

Date: 2/12/2022 Ref: NA/CT122012064/a4 Title: STF3449 U Date: 1/12/2022 10:00 Ref: 2012064-2 Only IP Incident	e-Stamp Photo e-Asse filing E-mail e-Notice AP 2012 e-Motor Claim Form e-Motor W/O (within 48 hrs IP 4000) e-Photo Uploaded Assessment Survey Report Ass't Report by FAX / Hand to Owner/Wksp
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Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
IP Particulars: ( )	Veh No: SMF 455K	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 ( )		

( ) 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] ( )		

[illegible]

NA2203360		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30),			
		2) DA : Damage Assessment (\$100), INC (\$80)			
Driver/Owner		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idse DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		Q1:			
		* N5: Courtesy Car / Tpt Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
Cat 1		* TP (N11) : TP (N11) against INC \$20			
		9) N12: Idse Mobile 30			
Cat 2 / 3		Invoice dated		Fee Charged	
		Invoice issued		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	02/12/2022 09:03 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3449U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ADEN AUTOMOBILE
Company Reg No	5XXXX923L
Email Address	derrick21tan@hotmail.com
Mobile Phone No	(Phone) +65-98334443
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMTPSNA00000392200

### DRIVER

Name of Driver	TAY HUI HUI, BELINDA (ZHENG HUI HUI, BELINDA)
NRIC No	SXXXX053C
Date Of Birth	29/05/1973
Occupation	Outdoor

Date Of Driving Pass	08/04/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98334443
Alt. Phone Number	-
Email Address	derrick21tan@hotmail.com
Address	BLK 694D WOODLANDS DRIVE 62 #13-80
Address complement	-
Postcode	734694
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

PLEASE REFER TO ATTACHED 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	SMF455K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIU MINLI
NRIC No	SXXXX689H

Contact Number .....	(Phone) +65-82008152
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 .....	TAY HUI HUI, BELINDA (ZHENG HUI HUI, BELINDA)
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJF3449U
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.

ADEN  
AUTOMOBILE  
ROC 532039231

Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE towards city

The sketch plan is a large grid with handwritten notes. At the top center, there is a vertical line with an arrow pointing upwards, labeled 'PIE towards city'. To the right of the grid, there are two handwritten entries: 'A. SJF 3449 U' and 'B. SMF 455 K'. The grid itself is mostly empty, with some faint lines and markings.

Describe Circumstance of the Accident

SSF 3449U

My car involved in a 5 car chain collision.

I was on the ATE expressway to send car for viewing at around 7.39am.

Suddenly the car in front of me stopped and I had to e-brake but not in time. When I alighted, I saw a few ~~totalled~~ vehicles in front of me. Then I realised the first vehicle which caused has drove off.

Declaration

I/We declare the foregoing particulars are true in every respect.

ADEN  
AUTOMOBILE  
ROC 53203923L

Policyholder's Signature / Date & Time

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 12 / 2012) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: PIE towards city

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 3449 U  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMTPSNA00000392200  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Fit AUTO / MANUAL  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 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: ADEN AUTOMOBILE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S3203923L CONTACT: 9833 4443  
 c) ADDRESS:

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

### DRIVER

- a) NAME: Tay Hui Hui, Belinda (Zheng Hui Hui, Belinda)  
 b) NRIC/FIN/PASSPORT: S7319053C (MALE / FEMALE)  
 c) ADDRESS: B1K 694D woodlands Drive 62 #13-80  
 S734644  
 \*d) DATE OF BIRTH: (29 / 5 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8/4/2004

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) Driver

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 455K MODEL:  
 b) DRIVER'S NAME: LIU MINLI  
 c) NRIC/FIN/PASSPORT: S8635689H CONTACT: 8200 8152

## 9. THIRD PARTY VEHICLE

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

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

Email = derrick21tan@hotmail.com

Fax =

VIDEO = 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)

CERTIFICATE No.

DMTPSNA00000392200

Engine No.: N.A.

Cha. No.:N.A.

1. Index Mark and Registration  
Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in their  
custody or control. All steam-driven vehicles are excluded.

2. Name of Policy Holder

ADEN AUTOMOBILE

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

01/07/2022  
(09:09:36)

Excess Sect. II S\$2,000.00

4. Date of Expiry of Insurance

30/06/2023

5. Persons or Classes of Persons entitled to drive\*

As per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied  
by a named driver of the Policyholder under the Policy.

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.

TAN TECK HENG  
MOHAMAD YAZID BIN JOHAN  
TAY HUI HUI, BELINDA  
TAN KANG XI  
LOW BING HUI

LIM KIM SENG  
LIM HONG DA ALVIN  
ANG THYE KWAN  
ANG KAY KHIM  
RANO BIN MOHAMAD YASNE

6. Limitations as to use:\*

Use only for Motor Trade purposes.

7. The Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

\* 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:

Elise Lim Xin Yi

Authorised Officer

Authorised Signatory