

NATIONAL ASSOCIATION OF CERTIFIED SAILORS

SPLO 21 00000

Date Recd: 13/12/2021 15:47
 Ref No: NPA/CT/21/25747
 Date Iss: 09/12/2021 07:40

Job Description	Units & Value Completed	Done by
SAS e-illing		
Trinity (yacht, 100000)		
Motor Claim Value		
Motor W/O (yacht 100000)		
Police Reported		
Amendment Survey Report		
Self Report by Max / Handle Owner / Vessel		

(1) TP Reporting Only

TP Insurer

Preferred Wksp / HO Avelo II Wksp / QW

Yell No: 3MT 9472

Owner / Driver

Policy No

Period

Cover Type

Confirmed by

Insured / Driver Liability (%) (Now Use SWS (WO) N10-20% P1 21-79% P1 80-100%)

Year of Registration

Warrant YES / NO

Losses (\$)

Loss Limit \$1,000 / \$2,000

Written Guarantee / Customer Information always confidential & should not be for of reputation

Total Loss Case to email Insurer URGENTLY

Driver In / Allowed In / Involves YES / NO / Toward Cost

1) Apply for Transport Allowance / Courtesy Car

2) QQ Check / Requir Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Injury

NA2104/50

Driver / Owner

Continous No

Continous Portion

QQ Checked by (English - Chinese)

1) All accident work (000)	
2) All accident work (1000)	
3) All accident work (1000)	
4) All accident work (1000)	
5) All accident work (1000)	
6) All accident work (1000)	
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15) All accident work (1000)	
16) All accident work (1000)	
17) All accident work (1000)	
18) All accident work (1000)	
19) All accident work (1000)	
20) All accident work (1000)	

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	13/12/2021 15:47 (SGT)
Date of Accident	09/12/2021 07:40 (SGT)
Exact Location of Accident	Jurong West Ave 2, Singapore
Additional Location Information	BEFORE CORPORATION ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6810D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CASSEROLE CATERING SERVICES PTE. LTD.
Company Reg No	2XXXXX426E
Email Address	teoyiwei@live.com
Mobile Phone No	(Phone) +65-81579660
Alternative Phone No	(Office) +65-63236445

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	DMCVSNW00110072103
Cover Note Number	-

DRIVER

Name of Driver	TEO YI WEN
NRIC No	SXXXX510F

Date Of Birth	08/09/1995
Occupation	Outdoor
Date Of Driving Pass	28/07/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81579660
Alt. Phone Number	-
Email Address	teoyiwei@live.com
Address	BLK 177 YUNG SHENG ROAD #09-117
Address complement	-
Postcode	610177
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SMT9472C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO YI WEN
Gender	Male
Phone No	(Phone) +65-81579660
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG6810D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

Cassie Catering Services Pte. Ltd.

17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5242

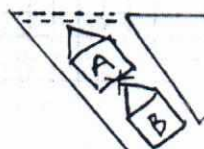
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CORPORATION



JURONG WEST AVE 2

Vehicle A: GBG 6810D

Vehicle B: SMT 9472C

Describe Circumstances of the Accident

On 9/12/2021 at around 0740 am, I was travelling in my vehicle GBG6810D on Jurong West Avenue 2. As I enter the slip road to CORPORATION ROAD. I slowed down and stopped to check the main road traffic. Suddenly I felt a huge impact on the rear, I realised vehicle B (SMT9472C) has collided onto my vehicle rear portion causing damages. We took photos and exchange particulars and proceed to file for insurance claims. After the accident, I felt pain and discomfort and consulted a doctor at my neighbourhood and was given 2 days mc.

Declaration

We declare the foregoing particulars are true in every respect.

Casserole Catering Services Pte. Ltd.

17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5246

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

13/10/2021

Date of Accident

9/12/2021 Accident Time: 0740 (24-HR-FORMAT)

Accident Place

JURONG WEST AVENUE 2 before coporation

Vehicle Reg. No (Car plate No.)

GBG 6810D Vehicle Make/Model: TOYOTA DYNA

Insurance Company

Chiafai ping Policy No.

Name of Registered Owner

Company / Individual CASEROLE CATERING SERVICES PTE LTD

ID of Registered Owner

Co Reg No: 201530426E Owner's NRIC No:

Co Contact No: 63236445 Owner's Contact No:

DRIVER'S Name

TEO YI WEN DRIVER'S NRIC No: S9532510F

DRIVER'S Date of Birth

08/09/1995 DRIVER'S License Pass Date 28/7/2016

Relationship bet. Owner & Driver

Spouse \ Parents \ Children \ Sibling \ Employee Others:

DRIVER'S Address

177 YUNG SHENG ROAD #09-117 S610177

DRIVER'S Contact No. / Alt No.

1) 8157 9660 2)

DRIVER'S Occupation

INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address

~~Teo Yi Wen~~ TeoYiWen1@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): 0

Passenger Name: Gender: M/F

Was the accident reported to the police? YES \ NO

Passenger Name: Gender: M/F

Was there any video Captured by car camera: YES \ NO

Any Injuries: YES / NO Injured Name:

Injured Name:

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMT 9472C

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:

Other Party Driver's Particulars (if any)

Vehicle Reg No:

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:



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

R SN

AN0421A

Cov. Type:C

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.

DMCVSNW00110072103

Engine No.: 1KD2746219

Cha. No.: JTFAT35Y30K209014

1. Index Mark and Registration
Number of Vehicle

GBG6810D

AUTOSAFE

2. Name of Policy Holder

CASSEROLE CATERING SERVICES PTE. LTD.

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

28/09/2021
(00:00:00)

Excess Sect I. S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27/09/2022

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: VITESSE SOLUTIONS
Authorised Officer

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