

ATTENTION: Assessments & Claims Support, 1111111111, 51081090004

Date In: 10/12/21 15:14	Job Description: SAs & Billing	Done by: [Signature]
Ref No: NVA/CI/2101254/11	Original (by date/time, location)	
Vehicle: 86713324	Motor Vehicle Claim	
DOA: 02/12/21 17:30	Motor V/O (Vehicle Owner/Driver)	
(1) TP / Reporting Only	Motor Vehicle	
TP Insured	Amusement/Recreation Report	
Preferred Vehicle/NO Approval/Approval/OWI	Amusement/Recreation Report	

TP Insured	TP Insured	TP Insured
Owner/Driver	Owner/Driver	Owner/Driver
Policy No	Period	Cover Type
Insured/Driver Liability	Insured/Driver Liability	Insured/Driver Liability
Year of Registration	Year of Registration	Year of Registration
Amount (\$)	Amount (\$)	Amount (\$)

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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	10/12/2021 15:14 (SGT)
Date of Accident	02/12/2021 17:30 (SGT)
Exact Location of Accident	352 Clementi Ave 2, Block 352, Singapore 120352
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT1332Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	priscw@hotmail.com
Mobile Phone No	(Phone) +65-93621067
Alternative Phone No	+65-93621067

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00004332101
Cover Note Number	-

DRIVER

Name of Driver	WONG SUET PENG
NRIC No	SXXXX345D

Date Of Birth	29/03/1962
Occupation	Indoor
Date Of Driving Pass	26/03/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93621067
Alt. Phone Number	-
Email Address	priscw@hotmail.com
Address	BLK 332 CLEMENTI AVENUE 2 #03-108
Address complement	-
Postcode	120332
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	Collided into Parked Vehicle
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	SMS3653S
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHILIP
Contact Number	(Phone) +65-94742829
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

 Accident report SN0821C90004

SKETCH PLAN

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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.

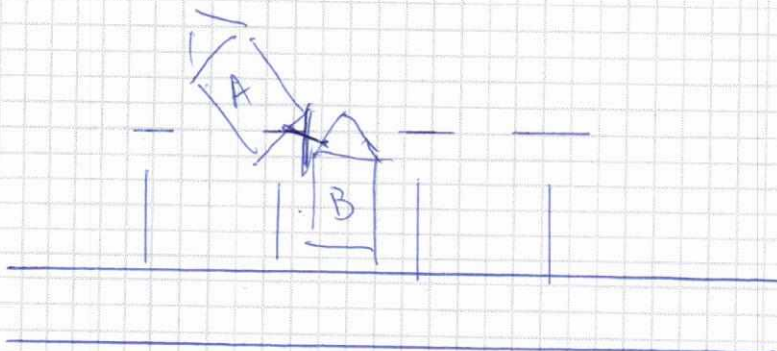
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Clementi Ave 2 BLK 352 Carpark.



A - SGT1332Y

B - SMT3653S

Describe Circumstances of the Accident

On 2/12/21 at Clementi Ave 2 Blk 352 car parks when I was reversing the car accidentally hit the Sme36533 Toyota left front side and I left a note on the windscreen.
He contacted me yesterday.

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

Witnessed by Reporting Centre Personnel

TUNGLI KIRANA DAI. CHAIK KAN SYSTAN

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 12 / 2021) (DD/MM/YYYY), TIME: (17.30pm) (HH:MM)
LOCATION: Clementi Ave 2 Blk 357 car park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFT 15324
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Ay. Avante
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Todd Partner (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201531776 CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: Wong Suet Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1518345D CONTACT: 93621067
c) ADDRESS: Blk 332, #03-108 Clementi Ave 2 (120332)

* No of passengers
(Including driver)
()

Priscu@hotmail.com

- d) DATE OF BIRTH: (24 / 03 / 1962) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 26/3/1997
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Thru
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 36538 MODEL: Toyota Altis
b) DRIVER'S NAME: Philip CONTACT: 94742829
c) NRIC/FIN/PASSPORT:

* No of passengers
(Including driver)
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9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT:

* No of passengers
(Including driver)
()

email =
VIDEO

Motor Hire Car

MZ406L/B

R SN

AN0478A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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.		DMHCSNA00004332101	Cha. No. KMHDU41BR7U159749	
1. Index Mark and Registration Number of Vehicle	SGT1332Y			
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	01/05/2021 (00:00:00)		Excess Sect. II	S\$2,000.00
			Excess Sect. II (Outside Singapore)	S\$4,000.00
4. Date of Expiry of Insurance	30/04/2022			
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 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: Lim Lee Choo
Authorised Officer

Authorised Signatory