

Date In: 28/04/2022 15:14	Job description	Date & Time Completed	Done by
Ref No: NBA10172200400574	SAS e-filing		
Veh No: SJM 99315	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/04/2022 13:45	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: SJR 7297B	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 of 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 (\$) In Bill	Am't (\$) Add Bill
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	
C. Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Auditors Comments :-	6) TR : Re-inspection \$75	
	7) N1 : Idac DA + SMRT Survey \$160	
t. 1:	8) NTUC Additional Services:-	
	OD*	
t. 2 / 3:	*N3: 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: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

# 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 ..... 28/04/2022 15:14 (SGT)  
Date of Accident ..... 26/04/2022 13:45 (SGT)  
Exact Location of Accident ..... Johor Causeway, Johor Causeway Bridge, Singapore  
Additional Location Information ..... TOWARDS MALAYSIA CHECK POINT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM9931S

INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MARITEAM TRANSPORT SERVICES PTE LTD  
Company Reg No ..... 2XXXXX055D  
Email Address ..... janet.hon@mariteam.com.sg  
Mobile Phone No ..... (Phone) +65-90217044  
Alternative Phone No ..... (Office) +65-62518144

### 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 ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNA00212582100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHNG SIANG HEE  
NRIC No ..... SXXXX292D

Date Of Birth .....	01/07/1960
Occupation .....	Indoor
Date Of Driving Pass .....	11/07/1988
Driving experience .....	33 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90217044
Alt. Phone Number .....	-
Email Address .....	janet.hon@mariteam.com.sg
Address .....	11 SRINGWOOD WALK
Address complement .....	-
Postcode .....	117939
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	LU LIN LIN
Gender .....	Female

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 .....	SJR7297B
Vehicle Manufacturer .....	Toyota
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) ..... -

**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.

**MARITIME TRANSPORT SERVICES PTE LTD**  
 (Co. Reg. No. 200402055D)  
 221 Henderson Rd #06-17  
 Henderson Bldg Singapore 159557  
 Tel: 6251 8144 Fax: 6251 7144

*[Signature]*  
 28/4/2022 13:57hrs *[Signature]* on 28/04/2022

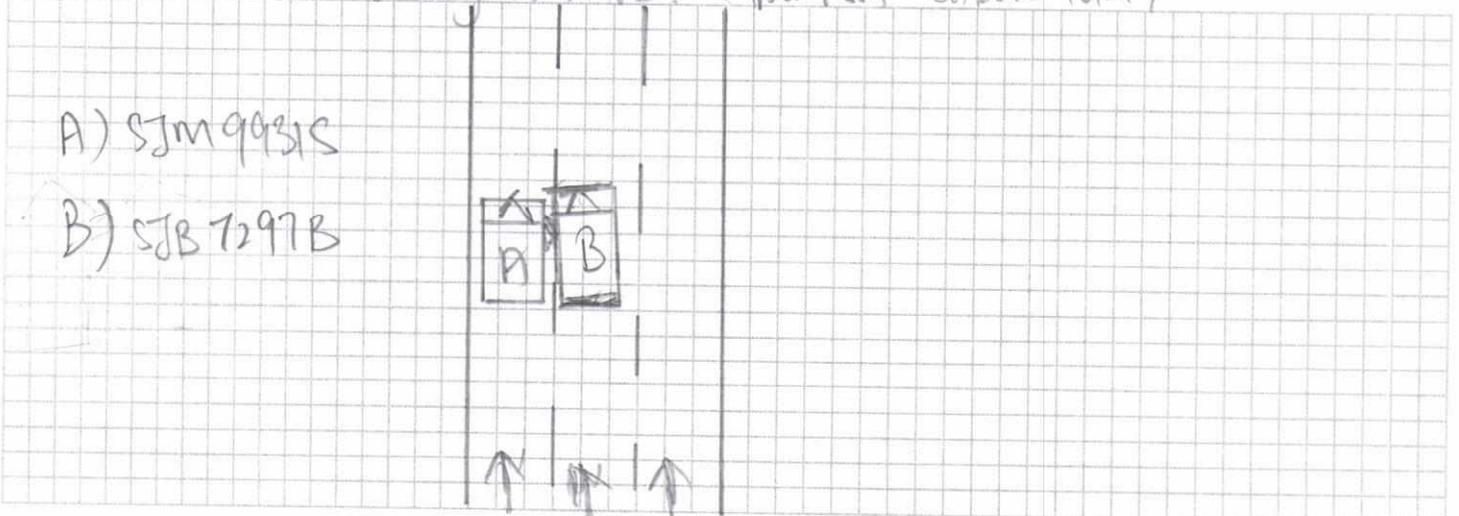
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

