

INCIDENT ASSESSMENT CHECK SERVICES

22370001

Date In: 29/03/2022 14:42	Job Description	Date & Time Completed	Done by
Ref No: N/A (1922002875/4)	SAS e-filing		
Veh No: SFS 2844D	E-mail (with, for, or, to)		
Time: 19/11/2021 08:15	i-Motor Claim Form		
TP Insurer	i-Motor W/O (w/insur. of, to, TP #000)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SMP 2230B INC () / Non-INC ()

Owner / Driver () Tel ()

Policy No () Period () Cover Type ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability () % [Note-Est Status (WO): 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 repairer

() 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	1st Bill
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	Am't (\$)
Damaged Portion:	3) TF: Towing Fee \$40 \$45	Am't (\$)
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$20	Am't (\$)
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	Am't (\$)
Cat 1:	For claiming against INC Only (w/ef 19 Jan 2005)	Am't (\$)
Cat 2, 3:	6) TR: Re-inspection \$15	Am't (\$)
	7) N1: Idac DA + SMRT Survey \$160	Am't (\$)
	8) NTUC Additional Services:-	Am't (\$)
	9) N12: Blue Mobile	Am't (\$)
	QC:	Am't (\$)
	*N5: Courtesy Car / Tpt Allowance \$5	Am't (\$)
	*N6: Repair Coordination \$10	Am't (\$)
	*N7: Post Repair Inspection \$25	Am't (\$)
	*N8: DV / Collect Excess Coordination \$5	Am't (\$)
	TP (N11): TP (w/ INC) against INC \$20	Am't (\$)
	Invoice total	Am't (\$)
	Invoice charged	Am't (\$)
	Invoice waived	Am't (\$)

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	29/03/2022 14:42 (SGT)
Date of Accident	19/11/2021 08:15 (SGT)
Exact Location of Accident	Science Park Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS3844D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE. LTD
Company Reg No	2XXXX3177
Email Address	thenzg@gmail.com
Mobile Phone No	(Phone) +65-91865262
Alternative Phone No	+65-91865262

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00004332101
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD KHALID BIN ABU
NRIC No	SXXXX014B

Date Of Birth	17/07/1974
Occupation	Outdoor
Date Of Driving Pass	05/07/2007
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91865262
Alt. Phone Number	-
Email Address	m.khal3434@gmail.com
Address	BLK 471 SEMBAWANG DRIVE #03-423
Address complement	-
Postcode	750471
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP2230B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO CHOON SING
NRIC No	SXXXX173I
Contact Number	-
Address	-

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

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

12 Mar 2022

Our ref 1203220501N001204706

TODDS PARTNERS PTE. LTD.
51 GOLDHILL PLAZA
#08-02
SINGAPORE 308900

Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SGS3844D

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 12 Mar 2022. The details are as follows:

Vehicle No.	: SGS3844D
Application Date	: 12 Mar 2022
Effective Transfer of Ownership Date	: 12 Mar 2022
Vehicle Make	: TOYOTA
Vehicle Model	: WISH 1.8X A
Chassis No./Trailer Chassis No.	: ZNE100344861 / -
Engine No./Motor No.	: 1ZZ2791387 / -

2. The above vehicle will be excluded from the Road Tax GIRO scheme.
3. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

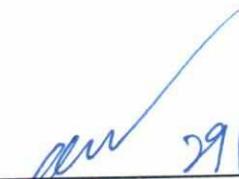
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time

