

SN0822200007

03/01/2022 19:18
 *188/079220000551/
 SGA 494
 03/01/2022 06:05
 (TP)

1-Insured
 1-Description
 1-S&S e-filing
 1-E-mail
 1-Motor Claim Form
 1-Motor W/O
 1-Photo Uploaded
 1-Assessment/Survey Report
 1-Ass't Report by Fax/Hand to Owner/WSR

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: PC 5051P INC () Non-INC ()

Owner / Driver () Tel: ()

Policy No. () Period () Cover Type ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability () (Note-Est. Status (W/O) N: 0-20% P: 21-70% 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 later at 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

1882200008

Claimant's Particulars:-

Driver/Owner: ()

Contact No. ()

Damaged Portion: ()

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

Auditors' Comments:-

1st J: ()

2nd J: ()

3rd J: ()

Invoice Preparation Checklist

	Am (\$)	Am (\$)
1) AR: Accident Reporting (\$100)		
2) DA: Damage Assessment (\$100)		
3) TF: Towing Fee (\$40)		
4) FT: Follow-Through Survey (\$120)		
5) FT: Follow-Through Survey (Resurvey) (\$120)		
6) FR: Re-inspection (\$120)		
7) SI: Side DA - SMART Survey (\$120)		
8) ST: Additional Services		
9) SI: Side DA - SMART Survey		
10) SI: Side DA - SMART Survey		
11) SI: Side DA - SMART Survey		
12) SI: Side DA - SMART Survey		
13) SI: Side DA - SMART Survey		
14) SI: Side DA - SMART Survey		
15) SI: Side DA - SMART Survey		
16) SI: Side DA - SMART Survey		
17) SI: Side DA - SMART Survey		
18) SI: Side DA - SMART Survey		
19) SI: Side DA - SMART Survey		
20) SI: Side DA - SMART Survey		

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 19:18 (SGT)
Date of Accident	02/01/2022 06:05 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	INTERSECTION T-JUNCTION WITH ADMIRALTY ROAD WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA49Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HAM WENG SENG
NRIC No	SXXXX845H
Email Address	fredatanham@gmail.com
Mobile Phone No	(Phone) +65-97328101
Alternative Phone No	+65-96700397

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayman
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	Private car
Transmission	Auto
CC	2706

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00116622102
Cover Note Number	-

DRIVER

Name of Driver	TAN SOON ENG
NRIC No	SXXXX378D

Date Of Birth	14/11/1960
Occupation	Indoor
Date Of Driving Pass	17/01/1980
Driving experience	42 YEARS
Gender	Female
Mobile Number	(Phone) +65-96700397
Alt. Phone Number	-
Email Address	fredatanham@gmail.com
Address	43 MEDWAY DRIVE
Address complement	-
Postcode	556539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 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	PC5051P
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SITHAN KANAGARAJU
Passport No/FIN	GXXXX664R
Contact Number	(Phone) +65-98274522
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	GBF9941U
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDRAN RAMACHANDRAN
Passport No/FIN	GXXXX691L
Contact Number	(Phone) +65-82681941
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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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' 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

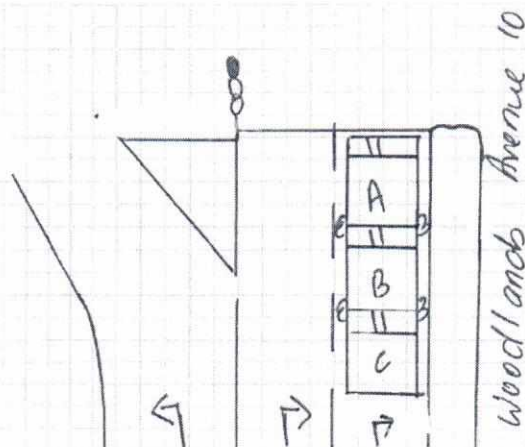
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SGA49Y

B: PC 5051P

C: GBR9941U

Describe Circumstances of the Accident

I was at the traffic junction of Woodlands Avenue 10 and Admiralty Road West. The traffic light was red, I am the first car. Out of sudden, I felt a great impact from my vehicle rear portion. When I got down, I realised I was involved in a 3 cars chain collision.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Frans...

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

[Signature] 03/01/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 2/1/2022 Accident Time: 0605 (24-HR-FORMAT)
Accident Place : Woodlands Ave 10 Intersection T Junction w Admiralty Rd West
Vehicle Reg. No (Car plate No.) : SGA49Y Vehicle Make/Model: Porsche Cayman 2.7
Insurance Company : China Taiping Policy No. DMPCSNW00116622102
Name of Registered Owner : Company / Individual Ham Weng Seng
ID of Registered Owner : Co Reg No: Owner's NRIC No: S1430845H
: Co Contact No: Owner's Contact No: 97328101
DRIVER'S Name : Tan Soon Eng DRIVER'S NRIC No: S1401378D
DRIVER'S Date of Birth : 14/11/1960 DRIVER'S License Pass Date 17/11/1980
Relationship bet. Owner & Driver : Spouse \ ~~Parents~~ \ ~~Children~~ \ ~~Sibling~~ \ ~~Employee~~ \ Others: _____
DRIVER'S Address : 49 Medway Drive S556539
DRIVER'S Contact No./ Alt No. : 1) 9670 0397 2) _____
DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)
Email Address : Fredatanham@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): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ ~~Work purpose~~
Any injuries, if yes(name of the injured person) _____

Other Party Driver's Particulars (if any)

③ Vehicle Reg No: PC5051P Vehicle Reg No: GBF 9941U ③
Vehicle Make/Model: Toyota Hiace Vehicle Make/Model: Toyota Hiace
Name DRIVER: Sithan Kanagaraju Name DRIVER: Rajendran Ramachandran
IC No. DRIVER: G6069664R IC No. DRIVER: G2509691L
DRIVER'S Contact & add: 98274522 DRIVER'S Contact & add: 82681941



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

MX1/B

R SN

AN0661A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1900
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00116622102

Engine No.: MA122CE15247

Cha. No.: WP0ZZZ98ZEK164378

1. Index Mark and Registration
Number of Vehicle

SGA49Y

2. Name of Policy Holder

HAM WENG SENG

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

26/07/2021
(00:00:00)

Excess Sect. I.

\$3,500.00

Excess Sect. I (Outside Singapore)

\$7,000.00

EX ON WINDSCREEN.

\$300.00

4. Date of Expiry of Insurance

25/07/2022

5. Persons or Classes of Persons entitled to drive*
As per Named Driver(s) stated below.

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.

HAM WENG SENG

TAN SOON ENG DRIVING ONLY

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.

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: GREATLINK INSURANCE AGENCY 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