

SN0827130000

03/01/2022 12/33
NR08/CTI22000018/V
GPR 8488Z

3/12/2021 22:15

TP

Checklist:

- ☐ e-mail
- ☐ e-Motor Claim Form
- ☐ e-Motor W/O
- ☐ e-Photo Uploaded
- ☐ Assessment/Survey Report
- ☐ Ass't Report by FAX / Hand to Owner/Walk-In

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: **GRJ6542L** 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-50-1-0%)

Year of Registration () Warranty YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO later or repairer

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

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

Remarks:- (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

NA2200003

Claimant's Particulars:-

Driver/Owner: ()

Contact No. ()

Damaged Portion: ()

QC Checked by (Engn-In-Charge): ()

Auditors' Comments:-

Call 11

Call 2-13

Invoice Preparation Checklist

	Am (\$)	Am (\$)
	Initial	Actual
1) AR: Accident Reporting (\$40)		
2) DA: Damage Assessment (\$100)		
3) TF: Towing Fee	\$40	\$40
4) FT: Follow-Through Survey	\$100	
5) FT: Follow-Through Survey (Resurvey)	\$100	
6) FR: Re-inspection	\$100	
7) SI: Site DA + SMART Survey	\$100	
8) NT: Additional Services		
• 85: Courtesy Car / Transport Allowance		
• 86: Inspection / Impound		
• 87: Post Repair Inspection		
• 88: DV / Collect Excess Compensation		
• 89: DV / Collect Excess Compensation		
• 90: DV / Collect Excess Compensation		
• 91: DV / Collect Excess Compensation		
• 92: DV / Collect Excess Compensation		
• 93: DV / Collect Excess Compensation		
• 94: DV / Collect Excess Compensation		
• 95: DV / Collect Excess Compensation		
• 96: DV / Collect Excess Compensation		
• 97: DV / Collect Excess Compensation		
• 98: DV / Collect Excess Compensation		
• 99: DV / Collect Excess Compensation		

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	03/01/2022 12:33 (SGT)
Date of Accident	31/12/2021 22:15 (SGT)
Exact Location of Accident	27 Telok Blangah Way, Block 27, Singapore 090027
Additional Location Information	OPEN SPACE CARPARK LOT 80
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8488Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TNG KIN HWA
NRIC No	SXXXX118J
Email Address	24leonardho@gmail.com
Mobile Phone No	(Phone) +65-94872777
Alternative Phone No	+65-94872777

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	Manual
CC	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00034062100
Cover Note Number	-

DRIVER

Name of Driver	TNG KIN HWA
NRIC No	SXXXX118J

Date Of Birth	29/01/1965
Occupation	Indoor
Date Of Driving Pass	07/11/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94872777
Alt. Phone Number	+65-94872777
Email Address	24leonardho@gmail.com
Address	BLK 27 TELOK BLANGAH WAY #08-1004
Address complement	-
Postcode	090027
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	0
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	GBJ6542L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP5087P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	-
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

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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:

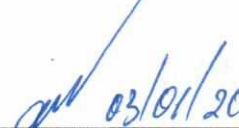
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Vehicle A: G1EF 8488Z

Vehicle B: G15J 6542L

Vehicle C: S1P5087P

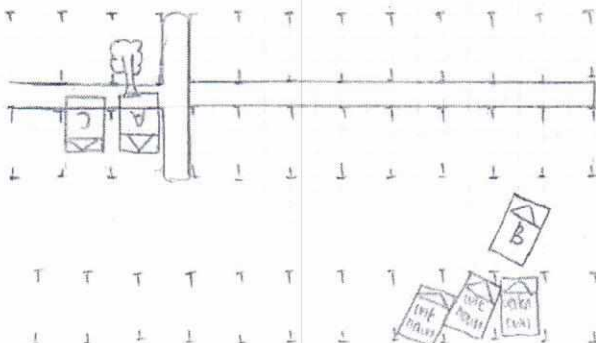
Vehicle D: unknown

Vehicle E: unknown

Vehicle F: unknown

Blk 27 Telok Blangah Way

Open Space Carpark Lot 00



Describe Circumstances of the Accident

On 31/12/2021 at around 2015hrs, I, vehicle A (G88488Z) was parked at the stated location on Lot 80. At around 2215hrs, one of my neighbour came to my house and knock my door telling me that my vehicle was involved in a car accident. I immediately went down and the traffic Police told me that vehicle B (G8J6542L) lost control and collided onto my vehicle and 4 more vehicles causing my vehicle mount on the kerb and the rear portion was collided onto the tree.

Declaration

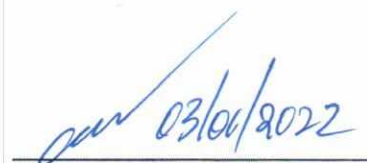
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



03/01/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 31/12/2021 Accident Time: 2215HRS (24-HR-FORMAT)
Accident Place : BLK 27 Telok Blangah Way Open Space Carpark Lot 80
Vehicle Reg. No (Car plate No.) : GBE6488Z Vehicle Make/Model: Peugeot Partner
Insurance Company : China Taiping Policy No. DMVSNW 01034062100
Name of Registered Owner : Company/Individual Tng Kin Hwa
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1705118J,
Co Contact No: - Owner's Contact No: 94872777
DRIVER'S Name : Tng Kin Hwa DRIVER'S NRIC No: S1705118J
DRIVER'S Date of Birth : 21 Jan 1965 DRIVER'S License Pass Date: 01/11/2003

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed Others owner
DRIVER'S Address : Apt BLK 27 Telok Blangah Way #08-1004 Singapore 090027
DRIVER'S Contact No. / Alt No. : 1) 94872777 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : 24leonardho@gmail.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: b) GBJ6542L	Vehicle Reg No: c) SJP5087P
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: d) unknown	Vehicle Reg No: f) unknown
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

F) unknown



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/P

N SN

AN0679A

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.

DMCVSNW00034062100

Engine No.: 10JBFR0023530

Cha. No.: VF37F9HF8GJ533759

1. Index Mark and Registration

GBE8488Z

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TNG KIN HWA

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

13/04/2021
(00:00:00)

Excess Sect I . S\$450.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

12/04/2022

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:

(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: ABWIN PTE LTD
Authorised Officer

Authorised Signatory