

Date In	30/01/2023	Job description	Date & Time Completed	Done by
Ref No	NA/CT123600907/d4	SAS e-filing		
Veh No	SLW 4905A	E-mail (within 8hrs. Aft 2hrs,		
DOA	28/01/2023 12:00	i-Motor Claim Form		
OD/ (TP) Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:

TP Particulars:	Veh No: <u>SNG9411K</u> INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()

General Remarks:-

② Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

② Total Loss Case : to e-mail Insurer URGENTLY.

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

Remarks:-	(IN/Hotline: 6788-6616)	Date & Time Completed	Done by
) Apply for Transport Allowance () / Courtesy Car ()			
) QC Check / Post Repair Inspection ()			
) Upload Resurvey Photo [Repair Cost > \$30000] ()			

Injury

[illegible]

NA2300308		Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Incident'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 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
Checked by (Engr-In-Charge):		ON [*]		
		* N5: Courtesy Car / Tpt Allowance \$5		
		* N6: Repair Co-ordination \$10		
Officers' Comments:		* N7: Post Repair Inspection \$25		
		* N8: DV / Collect Excess Coordination \$5		

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	30/01/2023 19:36 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	326 SUMANG WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4905A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE. LTD.
Company Reg No	2XXXXX962N
Email Address	charlotteworkshop@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
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	DMHCSNA00017352200

DRIVER

Name of Driver	ONG KIM POH, EDDIE (WANG JINBAO)
NRIC No	SXXXX593I
Date Of Birth	27/11/1988
Occupation	Outdoor

Date Of Driving Pass	05/11/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94888829
Alt. Phone Number	-
Email Address	charlotteworkshop@gmail.com
Address	APT BLK 325B SUMANG WALK
Address complement	# 06-957
Postcode	822325
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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 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	SNG9411K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAJ KUMAR S/O SINATHAMBY
NRIC No	SXXXX879H

Contact Number	(Phone) +65-90147035
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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

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

326 Sumang Walk

A - SLW 4905A

B - SNG 9411K

Describe Circumstance of the Accident

I was driving down the two-way road within 326 mscp and I collided into oncoming traffic. The opposite party stayed on his lane. Point of impact was my vehicle's front right bumper while the opposite party's vehicle was from driver door to passenger door.

Declaration


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



Policyholder's Signature/Date & Time

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

Witnessed by Reporting Centre Personnel
(Names as in NRIC/ID Card)

 30/01/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 28/01/2023 (DD/MM/YYYY) TIME: 12.00 (HH:MM)

LOCATION: 326 Sumang Walk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 4905A
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMACSNA00017852200
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Shuttle AUTO / MANUAL
 f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
 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: TAXIS Prestige Leasing pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Ang Kim Poh, Eddie (Wang jinbao) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S88485931 CONTACT: 9488 8829
 c) ADDRESS: APT BLK 325B Sumang Walk # 06-957
8822325

* d) DATE OF BIRTH: 27/11/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 05/11/2004

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

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: SNG 9411K MODEL: _____
 b) DRIVER'S NAME: Raj Kumar s/o Sinathamby
 c) NRIC/FIN/PASSPORT: S8838879H CONTACT: 90147035

9. THIRD PARTY VEHICLE

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

Email =

Fax =

Video = NO

No. of passenger
 (including driver)
(1)

No. of passenger
 (including driver)
()

No. of passenger
 (including driver)
()



Motor Hire Car

MZ406L/B

E SN

AN0055A

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.

DMHCSNA00017352200

Engine No.: LEB6542517

Cha. No.:GP71202094

1. Index Mark and Registration
Number of Vehicle

SLW4905A

AUTOSAFE

=====

2. Name of Policy Holder

1AXIS PRESTIGE LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

21/12/2022

Excess Sect I . \$S\$2,000.00

Excess Sect. I (Outside Singapore) \$S\$4,000.00

Excess Sect. II \$S\$1,500.00

4. Date of Expiry of Insurance

18/09/2023

Excess Sect.II (Outside Singapore). \$S\$3,000.00

EX ON WINDSCREEN . \$S\$100.00

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.

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.

HIRE PURCHASE CO.: SKYWAY CREDIT & LEASING 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: Chai Huilin Lynn

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

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