

Date In 09/02/2023
Ref No NA/CT/23001422/d4
Veh No SJG 8423E
DOA 08/02/2023 18:20
OD/ (TP) Reporting Only

Job description	Time & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs. A/C 2hrs,		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Tel: _____ Fax: _____

P Particulars:		Veh No: GBL 7A15C		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%. P: 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.

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 > \$3000] ()			

injury :

[illegible]

NA2300414		Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
nant's Particulars				1st Bill	Add Bill
er/Owner:		1) AR : Accident Reporting (\$30);			
act No:		2) DA : Damage Assessment (\$100);	INC (\$80)		
iged Portion:		3) TF : Towing Fee	\$30/\$45		
		4) FT : Follow-Through Survey	\$120		
		5) FT : Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR : Re-inspection	\$75		
		7) NI : Idac DA + SMRT Survey	\$160		
Checked by (Engr-In-Charge):		B) NTUC Additional Services:-			
		ON*			
		* N5: Courtesy Car / Tpt Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
		* N8: DV / Collect Brochure Coordination	\$5		
ctors' Comments :-					

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	09/02/2023 18:46 (SGT)
Reported by	Driver
Date of Accident	08/02/2023 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN DATOH TURNING TO BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG8423E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWA SIEW KUAN
NRIC No	SXXXX876G
Email Address	jeankwa@gmail.com
Mobile Phone No	(Phone) +65-96611103
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1339

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00086772200

DRIVER

Name of Driver	ANG THIAM SENG
NRIC No	SXXXX634Z
Date Of Birth	19/09/1967
Occupation	Outdoor

Date Of Driving Pass	28/01/1988
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83931669
Alt. Phone Number	-
Email Address	jeankwa@gmail.com
Address	APT BLK 175 LORONG 2 TOA PAYOH
Address complement	# 23-553
Postcode	310175
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	Raining
Road Surface	Wet

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)	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	KWA SIEW KUAN
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 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	GBL7915C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALFRED EE KHOON HERING
Contact Number	(Phone) +65-85799499
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	ANG THIAM SENG
Gender	Male
Phone No	(Phone) +65-83931669
Address	APT BLK 175 LORONG 2 TOA PAYOH
Address Complement	# 23-553
Post Code	310175
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SJG8423E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KWA SIEW KUAN
Gender	Female
Phone No	(Phone) +65-96611103
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN AND GIDDY
Injured person in which vehicle?	SJG8423E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



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.

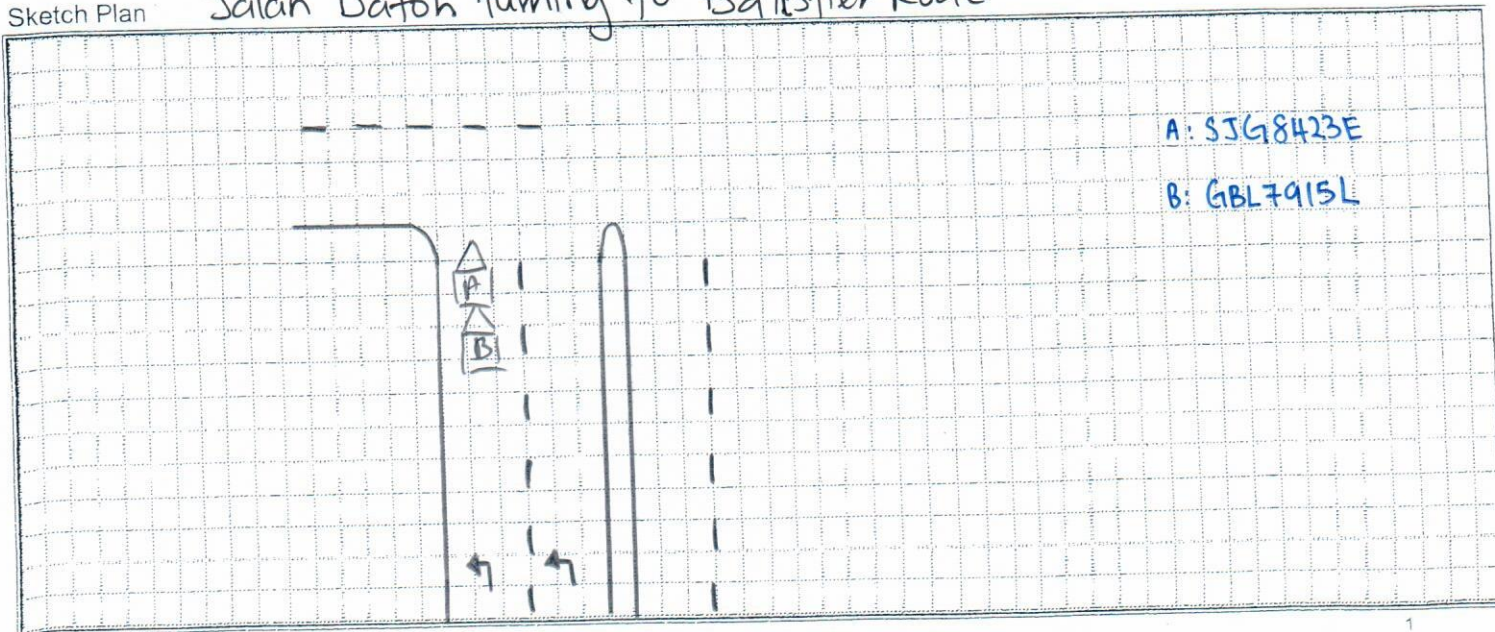
Policyholder's Signature / Date & Time

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

Jalan Dato turning to Balestier Road



A: SJG8423E

B: GBL7915L

Describe Circumstance of the Accident

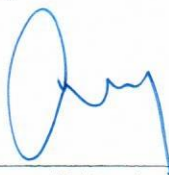
I was driving along the above mention location, date and time. As I was waiting for the main road to clear out of the sudden I felt an strong impact from the rear. we came down and exchange details and left.

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

 9/2/23

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

VEHICLE NO: SJG 8423E

MAKE & MODEL: Honda Fit Jazz

AUTO / MANUAL

DATE OF ACCIDENT	8 / 2 / 2023	*CC: 1400.
TIME OF ACCIDENT	1820	AM / PM
LOCATION OF ACCIDENT	Jln Datch turning to Balekier pass.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Kwa Siew Kuan	
EMAIL: joan kwa@gmail.com	Office:	MOBILE: 96611103.
NRIC	574198766.	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00086772200	
NAME OF DRIVER	AS ABOVE / IF NO: Any thiam seng.	
NRIC		
DATE OF BIRTH	19 / 09 / 1967.	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	owner.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	28 / 01 / 1988.	
GENDER	Male / Female	
CONTACT NO.	Mobile: 63931669. Office: Home:	
EMAIL		
ADDRESS	B1/195 Lor 2 toa payoh #23-553 SC310195.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.: INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? Both Drivers owner D Neck & Back pain	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	Any Passenger:	
NAME	G8L7915C	
CONTACT NO.	Alfred EE Ikhon Hering	
VEHICLE C NO.	8579 9499.	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Any Passenger:	
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

Motor Private Car

MX1

E SN

AN0715A

Cov. Type:F

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.

DMPCSNW00086772200

Engine No.: L13A55001014

Cha. No.:JHMGD185085215216

1. Index Mark and Registration
Number of Vehicle

SJG8423E

2. Name of Policy Holder

KWA SIEW KUAN

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

31/03/2022
(13:05:07)

4. Date of Expiry of Insurance

30/06/2023

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.

* 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: Lim Lee Choo
Authorised Officer



Authorised Signatory