

SN08281-1700

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NA2300127		Invoice Preparation Checklist	
Incident Particulars:		1) AR: Accident Reporting (\$300)	INC (\$50)
Driver/Owner:		2) DA: Damage Assessment (\$1000)	\$50/\$40
Contract No:		3) TP: Towing Fee	\$120
Damaged Portion: Engine		4) PT: Follow-Through Survey	\$350
Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Base survey)	\$350
		6) TR: Re-Inspection	\$70
		7) NIS: New DA, + EMRT Survey	\$140
		8) NTUC Additional Services:	
		QPR	
		*NR: Courtesy Car / Trip Allowance	\$50
		*NR: Repair Coordination	\$100
		*NR: Post Repair Inspection	\$30
		*NR: DV / Collect Witness Coordination	\$50
		TP (NII): TP (NII) INC) against INC	\$20
		3) NII: New Mobile	10
		Invoiced	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	17/01/2023 12:53 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 20:00 (SGT)
Exact Location of Accident	Bayshore Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6241H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEER KENG HEONG
NRIC No	SXXXX077H
Email Address	oancheer@hotmail.com
Mobile Phone No	(Phone) +65-83836059
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1500

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00189792200

### DRIVER

Name of Driver	NGUYEN THI OANH CO
NRIC No	SXXXX222Z
Date Of Birth	03/06/1986
Occupation	Indoor

Date Of Driving Pass .....	19/08/2021
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83836059
Alt. Phone Number .....	-
Email Address .....	oancheer@hotmail.com
Address .....	BLK 686A WOODLANDS DRIVE 73 #04-52
Address complement .....	-
Postcode .....	731686
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SMJ146G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DUSTIN CLAY WILBURN
NRIC No .....	SXXXX144G

Contact Number ..... (Phone) +65-97451180  
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

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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

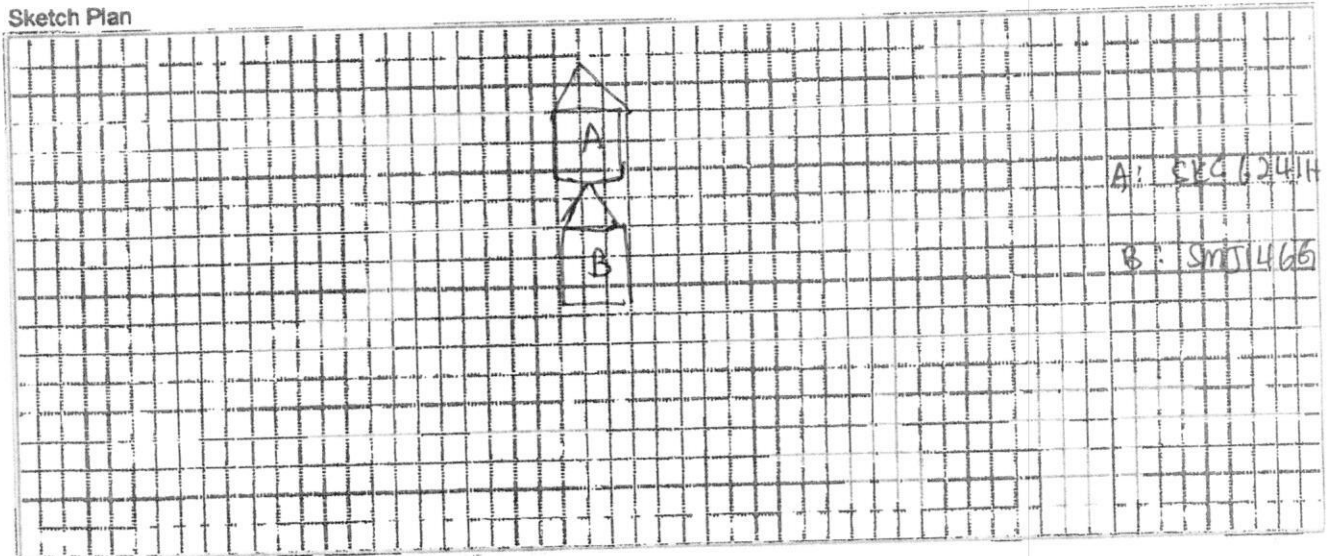
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident


On the stated time / date, I was driving along  
Bayshore Road.

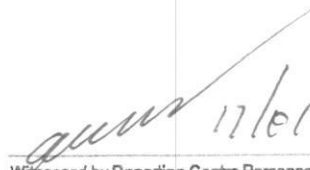
My car was stationary at the junction as it was  
red light. Suddenly, vehicle 2MJ146G hit onto my car.

Declaration

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

Policyholder's Signature / Date & Time

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

 17/01/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 16 / 01 / 23 (dd/mm/yy) Time of Accident: 20 : 00 (24-HR-FORMAT)

Vehicle No.: SKE 6241 H Vehicle Make & Model: Honda Civic

\*Transmission : ☐ Manual ☒ Auto \*C.c : 1500

Exact location of Accident: Bayshore Road

Policyholder's Name: Cheer King Heong NRIC/FIN/REG No.: S7563077H

\*Policyholder's email address : reporting@mycar.sg

Driver's Name: Nguyen Thi Oanh Co NRIC/FIN/REG No.: S8662922Z

\*Driver's email address : oancher@hotmail.com

Driver's Contact No.: 8383 6059 Company Contact No (If any): \_\_\_\_\_

Date of birth: 03.06.86 Driving Pass Date: 19 Aug 21

Driver's Address: BIC 686A Woodlands Dr 73 #04-52 S731 686

Insurance Company: China Taiping

Policy No.: DMPCEBN00189792200 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_

Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver: 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

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

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

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

**The Other Party (S) Details:**

1. Driver's Name / IC No: Dustin Clay Wilburn S71601446 Vehicle No: SMJ146G

Driver's Contact No: 9745 1180 Insurance Company : \_\_\_\_\_

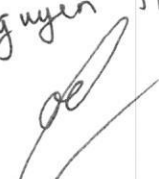
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

*Nguyen Thi Oanh Co*



Motor Private Car

MX1F

N SN

AN0711A

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.

DMPCSNW00189792200

Engine No.: LDA24020876

Cha. No.: JHMF36209S206224

1. Index Mark and Registration  
Number of Vehicle

SKC6421H

AUTOSAFE

=====

2. Name of Policy Holder

CHEER KENG HEONG

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

01/10/2022  
(00:00:00)

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$5500.00

4. Date of Expiry of Insurance

30/09/2023

\* Age as at date of accident

EX ON WINDSCREEN \$100.00

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

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 S\$500 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: Elise Lim Xi Yi  
Authorised Officer

Authorised Signatory