35	1-Motor Claims Form		
OD: TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: () Veh No: () INC () / Non-INC ()

Owner / Driver: () Tel: ()

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: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (var 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	*NS: Courtesy Car / Tpl Allowance	\$10
	*NS: Repair Coordination	\$25
	*NS: Post Repair Inspection	\$3
	*NS: DV / Collect Excess Coordination	\$30
	TP (NI) / TP (Non INC) / Glass DNG	\$0
	9) NI: Idea Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

N/A 2006.458

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 Submission	15/12/2020 18:26 (SGT)
Date of Accident	14/12/2020 18:35 (SGT)
Exact Location of Accident	Telok Ayer St, Singapore
Additional Location Information	INFRONT OF MANNA KOREAN RESTAURANT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9934C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-87504352
Alternative Phone No	+65-87504352

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Picnic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002692000
Cover Note Number	-

DRIVER

Name of Driver	ISMAIL BIN IBRAHIM
NRIC No	SXXXX228C

Date Of Driving Pass	19/10/1994
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87504352
Alt. Phone Number	-
Email Address	xinyaauto@singnet.com.sg
Address	BLK68 GEYLANG BAHRU
Address complement	#04-3229
Postcode	331068
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

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 material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLD9123G
Vehicle Manufacturer	-

Vehicle Colour _____
Vehicle Category _____
Name of Driver _____
NRIC No _____
Contact Number _____
Address _____
Address complement _____
Postcode _____
Insurance Company Name _____
Nature Of Damage _____
Details of property damaged in accident _____
No. Of Passenger (Including Driver) _____

Private car
NOVITA MARLIANA TJANJADI
SXXXX994D
(Phone) +65-88929189

-
-
-
-
-
-
2

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:

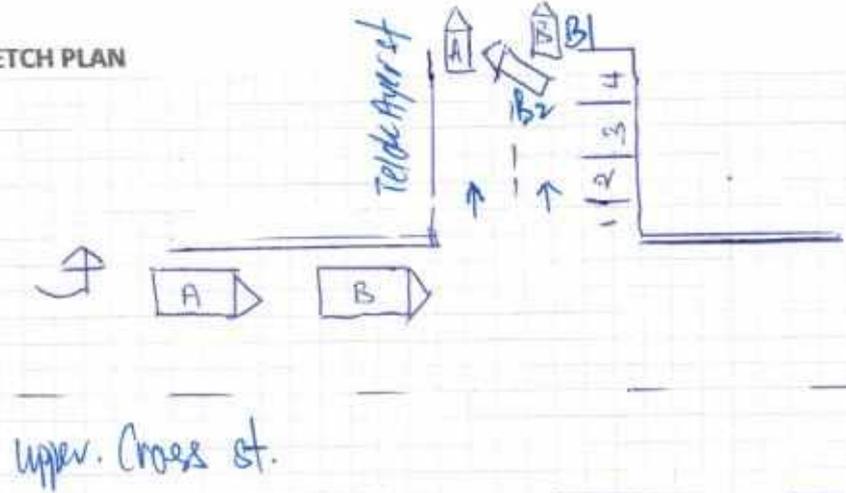
my

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

an 15/12/2020

Reporting Centre Personnel's Signature
Name: *Joshua Lim*
NRIC/FIN No.:

SKETCH PLAN



A) SGN 9934C
 B) SLD 9123G

Upper Cross st.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FROM CROSS ST BOTH OF US MAKING A LEFT TURN INTO
 TELOK AYER ST... AFTER MAKING A LEFT TURN VEHICLE B
 KEEP TO RIGHT LANE AND INDICATE HER HAZARD LIGHT
 AND STOP...

AS I WAS DRIVING BESIDE VEHICLE B... SUDDENLY
 VEHICLE B SWING TO THE LEFT TO MAKE REVERSE PARKING
 TO ENTER THE PARKING LOT AT RIGHT SIDE... VEHICLE B
 FRONT LEFT PORTION COLLIDED WITH MY CAR REAR RIGHT

MINOR DAMAGE TO MY CAR AND NO INJURY INVOLVE.

DECLARATION

I/We declare the following particulars are true in every respect.



Policyholder's Signature
 Date & Time:

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

15/12/2020
 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 if needed.

ACCIDENT STATEMENT

Date Of Report 15/11/20
Date Of Accident 14/11/2020 18:35 PM
Exact Location Of Accident Telok Ayer Street Infront Manna Korean Restaurant Carpark Lot
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number 3G69934C
Insured/Policyholder
Name Of Registered Owner Todde Jantuen P/L
Co Reg No 201533177E
Email Address
Mobile Phone No
Alternative Phone No
Vehicle Particulars
Manufacturer TY
Model Pilica
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? T/P
If No, Please state action to be taken.
Vehicle Category
Insurance Company
Name of Insurance Company China Yaoping
Type Of Coverage
Fleet Policy DMHCSN12 0000 269 2000
Policy Number
Cover Note Number
Driver
Name of Driver Ismail Bin Ibrahim
NRIC No S6929278C
Date Of Birth 7/8/1969
Occupation Hired
Date Of Driving Pass 19/10/1994
Driving Experience
Gender male
Mobile Number 87504352
Fax Number
Contact Number
Email Address

Address
Postcode

Blk 68 Koylang Bahru #04-3229
363300681

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

Hire ✓

Insurance Company of Driver's Own Vehicle

General information of the Accident

Type Of Accident
Weather Conditions
Road Surface

TP Reverse & hit on Rear RH Side
clear
wet

Other Information

Was any foreign vehicle involved in this accident?
Was any body injured in the Accident?
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver)

NO

3 Both girls

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

SLD91236
Blue
Novita Marlina Tjahjadi
8977994D.
8929189.

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2 person husband

Details of Witness

Name
Phone Number
Email Address

Motor Hire Car

MZ406L/E

N SN

AN0478A

Gov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMHCSNA000026920/0

Engine No.: 1AZ5583990

Chs. No.: JTEGH20B700023528

1. Index Mark and Registration Number of Vehicle: SGU9934C

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: 28/04/2020

Excess Sect I \$52,000.00
Excess Sect. I (Outside Singapore) \$54,000.00

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

Excess Sect. II \$52,000.00
Excess Sect. II (Outside Singapore) \$54,000.00
EX ON WINDSCREEN \$510.00

5. Pursuits 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 169) and Section 95 of the Road Transport Act 1987 (Malaysia), and 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: Lim Lee Choo
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory