

Date In 14/02/2023	Job description	Time & Time Completed	Done by
Ref NO NA/CT/23001648/d4	SAS e-filing		
Yeh NO PC 8884 H	E-mail (within Mins. ADT 2hrs)		
DOA 14/02/2023	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/Wksp		

Owner/Driver: (

General Remarks:

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

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1

NA2300470 Invoice Preparation Checklist

2) DA : Damage Assessment	(\$100);	INC (\$80)
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ged Portion:	6) TR: Re-inspection	575
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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 17:56 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 21 (BESIDE PRIMARY SCHOOL)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8884H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EIZ MEDIA & TRANSPORT SERVICE
Company Reg No	5XXXX756J
Email Address	chong6217@gmail.com
Mobile Phone No	(Phone) +65-86170441
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00000832301

DRIVER

Name of Driver	AZIZUDDIN BIN MUHAMMAD
NRIC No	SXXXX006B
Date Of Birth	30/07/1961
Occupation	Outdoor

Date Of Driving Pass	29/11/1993
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86170441
Alt. Phone Number	-
Email Address	chong6217@gmail.com
Address	APT BLK 204 TAMPINES STREET 21
Address complement	# 10-1221
Postcode	520204
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	Side Swipe
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?	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	SMJ209J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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:

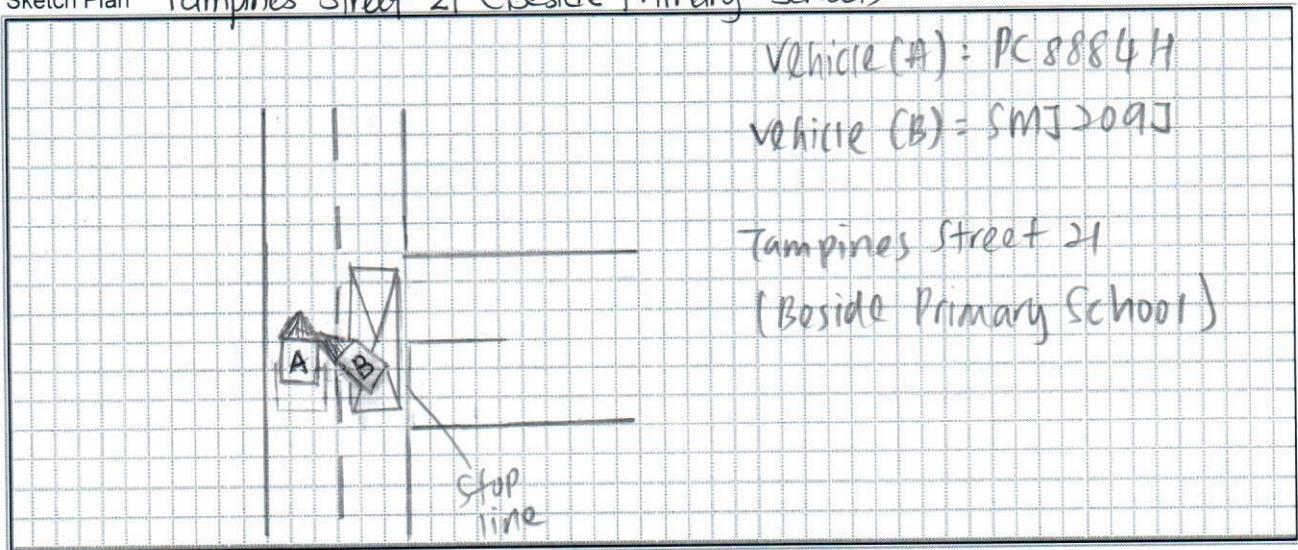
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan Tampines Street 21 (Beside Primary School)



Describe Circumstance of the Accident

Refer to attached

Declaration

I/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

[Handwritten signature]

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

[Handwritten signature] 14/02/2023

On 14.02.2023 at about 07:00 hours along Tampines Street 21 (beside Yumin Primary School). I was travelling straight on my lane at the above mentioned location and suddenly, I heard a loud bang and felt an impact. I then realised it was vehicle (B) on my right hand side coming out from Yumin Primary School without stopping at the stop line and checking the oncoming traffic condition, hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): PC 8884H

Vehicle (B): SMJ 209J



A handwritten signature in blue ink, consisting of stylized, overlapping loops and lines.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/02/2023	Time: 07:00 a.m	(hh:mm) 24 hr format
Location Tampines Street 21 (Beside Primary School).		
Vehicle Number PC 8884H		
Insured Name Eiz media & Transport Service		
NRIC / FIN 53176756J	Contact Number 9768 5416	
Make Toyota	Model Hiace Commuter	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMB1SNW00000832301		
Name of Driver Azizuddin Bin Muhammad	() Same as Insured	
NRIC / FIN 51466006B		
Contact Number 8617 0441		
Date of Birth 30/07/1961		
Driving Pass Date 29/11/1993		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address chongb217@gmail.com	() NO EMAIL	
Address of Driver Blk 204 Tampines Street 21		
#10-1221 Singapore 570204		
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (/) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle -		
Insurance Company of Driver's Own Vehicle -		
Weather Conditions () Clear (/) Raining () Others		
Road Surface () Dry (/) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (/) No		
Was anybody injured in the accident? () Yes (/) No		
If yes, injured detail -		
Was there any video captured by Car Camera? () Yes (/) No		
Was the Accident reported to the Police? () Yes (/) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SMJ 209J		
Veh C		
Veh D		
Veh E		
Veh F		

Motor Bus

MZ601

R SN

AN0580A

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.

DMB1SNW00000832301

Engine No.: 1KD2563918

Cha. No.:KDH2230025955

1. Index Mark and Registration
Number of Vehicle

PC8884H

AUTOSAFE

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2. Name of Policy Holder

EIZ MEDIA & TRANSPORT SERVICE

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

04/01/2023

Excess Sect I. S\$2,000.00

Excess Sect. II S\$750.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

03/01/2024

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : MOTOR 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: _____

ODDS: EIZEN

Authorised Officer

Authorised Signatory