

Claimant's Particulars :-		Invoice Preparation Checklist		1st Bill	2nd 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		
		5) iFT : Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR : Re-inspection	\$75		
		7) N1 : Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		Q1:*			
		* N5: Courtesy Car / Tpt Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
		* N8: DV / Collect Excess Coordination	\$5		
		TP (\$11) : TP (N-on 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 Actual 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	28/09/2022 12:29 (SGT)
Reported by	Driver
Date of Accident	29/08/2022 10:30 (SGT)
Exact Location of Accident	Lengkok Bahru, Singapore
Additional Location Information	ENABLING VILLAGE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8000G

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH GUAN HUAT
NRIC No	SXXXX351Z
Email Address	lohpuayhua030667@gmail.com
Mobile Phone No	(Phone) +65-65666885
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1595

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008322200

### DRIVER

Name of Driver	LOH PUAY HUA
NRIC No	SXXXX629Z
Date Of Birth	03/06/1967
Occupation	Outdoor

Date Of Driving Pass	19/09/1985
Driving experience	36 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97722888
Alt. Phone Number	-
Email Address	lohpuayhua030667@gmail.com
Address	BLK 34 TEBAN GARDEN RD
Address complement	#02-276
Postcode	600034
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit by fallen tree / Other objects
Weather Conditions	DRIZZLING
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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
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

PLS REFER TO THE ATTACHED STATEMENT

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-

Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	GANTRY BARRIER
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

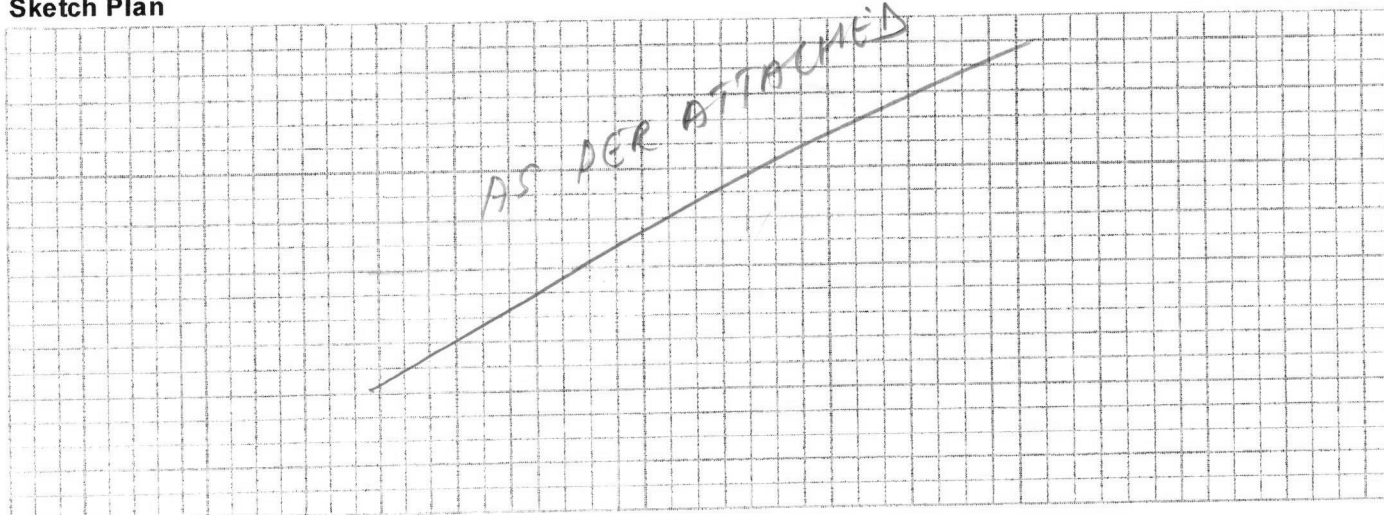
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

