

Date In	Jct description	Date & Time Completed	Done by
Ref No	SAS e-filing		
Yeh No	E-mail (within 4hrs, A/P 2hrs,		
D O A	I-Motor Claim Form		
OD/ TP/ Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insura:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKen		

referred Wksp / INC Assign Wksp / QW: (

Tel:

**Fax:**

1) Particulars:

Veh No: SGD 3998 Y. 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%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ )      Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

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

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

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

Remarks: (IN 301, line 6288-6616)	Diff. Sample completed	Done by
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Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Resurvey Photo [Repair Cost > \$3000] ( )

*Injury :*

ইসলাম

## ACTIONS

Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
NA23014aa			
Incident Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Assigned Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Items' Comments:	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON		
	* N5: Courier / Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* 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	22/05/2023 12:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Filter lane towards Bedok South Avenue 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9220L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Beng Khiaw
NRIC No	SXXXX503C
Email Address	lmsiamsoon@gmail.com
Mobile Phone No	(Phone) +65-94249851
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00006482301

#### DRIVER

Name of Driver	Tan Beng Khiaw
NRIC No	SXXXX503C
Date Of Birth	23/05/1968
Occupation	Outdoor

Date Of Driving Pass .....	26/02/1994
Driving experience .....	29 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94249851
Alt. Phone Number .....	-
Email Address .....	lmsiamsoon@gmail.com
Address .....	Blk 3 Holland Close
Address complement .....	#14-49
Postcode .....	271003
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 .....	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) .....	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 .....	Passenger
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

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 .....	SGD3998Y
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) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	Female Passenger
Phone .....	(Phone) +65-80442101
Email .....	-

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 20/05/2023	TIME OF ACCIDENT : 1920hrs
VEHICLE NO : SMY 9220 L	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Hyundai Avante	LOCATION : Filter lane towards Bedok South Ave
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : CTI	POLICY NO : DMHCSNW00006482301
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Tan Beng Khian	NRIC : S6818503C
ADDRESS : #14-49 Blk 3 Holland Close 271003	CONTACT NO : 9424 9851
EMAIL ADDRESS : linsiamsoon@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : - CONTACT NO : -
DRIVER OWNER RELATIONSHIP : -	PASSENGER : 02 MALE ( ) FEMALE ( )
DATE OF BIRTH : 23 / 05 / 1968	DRIVING PASSING DATE : 26 / 02 / 1994
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : -
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SGD 3998 Y	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME : Female Passenger
NRIC :	CONTACT : 8044 2101
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

11/10 hrs

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan

A - SMY 92204  
B - SGV 59987

Bedok South  
Ave 1



**Describe Circumstance of the Accident**

I, Tan Beng Khian (Nric No. 56818503C) would like to report an accident which happened on 20th May 2022 at the slip road leading to Bedok South Ave 1 around 1920 hours.

I was driving my ~~pa~~ lady passenger from 17A Sennett Lane to MBS and travelling along upper East coast towards Bedok South Ave 1 around 1915 hours in my ~~se~~ grab vehicle Smp 92206. Upon reaching the slip road leading to Bedok South Ave 1, I slowed down to check on the right side which is Bedok South Ave 1 on coming vehicles. It was a busy Saturday evening & the traffic was quite heavy so I stopped at the double dotted lines to wait for my chance to move onto Bedok South Ave 1.

Suddenly I felt an <sup>strong</sup> impact from my rear of my vehicle and I realised my vehicle was ~~be~~ banged on the rear by an oncoming car (SGD 3498X).

I pulled over my hand brake & approached the vehicle behind to check on the 'bang'. The owner of the vehicle Mr Edward Tan ~~was~~ greeted me with apology and said he was checking on ~~the~~ <sup>his</sup> right side for on coming vehicles and failed to check on my vehicle in front. We exchanged particulars & I told him I would claim the damages through his insurance company & he agreed.

I have ~~also~~ downloaded the rear car cam videos as evidence.

**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 (Name as in NRIC/ID card)



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

### 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)

R SN

AN0567A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00006482301

Engine No.: G4FMMU262224

Cha. No.: KMHLN41ETNU155505

1. Index Mark and Registration  
Number of Vehicle

SMY9220L

AUTOSAFE

=====

2. Name of Policy Holder

TAN BENG KHAUW

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

01/04/2023

(00:00:00)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

31/03/2024

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.

TAN BENG KHAUW

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. : HONG LEONG FINANCE 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: AUTOSHIELD PTE LTD

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

www.sg.cntaiping.com