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SNR 2186005

TP Insurer:

Owner / Driver: (

Confirmed by : (

Insured/Driver Liability: (Year of Registration: (

13) 000000 (\$

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

() Walk-In Customer: Customer's Information Bureau

URGENTLY.

Invoice: VRS() / NO() ; TOWING CO()

1. NAME OF THE PARTY

Country:

1) Apply for Transport Allowance (

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost = \$5000)

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11/11/2023

2017年12月27日

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2018年12月

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INVOICE		DATE	
1) All Accident Reporting (\$30)	INC (10)		
2) DA Damage Assessment (\$100)	\$100.43		
3) PP Following Fee	\$120		
4) PP Follow Through Survey	\$30		
5) PP Follow Through Survey (Re-survey)	\$75		
6) PP Follow Through Survey (Re-survey) (w/ 10 min 700)	\$160		
7) NI Idea DA + BMR Survey			
8) NIUC Additional Service			
ON	\$3		
NIUC Courtesy Car / Tol Allowance	\$10		
NIUC Repair Coordination	\$25		
NIUC Post Repair Inspection	\$3		
INC/DV / Collision Insurance Coordination	\$25		
PP (NIUC) / PP (NIUC) / PP (NIUC)	\$0		
NIUC Mobile			
Invoice dated	Free Charge		
Invoice dated	Free Charge		

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	16/08/2021 16:59 (SGT)
Date of Accident	15/08/2021 11:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ8998X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUAT BUILDERS PTE LTD
Company Reg No	1XXXXX622N
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-93288998
Alternative Phone No	+65-86131137

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00127502000
Cover Note Number	-

DRIVER

Name of Driver	LAM YONG MENG
Passport No/FIN	FXXXX303P

Date Of Birth	30/09/1971
Occupation	Outdoor
Date Of Driving Pass	14/03/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86131137
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 29 BALAM ROAD #17-17
Address complement	-
Postcode	370029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PASSENGER 1

Name	NG SIEW LING
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	SJK5861Y
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car

Name of Driver	GOH WEE KENG (WU WEIQING)
NRIC No	SXXXX458B
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	SDE7030T
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BEH HAP SUN
NRIC No	SXXXX104F
Contact Number	(Phone) +65-90216179
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	LAM YONG MEN
Gender	Male
Phone No	(Phone) +65-86131137
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GQ8998X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SIEW LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GQ8998X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Policyholder's Signature / Date & Time

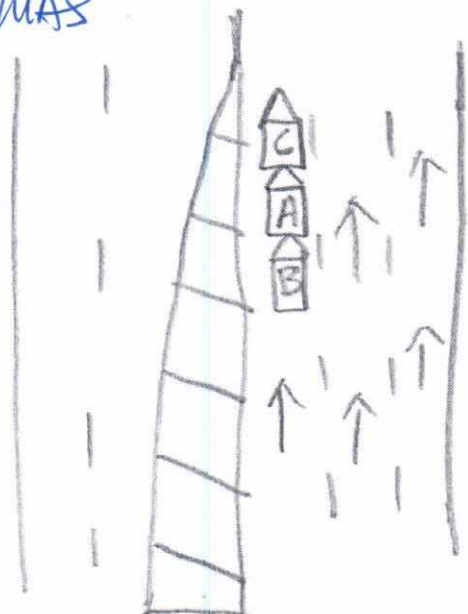
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

AKK EXPRESSWAY TOWARDS MAS

Vehicle A GR 8998X
Vehicle B SJK 5861Y
Vehicle C SDE 7030T



Describe Circumstances of the Accident

On 15/08/2021 about 11:00am morning. I was travelling along PIE Expressway towards PIE twas. vehicle C "SDE 7030T" in front of me slow down and stopped so I brake and slow down and manage stop in ~~time~~ time too. Suddenly about 5 seconds after, vehicle B "SJK 5861Y" collided onto my rear portion with impact very heavy and badly and my lorry was pushed forward and collided onto vehicle C "SDE 7030T" rear portion. We took scene photos and particulars and left. I was feeling unwell after the accident.

