

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
3) TF : Towing Fee	\$40/\$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) N1 : Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OT#			
* N5 : Courtesy Car / Tpl Allowance	\$5		
* N6 : Repair Co-ordination	\$10		
* N7 : Post Repair Inspection	\$25		

## 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	14/02/2023 14:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/02/2023 13:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY TOWARDS COMMONWEALTH AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA989B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MATTHEW LAM HIN YUI
NRIC No	SXXXX757D
Email Address	jionghow@eurosportsauto.com.sg
Mobile Phone No	(Phone) +65-94569398
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Lamborghini
Model	Huracan
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	5204

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00257272201

#### DRIVER

Name of Driver	MATTHEW LAM HIN YUI
NRIC No	SXXXX757D
Date Of Birth	14/02/1989
Occupation	Indoor

Date Of Driving Pass .....	12/04/2012
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94569398
Alt. Phone Number .....	-
Email Address .....	jionghow@eurosportsauto.com.sg
Address .....	1091 SERANGOON ROAD
Address complement .....	# 04-05
Postcode .....	328190
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBL4705L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZAR NI AUNG
Passport No/FIN .....	GXXXX482R

Contact Number ..... -  
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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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. The 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.

### **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;

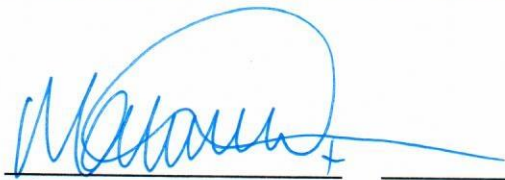
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

 14/02/2023

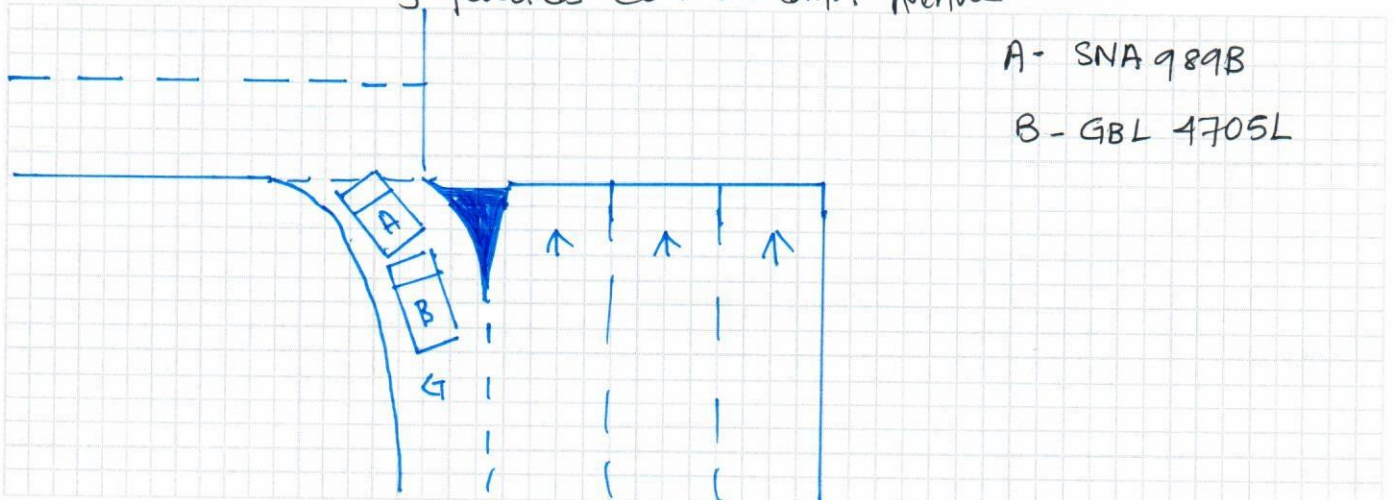
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

Queensway towards Commonwealth Avenue

A - SNA 989B

B - GBL 4705L



### Describe Circumstances of the Accident

On the 13/02/23 at about 1358hrs, I was turning left at filter of Queensway towards Commonwealth Ave. As I approach the filter line, I made a stop to check for incoming vehicles. Suddenly I felt an impact from my rear. After the accident, I exited from my vehicle and checked to realise vehicle B (GBL4705L) had hit onto my rear portion.

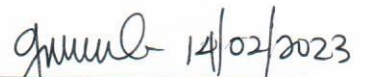
### Declaration

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



Witnessed by Reporting Centre Personnel

**DETAILS OF ACCIDENT**

Are you claiming under your own insurance policy for repair to your vehicle?

