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Date In: 16/12/2020 12:09	Jeb description	Date (C1	The Company	
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Owner / Driver: (Tel:		
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SN0820CG0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/12/2020 12:01 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/12/2020 12:01 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 misropresentation or witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/12/2020 12:01 (SGT) 16/12/2020 02:30 (SGT)

PIE, Singapore TOWARDS TUAS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGS2995H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

No LIM BENG HUAT SXXXX667D weishengggg@hoymail.com (Phone) +65-96368312 +65-83227339

VEHICLE PARTICULARS

Manufacturer Model Variant

Hyundai Avante

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

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Private use

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

China Taiping Insurance Comprehensive No DMPCSN30144819000

DRIVER

Name of Driver NRIC No

LIM WEI SHENG SXXXX952H

201200	
Date Of Driving Pass	04/05/2015
Driving experience	04/03/2013
Gender	5 YEARS AND 7 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-83227339
Empli Address	. (₹)
	weishengggg@hoymail.com
	BLK 312B CLEMENTI AVENUE 4
Address complement Postcode	#03-175
	122312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	270 CT
Vehicle Registration Number of Other Vehicle Owned by Driver	No
	· ·
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	W. COLLINSON STREET
Wanther Country	No Collision
Part of the second seco	DRIZZLING
Road Surface	Wet
OTHER NAME OF THE PARTY OF THE	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident?	No
Was anybody intend in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	0.00 € 0
was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown porcental	E.
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
DETRICE OF POLICE ACTION	
Was the accident reported to the police?	Warran -
Police Station Name	Yes
	Traffic Police
■ 4.0 MARINE - 1 MARI	(Phone) +65-65470000
Dollan Station A. C.	(Fax) +65-65474900
Mos action Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
f yes, against whom?	5
CIRCUMSTANCES OF ACCIDENT	
ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20201216/7002	
ATTACHMENT(S)	
are accident photos available for attachment?	Voc
vas there any video captured by Car Camera?	Yes
Vas there any audio recorded?	No
	No.
	off control of the co

SKETCH PLAN

IMPORTANT NOTICE

- 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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

DIDhr Policyholder's Signature / Date &

locohe 16/12/20

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

Witnessed by Reporting Centre Personnel

RIGHT LANE LEFT LANE MIDDLE LANE Sketch Plan SKID ared MY CAP HER

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We declare the foregoing particulars are true in every respect.

Describe Circumstances of the April

IG 12/20 1010 HA

_ Jul 16/12/2020

ACCIDENT'STATEMENT

	OCATION: PIE TO THE (19 km)	
	1. DETAILS OF VEHICLE	н
	CIVELLICEE ANDIVIDER.	
		A TALPING
		PCSN30144819000
	dipolicy type: (COMPREHENSIVE / T	HIRD PARTY / THÍRD PARTY FIRE &THEFT)
	OJMAKE & MODEL: HYWNDAI AVA	
		N/LORRY/MOTORCYCLE/OTHERS)
40	g) VEHICLE CATEGORY: (PRIVATE / CO	OMMERCIAL / MOTORCYCLE)
**	h) PURPOSE OF USING AT ACCIDENT T	
331	I) ARE YOU CLAIMING UNDER YOUP O	
	IF NO. PLEASE STATE (THIRD PARTY C	LAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: SIE 9667	
	CIADDRESS: 112 B CLEMENTI AVENU	E 4 #03-175 S(122312)
	C/ADDRESS.	
	* CONTINUE TO 3.d IF DRIVER ALSO PO	OUCY HOLDER
o of passant		Sagr. 115 about
CONTRACTOR OF THE PARTY OF THE) diname:	(MALE / FEMALE)
iduding driv	b) NRIC/FIN/PASSPORT: \$965745	2H
icluding driv		2H
(L)	DINRIC/FIN/PASSPORT: 6965745 CIADDRESS: 3128 CLEMENT AVE	2H CONTACT: 83227339
(L)	o) DATE OF BIRTH: (17 / 10 / 19)	2H CONTACT: 83227339 NUE 4 #03-175 ((122212)
(L)	*d)DATE OF BIRTH: (17 / 10 / 19) *d)OCCUPATION: (INDOOR / OUTDOOR	2H CONTACT: 83227339 NUE 4 #03-17[((1222)2) 6)(DD/MM/YYYY) DRI STUDENT
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email. = weishengggg@ hotmail.com.





