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Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 6	433799u	INC ()/Non-INC()		
Owner / Driver: (Tel:	1	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	· ·	
Insured/Driver Liability: (%)) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-10	00%1	
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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 Authorised 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.
- 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

phone sage branches on a contract of	ACCIDENT STATEMENT		
Date Of Report	20/07/2020 14:35		
Date Of Accident	19/07/2020 23:00		
Exact Location Of Accident	BLK 621A PUNGGOL CENTRAL OPEN SPACE CARPARK		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	CB7308X		
Insured/Policyholder			
Name Of Registered Owner	NGOH THIAM HUAT		
NRIC No	SXXXX640B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96844209		
Alternative Phone No	OFFICE-96844209		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB		
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		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	BUS		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMB1SN30623019000		
Cover Note Number			
Driver			
14 mm - 12 mm	NOON TOWNS		

NGOH THIAM HUAT Name of Driver SXXXX640B NRIC No 18/03/1953 Date Of Birth INDOOR Occupation 05/12/1988 Date Of Driving Pass 31 YEARS AND 7 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-96844209 Mobile Number Fax Number

OFFICE-96844209 Contact Number

NOEMAIL EMail Address

BLK 624C PUNGGOL CENTRAL Address

#09-328

823624 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200720/2002.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GU3379U

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

x y

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BUK 621B

Vehicle B - CB 7308X

Vehicle B - GU 3379U

BUK 621

BUK 621

BUK 621

BUK 621

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.	Repre Number: 7/20200720/2007
Mr Rohim. 6547 6437	provided by TP officer
Vehicle B - Gu 33794.	

DECLARATION

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

8 The

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

/ehicle No.	CB 7308 X Model/Make NICSAN NV 350
Date of Accident	19/07/2020
ime of Accident	2300 HRS
ocation of Accident	OPEN SPACE COMPARK VEXT TO 621A PUNCHOL CENTRAL
xact purpose use during acci	dent Stationary Park.
Name of Owner	NGOH THIAM HUGT
Telephone No.	H/P: 96844209 Home: Office:
NRIC	51069640B
Address	BUK 624 C PUNGLIOR CENTRAL #09-328 5(823 624)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	CHING TAI PING
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	DMB15N3062301900
Name of Driver	As Above If No,
NRIC	Any Passengers : ML
Date of birth	18/03/1953
Occupation	Outdoor / Indoor
Driving License Pass Date	19 sep 1973
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	Gu 3379 u Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	LERY SIDE OF WHICER
Camera Recorder	Yes /No
Email Address	
Email Address	
PARTICULAR WORKSHOP	Tuinear Areamorne Per led
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	In.
FAX NO	6741 0510





1 of 3

Report No. T/20200720/2002

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 01:04	/lade:	Vide Report No.:	Station Diary No.: 15
Informa	nt's Partic	ulars		
	Informant: HIAM HUA		Address: APT BLK 624C PUNG 823624	GGOL CENTRAL #09-328 SINGAPORE
ID Type / ID No.: NRIC NO / S1069640B		Contact No.: Home/Office: Mobile: 96844209		
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 18/03/1953	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Inform Class: 3	nation: Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2020 23:00	Type of Location: Car Park	
Location: Along Road 1 PUNGGOL C		31 K 621A			
Weather:				Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume:	
	ion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CB7308X	Bus/Coach/Mi nibus	NISSAN	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB	Silver	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
CB7308X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SN30623019 000	16/08/2019	11/12/2020	





2 of 3

Report No. T/20200720/2002

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	NGOH THIAM HUAT		of the con-	ID No		S1069640B
Related Vehicle	CB7308X (Bus/Coach/Minibus))	Conta	ct No.	96844209
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

I am the owner of vehicle with plate registration number CB7308X. On 18/07/2020, I drove the said vehicle for a while and at about 4pm, I went back home and subsequently parked it at one of the empty parking lot, located at the open space next to Blk 621A Punggol central. I wish to state that I could not remember the parking lot number where I parked my vehicle at. However, I remembered that when i left my vehicle there. I observed that everything was intact and in order. There was no visible damage on my vehicle.

On 19/07/2020, at about 2300hrs, when I went to my vehicle, i saw two traffic police officers standing in front of it. I then approached them and they informed that my vehicle was involved in a hit and run traffic accident, involving 3 vehicles. I then made a check on my vehicle and discovered that my vehicle was badly damaged. The left side of my vehicle was dented and the passenger sliding door could not be opened. I was then advised by the police to lodge a traffic accident report about the matter.

I do not have any details about the vehicle who caused the accident. My vehicle does have an in-car camera, however, the camera did not record anything if the vehicle's engine is switch off.





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3 Report No. T/20200720/2002

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD FIRDAUS BIN ABDULLAH SHAFI-IE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2020 01:04
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp	4



Motor Bus

M7601/P

AN0580A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SN30623019000

Engine No.: YD25329398A Cha. No.: JN1UC4E26Z0000343

1. Index Mark and Registration

CB7308X

AUTOSAFE -------

Number of Vehicle

NGOH THIAM HUAT

2. Name of Policy Holder

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

16/08/2019

Excess Sect I.

\$\$2,000.00

Excess Sect. II \$\$750.00 EX ON WINDSCREEN . \$\$100.00

4. Date of Expiry of Insurance

11/12/2020

- Persons or Classes of Persons entitled to drive*
- (a) The Policyholder.
- (b) 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.: LIAN HONG PTE LTD AS HP OWNER

* 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:

Ho Li H Authorised Off

Authorised Signatory



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2601/PE SN ANOSSOA Cov. Type: C AUTOSAFE

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.

DMB1SN3062301900

Engine No :YD25329398A Chassis No: JN1UC4E2620000343

1. Index Mark and Registration Number of Vehicle

CB7308X

2. Name of Policy Holder

NGOH THIAM HUAT

3. Effective date of the Commencement of Insurance for 16 AUGUST 2019 the purposes of the Regulations, Ordinance or Enactment (12:18 HOURS)

4. Date of Expiry of Insurance

15 AUGUST 2020

5. Persons or Classes of Persons entitled to drive *

(A) THE POLICYHOLDER.

(8) 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. : LIAN HONG PTE LTD AS HP OWNER

* 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

Countersigned By:

Authorised Signatory

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com