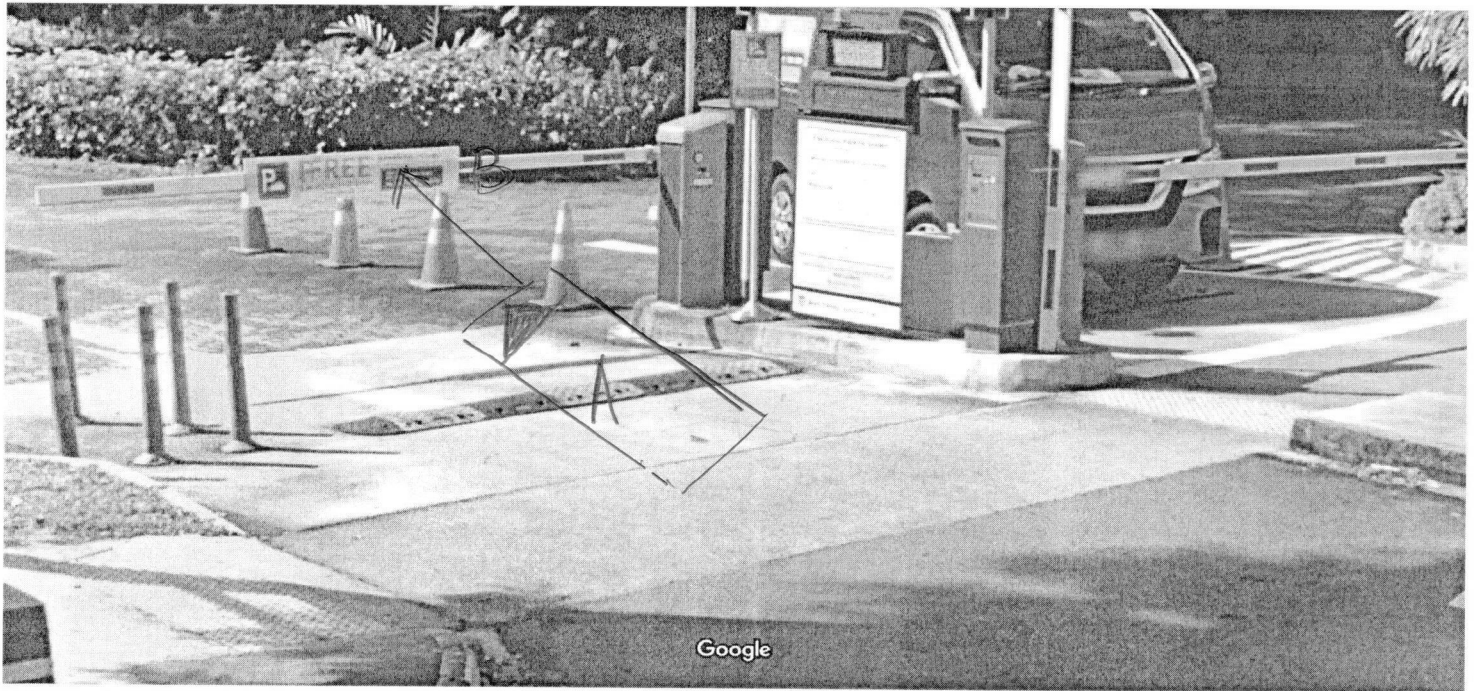
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**





Google Maps 54 Lengkok Bahru



Google

Image capture: Mar 2022 © 2022 Google

Singapore

Google

Street View - Mar 2022



LENGKOK BAHRU  
(ENABLING VILLAGE)

A - SMG 80006  
B - BARRIER

**Describe Circumstances of the Accident**

at Lengkok Bahru  
I was entering Enabling Village, to pick up my customer. When approaching the gantry I stop at the hump, while waiting for the barrier to open my veh moved forward and hit the barrier.

**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

# ACCIDENT STATEMENT

ACCIDENT DATE: (29/08/22) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: LENGKOK BAHU ENABLING VILLAGE GANTRY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG80006  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER: SMHCSNW00008822200  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MER C180 (A)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOJEK  
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: PEH GUAN HUAT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 502183512 CONTACT: 65666885  
c) ADDRESS:

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

### DRIVER

- a) NAME: LOH PUAY HUA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 525846292 CONTACT: 97722888  
c) ADDRESS: BLK 24 TEBAN GARDENS RD  
#02-276 (600034)  
\*d) DATE OF BIRTH: (03/06/1967) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 19/09/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRIZZLING  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GANTRY BARRIER MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

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

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Email = lohpuayhua030667@gmail.com

fax =

VIDEO = NO





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 Hire Car

MZ406L/B

E SN

AN0245A

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.

DMHCSNW00008322200

Engine No.: 27491030017578

Cha. No.: WDD2040312A771180

1. Index Mark and Registration  
Number of Vehicle

SMG8000G

2. Name of Policy Holder

PEH GUAN HUAT

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

25/05/2022  
(00:00:00)

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance

23/05/2023

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.

PEH GUAN HUAT

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: Zhong YueQiang  
Authorised Officer

杨亚美

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

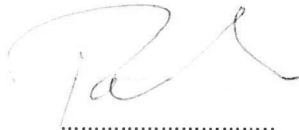
25<sup>th</sup> May 2022

TO WHOM IT MAY CONCERN

I, Mr. Peh Guan Huat of Nric No: S0218351Z hereby authorise Mr. Loh Puay Hua Nric No : S2584629Z of Blk 34 Teban Garden #12-276 Singapore 600034 to drive my vehicle SMG8000G for Private Hirer used.

Thanks. You

Yours faithfully



S0218351Z