1 of 3

Report No. T/20201216/7002

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDODT	OF A	TRAFFIC	ACCIDENT

-	e Report M 20 03:35		Vide Report No.: E/20201216/0025	Station Diary No.
Informar	t's Particu	lars	A CARLO DE MORE DE SAL	
	Informant:		Address: 312B CLEMENTI AVENUE 4	#03-175 SINGAPORE 122312
ID Type /	ID No.:) / S963795	52H	Contact No.: Home/Office:	Mobile: 83227339
Nationali			Email: weishengggg@hotmail.com	
Sex: Male	Age: 24	Date of Birth: 17/10/1996	Type of Informant: Driver	Le de la Cabari Nama
Race: Chinese	1 Demi		Language: English	Institution / School Name:
Occupat			Driving Licence Information: Class:	Date of Expiry:

Type of	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Accident:	Attended by Police	No.	16/12/2020 02:30	
Location:				
DAN ISI AND	EXPRESSWAY			
- AN IODAINE	C-MINE CONTRACTOR			
Weather:		Road Surface:		Road Speed Limit: 80 Km/h
THE STATE OF THE S		Wet		Traffic Volume:
Drizzling				
Traffic Flow:	{	Traffic Control:		GG71 T0107
	<u> </u>	Not Controlled		Light Anyone conveyed by

Details of V	ernoie myo		11.11	Color	Conditio	No of
Vehicle No.	Type	Make	Model	Color	Corraino	0
SGS2995H	Car					U

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20201216/7002

CONTINUATION OF REPORT

Name	7 15 4 1 4 1 4 1 5					
Name	LIM WEI SHENG			ID No.		S9637952H
Related Vehicle	SGS2995H (Car)					
	GGCZGGGT (Gar)			Contac	t No.	83227339
Hospital/Clinic	NIL					
**	(SATANESE			Class o Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date			
No. of Days grant	ed Medical Leave	1 6 101			NIL	
to. or Days grain	eu Medical Leave	NIL	Degree of	f I	NIL	

Brief Details.

Was driving on the middle/right lane (cannot recollect) along PIE to Tuas (19km) and a vehicle was approaching from the left lane behind me, and seemed like it was approaching my lane from my rear mirror view. I made a manoeuvre to the right with my steering wheel to avoid a potential collision and the vehicle skidded and collided with barriers.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20201216/7002

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
16/12/2020 03:35

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Classification Of Case:



RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. OR INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF \$\$500.00 CHARGED TO THE CARD.

Branch Street	Class of Policy Motor Priva	te Car	Policy No.	DMPCSN30144819000
Account AND420A	Ren. Notice Date 11/01/2020		Expiry Date	
Client 3137928				4-1/95/2020
Renewal Period fro	m 12-03-2020 to 11-03-2021 , both date	tes inclusive		
Insured's Name	LIM BENG HUAT			
Address	BLK 312B CLEMENTI AVENUE 4 CLEMENTI RIDGES SINGAPORE 122312			
Business/Occupatio	n MANAGER			
Premium				
	Basic Annual Premium	8\$1,781.00	1	
	Less 5% Loyalty Discount	SS 89.05	i i	
	Less 20% Autosafe Scheme	5\$ 338.39		
	No Claim Discount -10%	\$\$ 135.36		
	Total Annual Premium	8\$1,218.20		
	Renew. Premium	591,218.20		
	Premium GST	\$\$85.27		
		1.000,000,000,000		
WEF 02.01.2019	Total THERE WILL BE NO REFUND FOR CANCELLA WINDSCREEN CLAIM DURING THE POLICY P	S\$1,303.47 TION IF THERE ERIOD,		
	THERE WILL BE NO REFUND FOR CANCELLA	TION TO PURE		
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