

SN08224P0004

Date In: 21/04/2022 17:07	Job description	Date & Time Completed	Done by
Ref No: N/A/C1222003815/Y	SAS e-filing		
Veh No: SNE 5762J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/04/2022 17:45	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKG 80717	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%; P: 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 of repairer.

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

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

Remarks:	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);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
C. Checked by (Engr-In-Charge):	Invoice dated	Fees Charged	
auditors' Comments:-	Invoice dated	Fees Charged	
L.I.:			
L. 2 / 3:			





## 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	25/04/2022 17:07 (SGT)
Date of Accident	22/04/2022 17:45 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE5762J
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROSLEE BIN BERNAWI
NRIC No	SXXXX222E
Email Address	rbernawi@gmail.com
Mobile Phone No	(Phone) +65-96705804
Alternative Phone No	+65-96705804

## VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1998

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00083112200
Cover Note Number	-

## DRIVER

Name of Driver	ROSLEE BIN BERNAWI
NRIC No	SXXXX222E

Date Of Birth	03/05/1966
Occupation	Indoor
Date Of Driving Pass	27/05/1991
Driving experience	30 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96705804
Alt. Phone Number	+65-96705804
Email Address	rbernawi@gmail.com
Address	56 FLORA ROAD #03-31
Address complement	-
Postcode	506856
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	Collision - Change/cross lane
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?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG8077J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG JUN RONG
NRIC No	SXXXX104I
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' 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

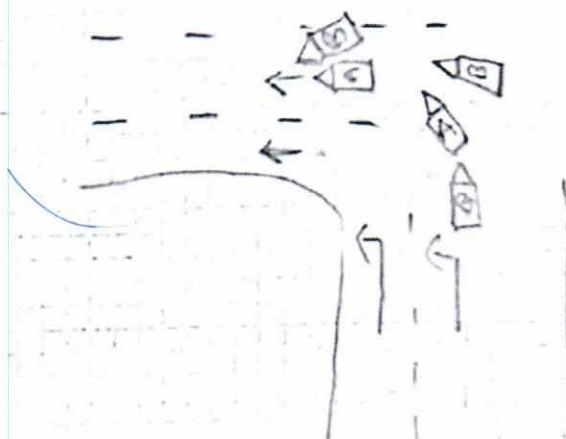
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BLAS BASAH ROAD



A) SNE5762J

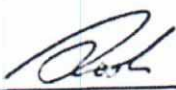
B) SKG 8077J


Describe Circumstances of the Accident

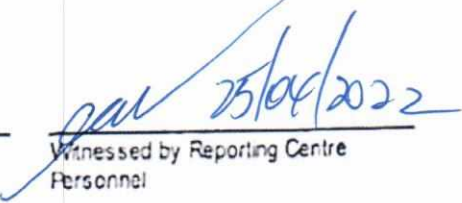
While driving along Gros Bosch Road, suddenly SKG8077J cut into my lane on my right.

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

 25/04/2022  
Witnessed by Reporting Centre Personnel



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	22-4-22	TIME:	17.45	(hh:mm) 24 hrs Format
LOCATION	Bras Basah road			
VEHICLE NUMBER	SNE 5762J			
INSURED NAME	Roslee Bin Bernawi			
NRIC / FIN	S1738222E	CONTACT:	96705804	
MAKE	JAGUAR	MODEL		
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only				
INSURANCE COMPANY				
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER: DMPC SNWOC083112200				
NAME DRIVER: Roslee Bin Bernawi				( <input checked="" type="checkbox"/> ) SAME AS INSURED
NRIC / FIN: S1738222E				CONTACT:
DATE OF BIRTH: 03-05-1966				
DRIVING PASS DATE: 27-3-91				
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR				
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE				
EMAIL ADDRESS: rbernawi@gmail.com				( ) NO EMAIL
ADDRESS OF DRIVER: 66 FLORA ROAD #06-31 (506856)				
Number Of Passenger Include Driver: 1				
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If No, Relationship Of The Driver With The Insured				
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others				
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was Anybody Injured In The Accident? ( ) YES ( ) NO				
If YES, Injured details:				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO				
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No. of Pass (incl' driver)	Contact	
Veh B	SKG 8077J Pang Jun Hong S 99391041	( ) / Not Sure ( )		
Veh C		( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

AN0727A

Cov. Type: C

**CERTIFICATE OF INSURANCE**

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


CERTIFICATE No.	DMPCSNNW00083112200	Engine No.: 170504Y0066PT204	Chs. No.: SAJAB4AX9JCP21632
1. Index Mark and Registration Number of Vehicle	SNE5762J	AUTOSAFE	*****
2. Name of Policy Holder	ROSLEE BIN BERNAWI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26/03/2022 (14:46:11)	Named Drivers Ex Sect. I	\$5750.00
4. Date of Expiry of Insurance	27/03/2023	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
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 \$51,000 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. : OVERSEA-CHINESE BANKING CORPN LTD			
* 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: SENG HUP AUTO 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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SNE5762J Vehicle Registration No: SNE5762J

Name (as shown in NRIC): KOSLIK BIN BRUNAWI NRIC/FIN/Passport No: SXXXX222E

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 96205804

Email Address: \_\_\_\_\_

Date of Accident: 22/04/2022 Time of Accident: 17:45

Place of Accident: BRAS BASAH ROAD

Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INQUIRED VEHICLE NUMBER TO SNE5762J

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

25/04/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: