

Date in: 14/07/22	Job description	Date & Time Completed	Done by
Ref No: NHA/CT/2200668815	SAS e-filing		
Veh No: PC94893	E-mail (within 4hrs, AOC 2hrs)		
D.O.A : 09/07/22 0900	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		

General Remarks: Confidential & Strictly NO refer of repairer.

Remarks:	11C Chorline: 6788 6616	Date & Time Contd.	11/11/2011
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Injury: _____

Invoice Preparation Checklist

*N7: Post Repair Inspection	\$25
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Invoice #	Invoice dated	Fee Charged
10/1/72	10/1/72	10/1/72
10/2/72	10/2/72	10/2/72
10/3/72	10/3/72	10/3/72
10/4/72	10/4/72	10/4/72
10/5/72	10/5/72	10/5/72
10/6/72	10/6/72	10/6/72
10/7/72	10/7/72	10/7/72
10/8/72	10/8/72	10/8/72
10/9/72	10/9/72	10/9/72
10/10/72	10/10/72	10/10/72
10/11/72	10/11/72	10/11/72
10/12/72	10/12/72	10/12/72
10/13/72	10/13/72	10/13/72
10/14/72	10/14/72	10/14/72
10/15/72	10/15/72	10/15/72
10/16/72	10/16/72	10/16/72
10/17/72	10/17/72	10/17/72
10/18/72	10/18/72	10/18/72
10/19/72	10/19/72	10/19/72
10/20/72	10/20/72	10/20/72
10/21/72	10/21/72	10/21/72
10/22/72	10/22/72	10/22/72
10/23/72	10/23/72	10/23/72
10/24/72	10/24/72	10/24/72
10/25/72	10/25/72	10/25/72
10/26/72	10/26/72	10/26/72
10/27/72	10/27/72	10/27/72
10/28/72	10/28/72	10/28/72
10/29/72	10/29/72	10/29/72
10/30/72	10/30/72	10/30/72
10/31/72	10/31/72	10/31/72

12/31	Invoice dated	Free Credit	Invoice dated
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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	14/07/2022 09:37 (SGT)
Reported by	Driver
Date of Accident	09/07/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION ROAD TOWARDS TAMAN JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9489J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINHWEE TRANSPORT & TRADING
Company Reg No	5XXXX041A
Email Address	WONGSH71@GMAIL.COM
Mobile Phone No	(Phone) +65-98228304
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00000572201

DRIVER

Name of Driver	WONG SIN HWEE (HUANG SHENG HUI)
NRIC No	SXXXX736C
Date Of Birth	07/02/1971
Occupation	Outdoor



Date Of Driving Pass	21/01/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98228304
Alt. Phone Number	-
Email Address	WONGSH71@GMAIL.COM
Address	BLK 421 FAJAR ROAD #07-483
Address complement	-
Postcode	670421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK201E
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SIN HWEE (HUANG SHENG HUI)
Gender	Male
Phone No	(Phone) +65-98228304
Address	BLK 421 FAJAR ROAD #07-483
Address Complement	-
Post Code	670421
Approximate Age Years Old	51
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC9489J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.



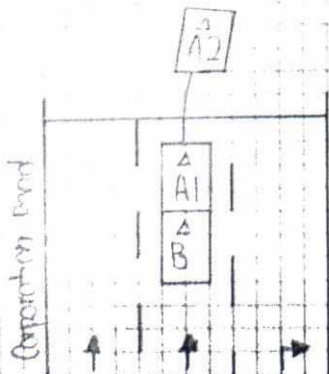
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

14/07/20

Sketch Plan



A: PC 9489J

B: GBK 201E

Describe Circumstances of the Accident

On 09.07.2022 at about 09:00 am. I was travelling along Corporation Road towards Taman Jurong. I was slowed down and stopped due to the traffic light. Suddenly, Vehicle B hit my rear portion.

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

Witnessed by Reporting Centre Personnel

14/07/22

GIA sent to Fastech (shiping.ong@fastechauto.com.sg)

Date of Accident : 07.07.2022 Accident Time : 01:00 am (24-HR-Format)
Accident Place : Corporation Road towards Taman Jurong
Vehicle No (Car Plate No) : PC 9489 J Make/Model: Toyota Hiace Commuter
Insurance Company : China Taiping Policy No: DMBISNA00000572201
Fleet Policy : YES / (NO)
Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No : Sinhwee Transport & Trading (53426041A)
Owner Contact No : 9822 8304 Owner's Hp _____ Company Tel _____
Driver Name / IC No : Wong Sin Hwee (Huang ShengHui) S7103736C
Driver's Date of Birth : 07.02.1971 Driver's License Pass Date: 21.01.2003
Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other Owner
Driver's Address : Blk 421 Fajar Road # 07-483 Singapore 670421
Driver's Contact No : 1) 9822 8304 2) _____
Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : wongsh71@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver) : 1 Driver
Was ther any video footage ? : YES / (NO)
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose
Any injury (If Yes, Pls State) : Yes (1 Driver)

Other Party Driver's Particular (if any)

Vehicle B No : <u>GBK201E (longpac)</u>	Name & Contact No: <u>Ting Jun Siong Joseph (93281422)</u>
Vehicle C No : _____	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**





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 Bus

MZ601

R SN

AN0245A

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.

DMB1SNA00000572201

Engine No.: 1GD0534830

Cha. No.: GDH2232002963

1. Index Mark and Registration
Number of Vehicle

PC9489J

AUTOSAFE

2. Name of Policy Holder

SINHWEI TRANSPORT & TRADING

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

08/01/2022
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$3,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

07/01/2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

HIRE PURCHASE CO.: MOTOR CREDIT PTE 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: _____
Zhong YueQiang
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