

SNUG 22B HOODE

Preferred Wksp / INC Assign Wksp / QW: (Owner / Driver: (

Policy No: () Period: () Cover type: ()

Confirmed by : C

Confirmed by: (94) [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Insured/Driver Liability: (

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$)) Loading: \$1,000 () / \$2,000 ()

General Remarks: [illegible] strictly NO color of repellent.

General Remarks: _____

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

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

Remarks:	(INC hotline: 6788-6616)	Date/Time Completed	Done by
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1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date	Time	Actions
11/11/2011	14:00	1. Review the project status and progress. 2. Discuss the upcoming tasks and deadlines. 3. Assign responsibilities to team members. 4. Review the budget and financial status. 5. Discuss the marketing strategy and plan. 6. Review the legal and regulatory requirements. 7. Discuss the overall project goals and objectives. 8. Review the project risks and mitigation strategies. 9. Discuss the project communication and reporting mechanisms. 10. Review the project documentation and records. 11. Discuss the project closure and evaluation process. 12. Review the project outcomes and lessons learned. 13. Discuss the project impact and future opportunities. 14. Review the project performance and feedback. 15. Discuss the project sustainability and long-term value. 16. Review the project stakeholder engagement and communication. 17. Discuss the project innovation and creativity. 18. Review the project ethics and social responsibility. 19. Discuss the project governance and accountability. 20. Review the project transparency and openness. 21. Discuss the project inclusivity and diversity. 22. Review the project resilience and adaptability. 23. Discuss the project flexibility and agility. 24. Review the project collaboration and teamwork. 25. Discuss the project leadership and management. 26. Review the project vision and mission. 27. Discuss the project values and principles. 28. Review the project culture and norms. 29. Discuss the project identity and branding. 30. Review the project reputation and image. 31. Discuss the project trust and credibility. 32. Review the project integrity and honesty. 33. Discuss the project respect and dignity. 34. Review the project justice and fairness. 35. Discuss the project peace and harmony. 36. Review the project health and well-being. 37. Discuss the project happiness and satisfaction. 38. Review the project meaning and purpose. 39. Discuss the project hope and optimism. 40. Review the project faith and belief. 41. Discuss the project love and compassion. 42. Review the project wisdom and knowledge. 43. Discuss the project courage and bravery. 44. Review the project strength and power. 45. Discuss the project influence and impact. 46. Review the project legacy and heritage. 47. Discuss the project future and destiny. 48. Review the project destiny and fate. 49. Discuss the project destiny and fate. 50. Review the project destiny and fate.

100-443887-100

1

Invoice Preparation Checklist

1) AR: Accident Reporting (330)

Informant's Particulars:	2) DA : Damage Assessment (\$1000)	5/1/54
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3) TFI: Follow-up	\$120
4) PT: Follow-Through Survey	\$36

river/owner: S) FT Yellow Through Survey (Bulldog)

6) TR: Re-förpackad 5160

7) NI: 1160 DA + SMRT Survey

100-443888-100

1. Name (Print Name): 2. Title (Print Title): 3. Department (Print Department): 4. Office (Print Office): 5. Phone (Print Phone): 6. Fax (Print Fax): 7. E-mail (Print E-mail): 8. Address (Print Address): 9. City (Print City): 10. State (Print State): 11. Zip (Print Zip): 12. Country (Print Country): 13. Date (Print Date): 14. Signature (Print Signature): 15. Title (Print Title): 16. Department (Print Department): 17. Office (Print Office): 18. Phone (Print Phone): 19. Fax (Print Fax): 20. E-mail (Print E-mail): 21. Address (Print Address): 22. City (Print City): 23. State (Print State): 24. Zip (Print Zip): 25. Country (Print Country): 26. Date (Print Date): 27. Signature (Print Signature): 28. Title (Print Title): 29. Department (Print Department): 30. Office (Print Office): 31. Phone (Print Phone): 32. Fax (Print Fax): 33. E-mail (Print E-mail): 34. Address (Print Address): 35. City (Print City): 36. State (Print State): 37. Zip (Print Zip): 38. Country (Print Country): 39. 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C. Checked by (Print Name) _____ _____ _____	* No. Repair Condition _____ _____ _____ * Post Repair Inspection _____ _____ _____	\$35 _____ _____ _____
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RECEIVED	61
*NY BY / Collect Excess Coordination	120

