

ATTENTION: ASSURANCE COMPANY'S EMPLOYEES WILL VISIT

SN0821C60002

Date: 06/12/2021 14:42
Ref No: N/A/C/12/0123/47
Ref No: 542,055
D.O.A: 03/12/2021 17:28

(1) TP Reporting Only

TP Insurer

Job Description	Unit & Unit Completed	Done by
SA & Billing		
Tractor (Hydraulic) (1st)		
Motor Oil (1st)		
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Reported by: [Name] / [Address] / [City] / [State] / [Zip]
Policy No: [Number] / Period: [Start] / [End] / Cover Type: [Type]
Insured by: [Name] / [Address] / [City] / [State] / [Zip]
Year of Registration: [Year] / Written by: [Name] / [Address] / [City] / [State] / [Zip]
Excess (\$): [Amount] / Load limit (\$1,000 / \$2,000)

() Within Coverage / Customer Information clearly provided & clearly NO report of rejection
() Total Loss Case / to email insurer immediately
Driver: [Name] / [Address] / [City] / [State] / [Zip] / [Phone]
() Apply for Transport Allowance / [Amount]
() QC Check / [Name] / [Address] / [City] / [State] / [Zip]
() Upload Receipt Photo (Receipt Cost > \$5,000)

Insured by: [Name] / [Address] / [City] / [State] / [Zip]
Policy No: [Number] / Period: [Start] / [End] / Cover Type: [Type]
Insured by: [Name] / [Address] / [City] / [State] / [Zip]
Year of Registration: [Year] / Written by: [Name] / [Address] / [City] / [State] / [Zip]
Excess (\$): [Amount] / Load limit (\$1,000 / \$2,000)

QC Checked by (Engineer/Inspector): [Name] / [Address] / [City] / [State] / [Zip]
Insured by: [Name] / [Address] / [City] / [State] / [Zip]
Policy No: [Number] / Period: [Start] / [End] / Cover Type: [Type]
Insured by: [Name] / [Address] / [City] / [State] / [Zip]
Year of Registration: [Year] / Written by: [Name] / [Address] / [City] / [State] / [Zip]
Excess (\$): [Amount] / Load limit (\$1,000 / \$2,000)

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	06/12/2021 14:42 (SGT)
Date of Accident	03/12/2021 17:25 (SGT)
Exact Location of Accident	192 Bishan Street 13, Singapore 570192
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE205S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHANG PRIVAUTO
Company Reg No	5XXXX420M
Email Address	x-js@live.com
Mobile Phone No	(Phone) +65-82821703
Alternative Phone No	+65-85983497

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00009362000
Cover Note Number	-

DRIVER

Name of Driver	SUHAIMI BIN ABDULLAH
NRIC No	SXXXX231G

Date Of Birth	21/11/1964
Occupation	Outdoor
Date Of Driving Pass	29/07/1992
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85983497
Alt. Phone Number	-
Email Address	x-js@live.com
Address	BLK 643 PASIR RIS DRIVE 10 #05-28
Address complement	-
Postcode	510643
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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 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	FONG TENG FATT
Gender	Male

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	FBM9058H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)		-

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

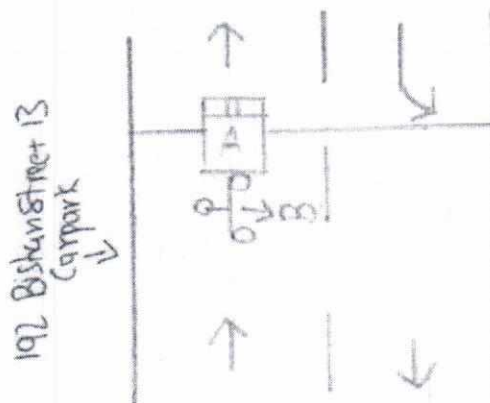


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 54F2055

B: FBH9058H

Describe Circumstances of the Accident

I was travelling along 192 Bishan Street 13 (Singapore), I slow down in a safety manner as there is hump in front. Suddenly I felt a impact from the rear of my vehicle. I got down of my vehicle and realise that vehicle B collided onto the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 16/12/2021
Witnessed by Reporting Centre Personnel