Declaration

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


16/08/2021
Witnessed by Reporting Centre Personnel

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 15/08/2021 Time: 11:00AM (24 hr format)
 Exact Location of Accident * PIE Expressway towards tuas

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * GQ 8998X Make & Type *: TOYOTA DYNA
 Name of Registered Owner * Hui + Builders PTE LTD
 NRIC / FIN / Passport / Co Regn No. * 199304622N
 Contact Number * 9328 8998 Email/Fax No: Winsan-tingwei@hotmail.com
 Exact Purpose for which vehicle was being used at Time of Accident ☐ Private Usage / ☒ Commercial or Company's Usage
 Are you claiming under your own insurance policy for repair to your vehicle? * ☐ Yes / ☒ No If No, Please state action to be taken
☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China / EQ / Etiqa / MSIG / Tokio Marine / Great American
 Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft
 Policy No. (Certificate No.) / Cover Note No. DMLVSNW00127502000

DRIVER

Name of Driver * LAM YONG MENG Gender * ☒ Male ☐ Female
 NRIC / FIN / Passport Number * F7258303P
 Date of Birth * 30/09/1971 (dd/mm/yyyy)
 Occupation * ☐ Indoor / ☒ Outdoor
 Date of Driving Pass (Pass Date) * 14/03/2018
 Contact Number * 8613 1137
 Address BLK 29 Balan Road #17-17 S (370029)
 Email Address / Fax Number * Email: Winsan-tingwei@hotmail.com Fax: -
 Relationship of the Driver with the Insured * Owner / ☒ Employee / Spouse / Friend / Others:
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *
 Veh No: 1) _____ 2) _____ 3) _____
 Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision ☒ Chain Collision / Side-Swipe / Front to Rear / Others:
 Weather Conditions * ☒ Clear / ☐ Raining / Others:
 Road Surface * Wet / ☒ Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? * ☐ No / ☒ Yes (Police Report required)
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes
 Was any foreign vehicle involved in this accident? * ☒ No / ☐ Yes Veh No: _____ Veh Category: _____
 Number of vehicles involved in the accident (03)
 Was there any witness? ☒ No / ☐ Yes
 Was any other VEHICLE / Property involve / damage? * ☐ No / ☒ Yes
 Was there any video captured by Car Camera? ☒ No / ☐ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * ☒ No / ☐ Yes If Yes, Please state which Police Station
 Was Notice of Intended Prosecution given? * ☒ No / ☐ Yes If Yes, against whom?
 Number of Passengers (Including DRIVER)? (02)
 Passengers Name: NG Siew Ling Name: _____
 Gender: Male / ☒ Female Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes ☒ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SJK 5861Y	2) SDE 7030T
Vehicle Make / Model / Colour	Toyota wish / Grey	Honda civic
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Goh wee keng (wa weiqing)	Beh HAP SUN
NRIC/Passport Number	S7634458B	S7064104F
Contact Number		9621 6179
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



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 Commercial

MZ300/C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN

AND69BA

Cov. Type: C

CERTIFICATE No.

DMCVSNW00127502000

Engine No.: 1KD2667252

Chassis No.: JTFAT35Y70K207220

1. Index Mark and Registration
Number of Vehicle

GQ8998X

AUTOSAFE

2. Name of Policy Holder

HUAT BUILDERS PTE LTD

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

11/01/2021
(00:00:00)

Excess Sect 1. S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

10/01/2022

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*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

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

* 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: RVC & ASSOCIATES PTE LTD
Authorised Officer

Authorised Signatory

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

6399 6111

6222 1033

www.sg.cntaiping.com

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 : _____ Vehicle Registration No: GQ 8998X
Name (as shown in NRIC) : LAM YONG MENG NRIC/FIN/Passport No : F7258303P
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 29 Balan Road #17-17 Singapore (370029)
Contact (Tel) : _____ Mobile No. : 8613 1137
Email Address : Winson_fingwei@hotmail.com
Date of Accident : 15/08/2021 Time of Accident : 11.00 AM
Place of Accident : PIE Expressway towards trnas
Insurance Company : China Taiping

(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:

I would like to amendments passenger name to
NG Siew Ling and Injured person included passenger as
well.

Policyholder / Driver's Signature
Date: 17/08/2021



Reporting Centre Personnel's Signature
Name: 17/08/2021
NRIC/FIN No.: Res. 17/08/2021
Date: