

28/12/2021 17:09 N188/C1210/3246/4 SCJ 66322 28/12/2021 11:50 <b>REPORTING</b>	I-Comp Photo I-SSC Filing I-mail (e-mail) I-Motor Claim Form I-Motor W/O (written or 21-7-43) I-Photo Uploaded Assessment/Survey Report Ass't Report by EAX / Hand to Owner/WSM
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Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBK 4815J</b>	INC ( ) Non-INC ( )
Owner / Driver ( )		Tel ( )
Policy No ( )	Period ( )	Cover Type ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability ( )	(Note-Est Status (W/O) N: 0-20% P: 21-79% F: 80-100%)	
Year of Registration ( )	Warranty YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

## General Remarks:-

- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repair  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time	Actions

<b>x102104854</b> Claimant's Particulars:- Driver/Owner: Contact No. Damaged Portion: QC Checked by (Eng-In-Charge): Auditors' Comments:- Cat 1: Cat 2:	<b>Invoice Preparation Checklist</b> 1) AR: Accident Reporting (\$10) 2) DA: Damage Assessment (\$100) INC (\$50) 3) TF: Towing Fee \$40, \$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$10 For claimant insured (21-7-43) (Duly over 21-7-43) 6) FR: Re-inspection 7) N1: 1st DA - SMRT Survey \$180 8) N12: Additional Services 9) N12: 1st DA - SMRT Survey 10) N12: 2nd DA - SMRT Survey 11) N12: 3rd DA - SMRT Survey 12) N12: 4th DA - SMRT Survey 13) N12: 5th DA - SMRT Survey 14) N12: 6th DA - SMRT Survey 15) N12: 7th DA - SMRT Survey 16) N12: 8th DA - SMRT Survey 17) N12: 9th DA - SMRT Survey 18) N12: 10th DA - SMRT Survey 19) N12: 11th DA - SMRT Survey 20) N12: 12th DA - SMRT Survey 21) N12: 13th DA - SMRT Survey 22) N12: 14th DA - SMRT Survey 23) N12: 15th DA - SMRT Survey 24) N12: 16th DA - SMRT Survey 25) N12: 17th DA - 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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	28/12/2021 17:09 (SGT)
Date of Accident	28/12/2021 11:50 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	BEFORE LORONG 13 GEYLANG INFRONT OF 919 FRUIT TRADING PTE LTD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ6632Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG BOO PIN
NRIC No	SXXXX966D
Email Address	mcppp@live.com
Mobile Phone No	(Phone) +65-98558132
Alternative Phone No	+65-98558132

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00131312100
Cover Note Number	-

### DRIVER

Name of Driver	CHEONG BOO PIN
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NRIC No	SXXXX966D
Date Of Birth	03/05/1956
Occupation	Indoor
Date Of Driving Pass	26/04/1974
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98558132
Alt. Phone Number	+65-98558132
Email Address	mcppp@live.com
Address	BLK 5000J MARINE PARADE ROAD #08-43
Address complement	-
Postcode	449291
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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	CHNG LEE BEE
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	GBK4875J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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

### 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' 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

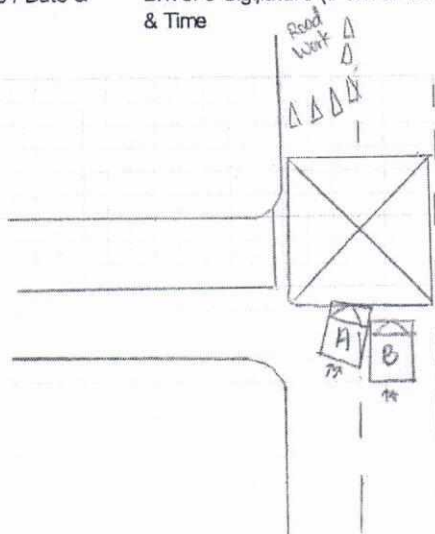
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



SIM AKAUKE

Vehicle A: SCJ6632Z  
Vehicle B: G1BK4875J



On the stated date & time, I, vehicle A (SCJ 6632Z) was travelling at the stated location. As the lane in front having a roadwork so I turn on my right signal and check to traffic was clear and I proceed to filtered to the right lane. Out of sudden, I felt an impact from the right side portion of my vehicle. vehicle B (GBK 4B75J) collided into the right side portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel

JWG

Date of Accident : 28/12/2021 Accident Time: 1150hrs (24-HR-FORMAT)  
Accident Place : Sims Ave before Lor 13 Geylang Junction in front of 919 Trading Pte Ltd  
Vehicle Reg. No (Car plate No.) : SCJ 663 2Z Vehicle Make/Model: mlb #200  
Insurance Company : China Taiping Policy No. PMPCLSNW00131312100  
Name of Registered Owner : Company / Individual Cheong Boo Pin  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1192966D  
Co Contact No: - Owner's Contact No: 9855 8132

DRIVER'S Name : Cheong Boo Pin DRIVER'S NRIC No: S1192966D  
DRIVER'S Date of Birth : 03 May 1956 DRIVER'S License Pass Date 26 Apr 1974  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other owner  
DRIVER'S Address : APT B1k 5000J marine Parade Road #08-43 S (449291)  
DRIVER'S Contact No./ Alt No. : 1) 98558132 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : mcppp @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): 02 Passenger Name: Chng Lee Bee 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: <u>G1BK4875J</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>



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 Private Car

MX1E

N SN

AN0261A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00131312100

Engine No.: 27492030288495

Cha. No.: WDD2120342B085829

1. Index Mark and Registration  
Number of Vehicle

SCJ6632Z

AUTOSAFE

2. Name of Policy Holder

CHEONG BOO PIN

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

23/07/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN, S\$100.00

4. Date of Expiry of Insurance

22/07/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder,

(b) Any other person who is driving on the Policyholder's order or with his 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\$1,000 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.: HL BANK

\* 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: TJAT HONG TRADING 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

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