Date of Accident : 3/12/2021 Accident Time: 1725 (24-HR-FORMAT)
Accident Place : 192 Bishun Street 13 Carpark
Vehicle Reg. No (Car plate No.) : SGEL055 Vehicle Make/Model: Toyota Wish
Insurance Company : Ching Teiping Policy No. DMHLSNA00009362000
Name of Registered Owner : Company / Individual Chang Pringuto
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: _____
: Co Contact No: _____ Owner's Contact No: 82821703
DRIVER'S Name : Suhaimi Bin Abdullah DRIVER'S NRIC No: 516412314
DRIVER'S Date of Birth : 21/11/1964 DRIVER'S License Pass Date 29/7/1992
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Hiver
DRIVER'S Address : Blk 643 Pasir Ris Drive 10 #05-28
DRIVER'S Contact No./ Alt No. : 1) 85983497 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : X-JS@LIVE.COM
Weather & Road Surface : CLEAR \ DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Name & Gender: Pang Teng Fatt (male)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work \ Purpose
Any injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: FBM9058H.	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

CHANG PRIVAUTO
526 Hougang Ave 6 #06-147, Singapore 530526

VEHICLE LEASE AGREEMENT

This agreement is made on the (Date) 16 MARCH 2020

BETWEEN

CHANG PRIVAUTO, 526 Hougang Ave 6 #06-147, Singapore 530526, Tel: 82821703 (Jian Shun)
[Hereinafter referred to as the "Lessor" which article shall wherever the context so admits include its assigns and successor in title] of the one part;

AND

Name: SUKHAIMI BIN ABULLAH NRIC/ID: S16412314
Address: 643 PASIR RIS DRIVE 10 #05-28 S(510643)
Date of Birth: 21 NOVEMBER 1964 Contact No.: 96834494
[hereinafter referred to as the "Lessee" which article shall wherever the context so admits include its assigns and successor in title] of the other part

RECITALS;

- Whereas the Lessor is the owner of a make and model of motor vehicle of the following description:
Registration number SGE2055; Model Toyota Wish; Colour Blue
- Whereas the Lessee is desirous of leasing and the Lessee has agreed to lease the aforesaid motor vehicle on the terms and conditions herein contained

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. DURATION

The agreement shall endure for a period commencing from 16/3/2020 to 15/4/2020 and shall then continue indefinitely until renewal or termination with the mutual agreement of the Parties.

2. RENTAL

The motor vehicle is hereby leased at a rate of S\$ 350/week inclusive of GST with the following conditions:

- Unlimited mileage
- Servicing and maintenance
- Road tax
- Vehicle insurance (NOT INCLUDING applicable excess payable incurred by Lessee)
- 24 hours breakdown and emergency service (SINGAPORE ONLY)
- A Lessee will be liable to a late payment administrative fee of SGD \$50.00 plus 2% late payment (computed on a monthly basis) if the Rental or other applicable payment remain unpaid after becoming due.
- In the event, the Rental remains unpaid for more than THREE (03) calendar days, the Lessor may lodge a police report as a loss of vehicle and activate the vehicle repossession team to retrieve the vehicle. The incidental cost of the repossession process will be charged to the Lessee.
- All payments due hereunder shall be made to the Lessor at its address stated herein. Any payment sent by post shall be sent at the risk of the Lessee. Payment mode can be in CASH, CHEQUE or BANK TRANSFER to the following account:
CHANG JIAN SHUN (POSB SAVINGS)
Account Number: 186-11772-7
- Additional named drivers can be included to drive the vehicle with prior approval from the Lessor. Any additional driver will be charged at SGD \$25.00 weekly. This amount will be valid throughout the rental period.

3. DEPOSIT

- The Lessee shall upon signing this Agreement pay to the Lessor a deposit (the Deposit) of S\$ 100 as security.

LC





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 Hire Car

MZ406L/B

N SN

AN0586A

Cov. Type:T

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.	DMHCSNA00009362000	Engine No.: 1ZZZ453033	
		Cha. No.: ZNE100282567	
1. Index Mark and Registration Number of Vehicle	SGE205S		
2. Name of Policy Holder	CHANG PRIVAUTO		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/12/2020 (18:50:12)	Excess Sect. II	S\$1,500.00
		Excess Sect. II (Outside Singapore)	S\$3,000.00
4. Date of Expiry of Insurance	27/12/2021		
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.		
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.		

HIRE PURCHASE CO.: MONEymax LEASING PTE LTD

* Limitations rendered inoperative by Section 9 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: Zhong YueQiang
Authorised Officer

杨亚美

Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com