Attorneys' Comments:

(Faint handwritten notes at the bottom of the page)

2/3: Faint line of text

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	17/11/2022 17:57 (SGT)
Reported by	Owner
Date of Accident	17/11/2022 09:07 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1813U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEW KIAN PENG (RAO JIANPING)
NRIC No	SXXXX797J
Email Address	yewkianpeng@tc.com.sg
Mobile Phone No	(Phone) +65-97836972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V60
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	1498

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0003329-02

DRIVER

Name of Driver	YEW KIAN PENG (RAO JIANPING)
NRIC No	SXXXX797J
Date Of Birth	17/07/1982
Occupation	Outdoor

Date Of Driving Pass	11/01/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97836972
Alt. Phone Number	-
Email Address	celinsoh@yahoo.com.sg
Address	23 STIRLING ROAD #13-21
Address complement	-
Postcode	148961
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	CELIN SU YI
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5529C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YUSOF BIN MAFOT
NRIC No	SXXXX007J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH3463S
Vehicle Manufacturer	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEW KIAN PENG (RAO JIANPING)
Gender	Male
Phone No	(Phone) +65-97836972
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC1813U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CELIN SU YI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC1813U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

COMMONWEALTH AVE.	C	A	B	① SMC1813U
				② GBK5529C
				③ SJH3463S

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG COMMONWEALTH AVENUE.

I SLOWED DOWN AND STOP AS THE TRAFFIC LIGHT WAS RED.

SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR.

THE IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDE

ONTO THE VEHICLE IN FRONT.

Declaration

I/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



17/11/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 17 / 11 / 2022 (dd/mm/yy)

Time of Accident: 09 : 07 (24-HR-FORMAT)

Vehicle No.: SMC1813U Vehicle Make & Model / Engine (cc): VOLVO V60

Private Hire: (Y/N) (N)

Exact location of Accident: COMMONWEALTH AVE

Policyholder's Name / IC No.: YEW KIAN PENG (PAO JIANPING) ROC/OEN (Company):

Driver's Name / IC No.: S82227977

(As Above) ☒

Driver's Contact No.: 9783 6972

Company Contact No / Owner Contact No: -

Driver's Address: 23 STIRLING ROAD #13-21 SINGAPORE 148961

Owner Email address: YEWKIANPENG@TC.COM.SG

Insurance Company: INDIA INTERNATIONAL

Driver Email address: CELINSON@YAHOO.COM.SG

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: 8 CELIN SU YI

Gender: Male / Female (X)

*Passenger Name:

Gender: Male / Female (X)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER & PASSENGER

Injuries Sustain: Injured Person in Which Vehicle: SMC1813U

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No.: YUSOF BIN HAFOT S68430077 Vehicle No.: GBK5529C

Driver's Contact No.: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No.: S7H3463S

Driver's Contact No.: Insurance Company:


*Independent Witnesses (If Any): Contact No:

Preferred Workshop Name: Contact No:

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MPC0003329_02		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMC1813U	
Chassis No	: YV1FW28L0J2405766	
2. Name of Policyholder	: YEW KIAN PENG	
3. Effective date of Insurance	: 27 Jun 2022	
4. Expiry date of Insurance	: 26 Jun 2023	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder. The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her 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.</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>	
<p>Insured and Named Drivers Excess Sect I: SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00 Hire Purchase Company : MAYBANK SINGAPORE LIMITED</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : B000011/LCH LOCKTON PTE LTD Date of Issue : 25/05/2022 14:51:16 M.X. 1 - PRIVATE CAR(INDIVIDUAL)</p>		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>