SKENWAY TOWARDS MALAYSIA CHECK POINT



**Describe Circumstances of the Accident**

ON 26TH APRIL 2022 @ ABOUT 13.45 PM, I WAS AT CAUSEWAY TOWARD MALAYSIA TRAFFIC WAS HEAVY, THERE WAS A CAR SJB 7297B WHO IS TRYING TO SQUEEZE IN BETWEEN AND SLIGHTLY HIT ONTO MY RIGHT SIDE MIRROR. LOOKING AT HIM SO AGRESSIVELY I DID NOT CALME DOWN THEN HE MOVE TO THE RIGHT AND I CONTINUE MY JOURNEY. I MANAGED TO TAKE PICTURES OF HIS CAR.

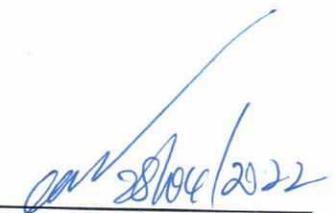
**Declaration**

We declare the foregoing particulars are true in every respect.

**MARKTEAM TRANSPORT SERVICES PTE LTD**  
(Co. Reg. No. 200402055D)  
221 Henderson Rd #06-17  
Henderson Bldg Singapore 159557  
Tel: 6251 8144 Fax: 6251 7144



28/4/2022 1355 HRS



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/04/22 (DD/MM/YYYY), TIME: about 13.45 hrs (HH:MM)

LOCATION: Causeway Toward Malaysia Causeway

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: SJM 9931-S
  - b) INSURANCE COMPANY: CHINA TAIPIING INSURANCE (SINGAPORE) PTE LTD
  - c) POLICY NUMBER: DMPSNA00212582100
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: TOYOTA WISH
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: TO JOHORE DELIVERY
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - a) NAME: MARITIME TRANSPORT SERVICES PTE LTD (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62518144
  - c) ADDRESS: 221 HENDERSON ROAD, #06-17, HENDERSON BUILDING SINGAPORE 159557

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger (including driver) (1)

- DRIVER
  - a) NAME: CHIN SHANG HEE (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S1402292D CONTACT: 90217044
  - c) ADDRESS: 11 SPRINGWOOD WALK

LIU LIN LIN FEMALE

- \* d) DATE OF BIRTH: (01/07/1960) (DD/MM/YYYY)
  - e) OCCUPATION: (INDOOR / OUTDOOR) Both 11/06/1988
  - f) DATE OF DRIVING PASS \_\_\_\_\_
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_
6. WAS ANYBODY INJURED (YES / NO) \_\_\_\_\_
7. a) REPORTED TO POLICE (YES / NO) \_\_\_\_\_  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

\* No of passenger (including driver) ( )

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SJR 7297B MODEL: TOYOTA
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including driver) ( )

9. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = Janet.hone@maritime.com.sg  
VIDEO

Motor Private Car

MX4F

E SN

BR0057A

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.	DMPCNA00212582100	Engine No.: 1Z23152840	
		Cha. No.: ZNE100419783	
1. Index Mark and Registration Number of Vehicle	SJM9931S		
2. Name of Policy Holder	MARITEAM TRANSPORT SERVICES PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/01/2022 (00:00:00)	Named Drivers Ex Sect. I	\$S600.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	31/10/2022	* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
5. Persons or Classes of Persons entitled to drive*	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:*	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 \$S500 will apply to the insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

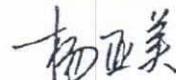
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: Tan Jia Hwei  
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

陳保險經紀私營有限公司  
TAN INSURANCE BROKERS PTE LTD  
3A/5A Aliwal Street, Chenn Leonn Building  
Singapore 199896  
www.tib.com.sg  
Tel: (65) 6742 6766 Fax: (65) 6742 6669