

28/12/2021 17:51 NBA/C77210/3268/Y G6J 3819J 28/12/2021 12:00	Description SASS e-filing E-mail report sent to i-Motor Claim Form i-Motor WFO i-Photo Uploaded Assessment/Survey Report Ass't Report by TSN/Hand to Owner/WL-SH
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Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SNO 71888	INC () / Non-INC ()
Owner / Driver ()	Tel ()	
Policy No ()	Period ()	Cover Type ()
Confirmed by ()	Date: ()	Time: ()
Insured/Driver Liability ()	(Note-Bst 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 () / Towel-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

Claimant's Particulars:-

Driver/Owner:

Contact No.

Damaged Portion.

QC Checked by (Driver-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	2nd Bill
1) AR: Accident Reporting (\$40)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TF: Towing Fee	\$40.845	
4) FT: Follow-Through Survey	\$420	
5) FT: Follow-Through Survey (Resurvey)	\$2	
Est claimant amount (21 Days) (w/ 10 Jan 2022)		
6) FR: Re-inspection		
7) SI: 1st DA - SMRT Survey	\$163	
8) NT: Additional Services		
QC:		
• NS: Courtesy Car / Transport Allowance		
• NS: Repair Coordination		
• NP: Post Repair Inspection		
• NS: DV / Collect Excess Coordination		
• NP: 1st Bill - TSN / LPS / TSN / LPS		
• NT: 1st Bill - TSN / LPS / TSN / LPS		
• NT: 2nd Bill - TSN / LPS / TSN / LPS		
• NT: 3rd Bill - TSN / LPS / TSN / LPS		

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 17:51 (SGT)
Date of Accident	28/12/2021 12:00 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3819J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MINSON TRANSPORT
Company Reg No	5XXXX359E
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-92333409
Alternative Phone No	+65-92333409

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00032052102
Cover Note Number	-

DRIVER

Name of Driver	TAN JIE WEI, DEXTER (CHEN JIEWEI)
NRIC No	SXXXX852J

Date Of Birth	11/10/1987
Occupation	Outdoor
Date Of Driving Pass	12/06/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92333409
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 690C CHOA CHU KANG CRESCENT #11-82
Address complement	-
Postcode	683690
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DEAN ANTHONY
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	SHD7158S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	TAN JIE WEI, DEXTER (CHEN JIEWEI)
Gender	Male
Phone No	(Phone) +65-92333409
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ3819J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG JALAN BOON LAY.

STOPPED

~~NEA~~ THERE WAS A BUS IN FRONT OF MY VEHICLE

HENCE I STOP TO WAIT.

SUDDENLY, THE VEHICLE 3HD71585 COLLIDED INTO

THE REAR OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

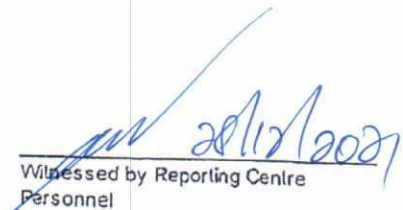
HINSON TRANSPORT



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



28/12/2021

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 28 / 12 / 2021 (dd/mm/yy)

Time of Accident: 12 : 00 (24-HR-FORMAT)

Vehicle No.: G813819J Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y / N)

Exact location of Accident: JALAN BOON LAY

Policyholder's Name / IC No.: WINSON TRANSPORT ROC/UEN (Company) 53349359E

Driver's Name / IC No.: 1 TAN JIE WEI, DEXTER S8734352J (As Above) ☐

Driver's Contact No.: 9233 3409 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 690C CHOA CHU KANG CRESCENT #11-82 SINGAPORE 683690

Owner Email address: _____ Insurance Company: CHINA TAIPING

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: DEAN ANTHONY

Gender: Male / Female x()

*Passenger Name: _____

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMD7158S

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Commercial

MZ301/C

R SN

AN0671A

Gov. Type:C

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. DMCVSNW00032052102

Engine No.: 1KD2850767

Cha. No.: JTFHT02P500248742

1. Index Mark and Registration
Number of Vehicle

GBJ3819J

AUTOSAFE

=====

2. Name of Policy Holder

MINSON TRANSPORT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment02/04/2021
(00:00:00)

Excess Sect I. S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

01/04/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes

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 racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.


HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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:  KSL INSURANCE AGENCY PTE LTD
Authorised Officer
Authorised Signatory

IMPORTANT NOTICE

1. Please report correctly the details of the accident to your insurance company.
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 willful 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 G.A. Records Management Scheme 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 premises 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 insurers 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.

HINSON TRANSPORT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JACAN
BOON LAY.



A = G6J3819J
B = SHD7158S