 29/03/2022 ✓

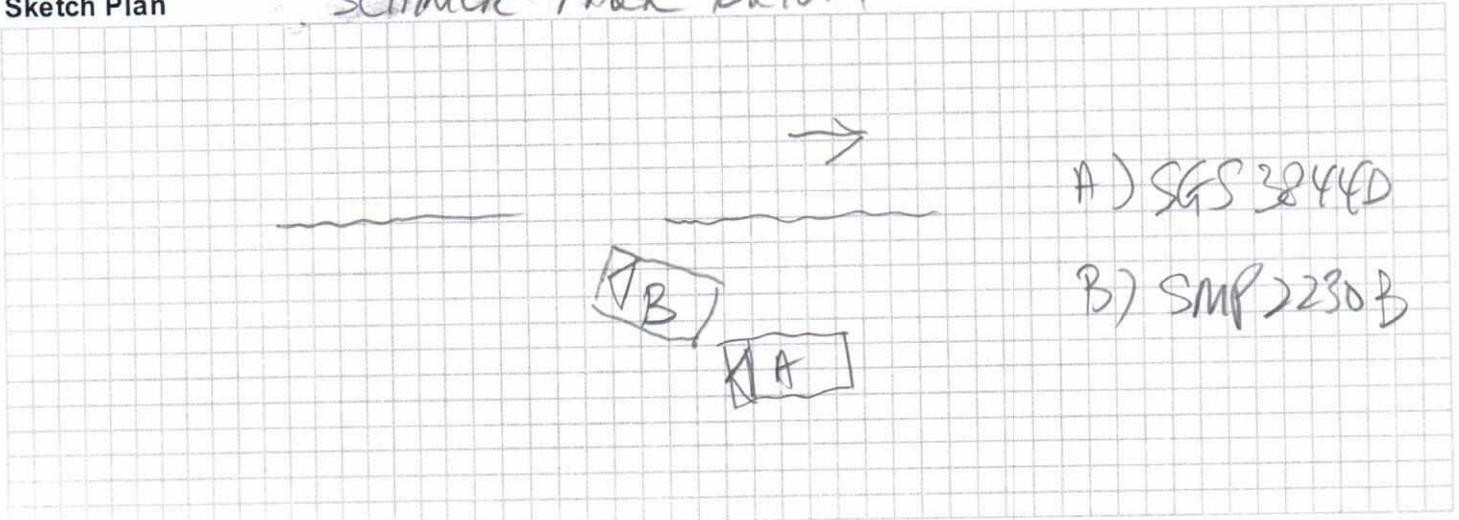
Driver's Signature (If driver is not the policyholder) / Date
& Time

 29/03/2022

Witnessed by Reporting Centre
Personnel

Sketch Plan

SCIFMCK PARK DRIVE



Describe Circumstances of the Accident

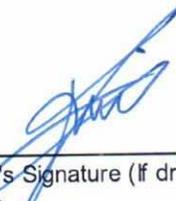
I was driving along Science Park drive, ~~and~~ didn't notice the car in front of me turning right. I didn't manage to avoid him and made contact at his rear left bumper and light.

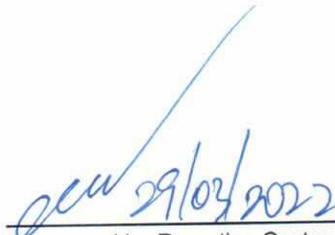
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 29/03/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 29/03/2022
Witnessed by Reporting Centre Personnel

Our Ref. :SNM21D206735/SGS3844D/C02

Date :26 Dec 2021

TODDS PARTNERS PTE LTD

1002 BUKIT MERAH LANE 3
#01-75 ALEXANDRA VILLAGE INDUSTRIAL ESTATE
SINGAPORE 159719

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NO SGS3844D AND SMP2230B ON 19 Nov 2021 ALONG SCIENCE PARK DRIVE

Policy : DMHCSNA00004332101

We refer to our letter dated 27 Nov 2021.

We regret to inform that neither you nor your driver has filed an accident report on the above accident till to-date.

Please note that you and / or your driver is required to render full co-operation and assistance to your insurer on the above accident under the policy terms and conditions.

We would appreciate if you could report your accident at any of our authorized workshops within the next seven (7) days. Failing which, we shall direct the matter to the Traffic Police without any reference to you.

Please contact our claims department at 63896116 should you require our assistance or clarification.

(This is a computer generated letter and no signature is required.)

cc: INSURE HUB PTE LTD
AN0478A

FINAL REMINDER

via Registered and Ordinary Mail



Motor Hire Car

MZ406L/B

R SN

AN0478A

Cov. Type:T

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.	DMHCSNA00004332101	Engine No.: 1ZZ2791387	Cha. No.: ZNE100344861
1. Index Mark and Registration Number of Vehicle	SGS3844D		
2. Name of Policy Holder	TODDS PARTNERS PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/05/2021 (00:00:00)	Excess Sect. II	S\$2,000.00
		Excess Sect.II (Outside Singapore).	S\$4,000.00
4. Date of Expiry of Insurance	30/04/2022		

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 (other than for reward) 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: Lim Lee Choo
Authorised Officer

Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (19/11/2021) (DD/MM/YYYY), TIME: (08:15) (HH:MM)

LOCATION: Sciarch Park Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG4S 384FD
- b) INSURANCE COMPANY: China Motor
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Toyota wish 1.8
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TODOS PARTNER (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Khalid Bin Abu (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 57422014B CONTACT: 91865262
- c) ADDRESS: _____

*d) DATE OF BIRTH: (17/07/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5/7/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) YES NO

7. a) REPORTED TO POLICE (YES / NO) YES NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 2230B MODEL: MITSUBISHI
- b) DRIVER'S NAME: 28414131
- c) NRIC/FIN/PASSPORT: HO CHOW SIM CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = M.KAM

VIDEO