- ☐ Yes  
☒ No, Third Party  
☐ No, Reporting only

Country/State of Loss: SingaporeDate of Accident: 13/02/23Time of Accident: 1358Exact location of Accident: Queensway towards Commonwealth Ave

Additional location information: \_\_\_\_\_

**GENERAL INFORMATION OF ACCIDENT**Type of Accident: Head to Rear

e.g (Chain collision, side swipe, front to rear)

Weather conditions:

☒ Clear ☐ Raining

Road surface

☒ Dry ☐ Wet

Others: \_\_\_\_\_

**FOREIGN VEHICLE DETAILS**

Was any foreign vehicle involved in accident?

☐ Yes Foreign Vehicle number: \_\_\_\_\_  
☒ No

**OTHER INFORMATION**

No. of vehicles involved in the accident : \_\_\_\_\_  
(Including own vehicle)

Was driver approached by unknown person(s) soliciting/offering accident claims assistance?

☐ Yes ☒ No

If yes: \_\_\_\_\_

Was the accident reported to the police?

☐ Yes ☒ No

Police Branch: \_\_\_\_\_

Was notice of intended prosecution given?

☐ Yes ☒ No

**OWN VEHICLE**Vehicle Registration No: SNA989B Vehicle Category: PrivateVehicle Manufacturer: Lambo Vehicle Model: HoracanTransmission ☒ Auto ☐ Manual Vehicle CC: \_\_\_\_\_

Exact purpose for which vehicle was being used at time of accident: \_\_\_\_\_

Number of passengers: 1 (including driver)1) Name of passenger: \_\_\_\_\_ ☐ Male ☐ Female2) Name of passenger: \_\_\_\_\_ ☐ Male ☐ Female3) Name of passenger: \_\_\_\_\_ ☐ Male ☐ Female4) Name of passenger: \_\_\_\_\_ ☐ Male ☐ Female

**OWN VEHICLE POLICY**Handling insurer: China, Taiping

Policy Coverage Type:

☐ ACT ☒ Comprehensive ☐ 3rd Party ☐ 3rd party Fire & Theft

Fleet Policy:

☐ Yes ☒ No

Policy Number:

DMPCSNA 002572201

Cover Note Number: \_\_\_\_\_

**OWNER DETAILS**

ID Type:

☐ Co Reg No ☒ NRIC ☐ Passport No/FIN ☐ Work Permit No.

Registered owner ID:

S8905757D

Registered owner Name:

Matthew Lam Hin Yui

(AS PER NRIC)

Email: (Mandatory)

mattlamhy@gmail.com

Mobile Number:

9456 9398

Owner Alt Phone:

☐ Office ☐ Home ☐ Others:

Owner Alt Phone No \_\_\_\_\_

**DRIVER INFORMATION**Is the Driver the policyholder?: ☒ Yes ☐ No

Driver Date of Birth:

14/2/1984

Name of Driver:

Matthew Lam Hin Yui

Driving Pass Date:

12/4/2012

Driver Gender:

☒ Male ☐ Female

Driver ID Type:

☐ Co Reg No ☒ NRIC No ☐ Passport No/FIN ☐ Work Permit No.

Driver ID:

S8905757D

Driver Mobile No:

9456 9398

Add Alt Phone Type:

☐ Office ☐ Home ☐ Other

Add Alt Phone No \_\_\_\_\_

Driver Address 1:

1091 Serangoon Road #04-05

Driver Address 2:

328190

Driver Postal Code:

mattlamhy@gmail.com

Driver Email:

Driver Occupation:

☒ Indoor ☐ Outdoor

Relationship to Owner:

owner

Does Driver own other vehicles:

☐ Yes ☒ No**THIRD PARTY VEHICLE OR PROPERTY**

Was there any vehicle or property damaged?:

☒ Yes ☐ No

Vehicle 1 Reg No

GBL4705L

Vehicle 2 Reg No \_\_\_\_\_

Vehicle Make/Model/Colour \_\_\_\_\_

Vehicle Make/Model/Colour \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

**INJURED PERSON DETAILS**

Was anybody injured in the accident?

☐ Yes ☒ No

If yes : conveyed by Ambulance Yes/No

ID Type:

ID: \_\_\_\_\_

Injured Person Name:

(AS PER NRIC)

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**WITNESS DETAILS**

Was there any witnesses?

☐ Yes ☒ No

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**VIDEO**

Any videos available for attachment?

☒ Yes ☐ No

TP - GBL4705L

Name - ZAR NI AUNG

IC - G6583482R



Motor Private Car

**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)

MX1/B

R SN

AN0692A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00257272201

Engine No.: CSJ005978

Cha. No.: ZHWEC2ZF9GLA04857

1. Index Mark and Registration  
Number of Vehicle

SNA989B

2. Name of Policy Holder

MATTHEW LAM HIN YUI

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

03/11/2022

(00:00:00)

Excess Sect I .

\$S\$15,000.00

Excess Sect. I (Outside Singapore)

\$S\$30,000.00

EX ON WINDSCREEN .

\$S\$500.00

4. Date of Expiry of Insurance

02/11/2023

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.

MATTHEW LAM HIN YUI

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.

HIRE PURCHASE CO. : WSJ CREDIT 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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