SN08249A0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/09/2024 14:43 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/09/2024 14:43 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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 First Submission 10/09/2024 14:43 (SGT) Reported by **Actual Driver** Date of Accident 10/09/2024 07:15 (SGT) **Exact Location of Accident** Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC3806S

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RM LIMOUSINE Company Reg No 5XXXX535E Email Address tommywong1977-tw@gmail.com Mobile Phone No (Phone) +65-88176405 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 2982 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

## INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMB1SNW00006052402

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	WONG MING FATT (WANG MINGFA) SXXXX792Z 13/08/1977 Outdoor 05/04/2004 3 Valid 20 YEARS AND 5 MONTHS Male (Phone) +65-88176405 tommywong1977-tw@gmail.com BLK 640 YISHUN STREET 61 #08-188 760640 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe DRIZZLING Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name	No 2 No Yes 9 No
Translator's ID Translator's phone number	
Translator's email	F
Original language used in the statement	·
PASSENGER 1	
Name Gender	UNKNOWN Female
PASSENGER 2	
Name	KID
Gender	Female
PASSENGER 3	
Name	KID
Gender	Female
PASSENGER 4	
NameGender	KID Female
PASSENGER 5	
Name Gender	KID Male

Name Gender	KID Male
PASSENGER 7	
Name Gender	KID Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	

## DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

WITH OWNER

Vehicle Registration Number	SLT9356S
Vehicle Manufacturer	BMW
Vehicle Model	4
Vehicle Variant	4
Vehicle Colour	<u></u>
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-82184987
Address	-
Address complement	¥
Postcode	<u>u</u>
Insurance Company Name	<u>u</u>
Nature Of Damage	_
Details of property damaged in accident	<u> </u>
No. Of Passenger (Including Driver)	ω.

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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.
- By the todgement 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.
- 6. Consent under the Personal Data Protection Act (PDFA)

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' lawyara/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposa(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 cosect, 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 lawyets/py turns), 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)

Skotch Plan

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13/9/24

our local Doug AT ABOUT M:15 HOR I WAS AT BUKIT TIMBLE
SEWIND ON 7/1/K 157 LONG OF 3 LONG ROOD. IT WAS RAINED
of the Thorfic was through supprinty a CAR SL79316S
(eyinh To chowth loach to my love of Brass o Algorite
my LAFT SIDM OF my YAM DC 38605. WE GO DOWN &
EXCHANGE CANSON MUMBER THAT BE ALL.

Declaration

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

fo / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)