

Preferred Wksp / INC Assign Wksp / QW: (

General Remarks:-

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO call or repair.

**URGENTLY.**

( ) Total Loss Case : to e-mail Insurer **URGENTLY.**

Drive-In ( ) / Towel-In ( ) ; Invoice YES ( ) / NO ( ) ; Towing Co ( )

Drive-In ( ) / Towel-In ( ) ; Invoice YES ( )	Date & Time Completed	Done by
Remarks:- (INC hotline: 6788 6616)		

- | Remarks:-   | (INC. no. line: 07/05/2021) |
|---|-----------------------------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) | ( )                         |
| 2) QC Check / Post Repair Inspection                    | ( )                         |
| 3) Upload Resurvey Photo (Repair Cost > \$3000)         | ( )                         |

*Injury :*

[illegible]

### Claimant's Particulars :-

Driver/Owner:

Contact No.

Damaged Portion.

QC Checked by (Sign-in-Charge):

Auditors' Comments :-

1911

Call 212

Invoice Preparation Checklist		And (\$)	And (\$)
		INC (\$)	AUT (\$)
1) AR : Accident Reporting	(\$300)		
2) DA : Damage Assessment	(\$1000)	INC (\$400)	
3) TF : Towing Fee		\$46,845	
4) FT : Follow-Through Survey		\$120	
5) FT : Follow-Through Survey (Resurvey)		\$100	
For claimant record file copy sent Jan 20, 2017			
6) FR : Re-inspection		\$150	
7) N1 : Inc DA + SMART Survey		\$150	
8) NTFC : Additional Services			
<b>NTFC:</b>			
*N5: Courtesy Car / Lpt Allowance		\$0	
*N6: Repair Loan Duration		\$0	
*N9: Post Repair Inspection		\$0	
*N8: DM / Collect Excess Coordination		\$0	
J.P. C. H. T. D. S. A. B. S. T. R. A. C. T.			
N12: Auto Theft			
Insurance Detail		See Chapter	
Insurance Statement		See Chapter	

# 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	28/12/2021 14:44 (SGT)
Date of Accident	26/12/2021 13:50 (SGT)
Exact Location of Accident	23 Neythal Rd, Singapore 628588
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5563Y
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PDK PTE LTD
Company Reg No	2XXXXX119R
Email Address	wendy19850509@gmail.com
Mobile Phone No	(Phone) +65-93523980
Alternative Phone No	+65-82989593

### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2967

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00032912100
Cover Note Number	-

### DRIVER

Name of Driver	TANG WEI
Passport No/FIN	GXXXX545T



Date Of Birth	16/09/1986
Occupation	Indoor
Date Of Driving Pass	03/01/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82989593
Alt. Phone Number	-
Email Address	wendy19850509@gmail.com
Address	8 PASR RIS LINK #11-32
Address complement	RIPPLE BAY
Postcode	518162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Hit and run / Vandalism / Damaged whilst parked
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	GBJ1104B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88607687
Address	-
Address complement	-

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

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

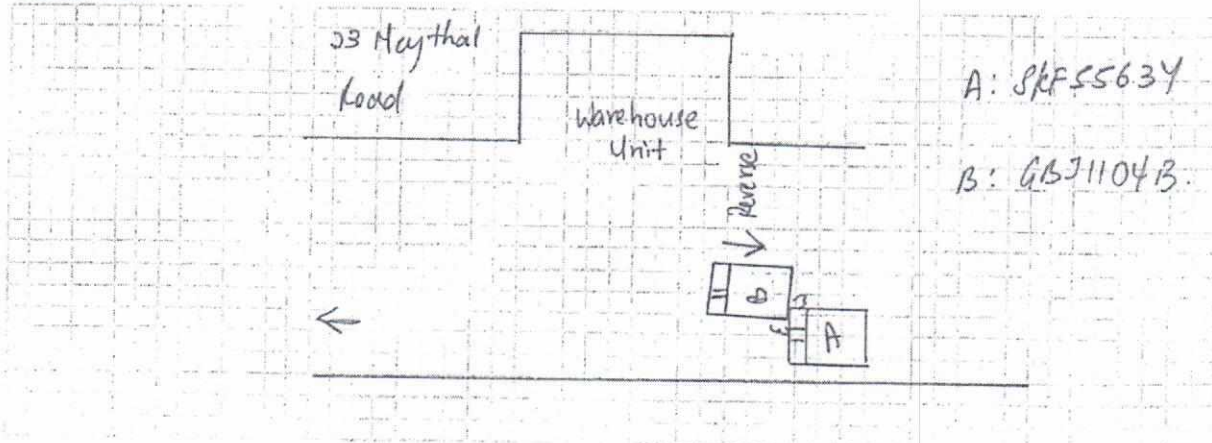
**PDK PTE LTD**  
**201907119R**

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





Describe Circumstances of the Accident

My vehicle was parked @ 23. Heythal Road Singapore  
628588. Vehicle (B) reversed and hit onto my vehicle  
front portion.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

**PDK PTE LTD**  
**201907119R**

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

28/12/2021

VEHICLE NO.: SKP 5563YMAKE & MODEL: Porsche CayenneAUTO / MANUAL AUTO

DATE OF ACCIDENT	<u>26 / Dec / 2014</u>	C.C.
TIME OF ACCIDENT	<u>1:50</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>23 Heythal Road S(628588)</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>POK Rte Hel</u>	
EMAIL: <u>Wendy 19890509@gmail.com</u>	Office:	MOBILE: <u>9352 3980</u>
NRIC	<u>201907119K</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	<u>Cliga China Insurance</u>	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>MA016917 DMPLSHW00032912100</u>	
NAME OF DRIVER	AS ABOVE / IF NO: <u>Tang Wei</u>	
NRIC	<u>G2587545T</u>	
DATE OF BIRTH	<u>16 / Sept / 1986</u>	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>03 / Jan / 2019</u>	
GENDER	<u>Male</u> / female	
CONTACT NO.	Mobile: <u>82989593</u> Office: Home:	
EMAIL:		
ADDRESS	<u>8 Panr Kis Link #11-32 Kippa Bay S(518162)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No: INSURER:	
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	<u>GBJ1104B</u> Any Passenger:	
NAME	<u>8860 7687</u>	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:	<u>1st Auto Rte Hel.</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Motor Private Car

MX4F

N SN

AN0717A

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

DMPCSNW00032912100

Engine No.: 056893

Cha. No.: WP1ZZZ92ZCLA34145

1. Index Mark and Registration  
Number of Vehicle

SKF5563Y

2. Name of Policy Holder

PDK PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment08/02/2021  
(17:18:10)

Named Drivers Ex Sect. I S\$2,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN, S\$350.00

4. Date of Expiry of Insurance

07/02/2022

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 \*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward  
tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any  
trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring  
outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the  
Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : SSL HOLDINGS PTE. LTD.

\* 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

**JIN LI PTE LTD**  
2 Kallang Avenue #08-16A  
CT Hub S(339407)  
Off : 6444 4116  
Fax : 6444 0010

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JIN LI 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

6389 6111

6222 1033

www.sg.cntaiping.com