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SN0820CT0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 29/12/2020 18:49 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (29/12/2020 18:49 (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 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

29/12/2020 18:49 (SGT) 28/12/2020 12:22 (SGT) Bedok North Ave 3, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM886M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

MALCOLM HON CHONG YEW

SXXXX817E

hon.malcolm@gmail.com (Phone) +65-98988886

+65-98988886

VEHICLE PARTICULARS

Manufacturer

Model Variant

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

Lexus

Rx300

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

DMPCSNW00184572000

DRIVER

Name of Driver NRIC No

MALCOLM HON CHONG YEW

SXXXX817E

Date Of Driving Pass 28/02/2017 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98988886 Alt. Phone Number +65-98988886 Email Address hon,malcolm@gmail.com Address BLK 533 WOODLANDS DRIVE 14' Address complement #04-575 Postcode 730533 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 Side Swipe Weather Conditions Clear Road Surface Dry 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 material 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 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 SKETCH PLAN ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7521L Vehicle Manufacturer Toyota Vehicle Model Prius Vehicle Variant Vehicle Colour Vehicle Category Taxi LOW SHICK TONG Name of Driver NRIC No SXXXX709B (Phone) +65-96719892 Contact Number Address Address complement

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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
- (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
- (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.

24/12/20 11494

Policyholder's Signature / Date & Time

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

Sketch Plan

BEDOK NORTH AVENIN 3

Witnessed by Reporting Centre Personnel

A) Smm 886m B) SHB 7521L

Describe Circumstances of the Accident	
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Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

20/12/20 /1494

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ACCIDENT STATEMENT

LOCATION: BOOK NORTH AVE 3 1. DETAILS OF VEHICLE OJVEHICLE NUMBER: SMM 886 M DJINSURANCE COMPANY: LIMIT TRIPD PARTY THE ETHEFT OJPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE ETHEFT OJMAKE & MODEL: LEWY LAT JOHN AND THIRD PARTY FIRE ETHEFT OJMAKE & MODEL: LEWY LAT JOHN AND ARTY FIRE ETHEFT OJMAKE & MODEL: LEWY LAT JOHN AND ARTY FIRE ETHEFT OJVEHICLE CATEGORY: (RENATE) COMMERCIAL / MOTORCYCLE / OTHERS) IJAREY OU CLAIMING UNDER YOUR OWN INSURANCE (MESTADO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / EPORTING ONE) 1. INSURED / POLICY HOLDER ANAME: MAINING HART LIMIT LATE LY TOURS (MALE / FEMALE) DJNRIC/FIN/PASSPORT: CONTACT: CONTACT: OJADRESS: J. LONG AND		ACCIDENT	DATE: (28)	12,2010	DD/MM/YYYY)	, TIME: 12	22	(HH:MM)
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CIPOLICY NUMBER: DM PO 1547000 dipolicy type: (Comprehensive) third party / third party fire & thefi) e) Make & Model: 200		all	EHICLE NUMB	ER:				**************************************
9/VEHICLE CATEGORY: (REIVATE) COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 0 M		c]P d]P e]M	OLICY NUMBER OLICY TYPE: (d NAKE & MODE	OMPREHENSIN	EV THIRD PART	47720 Y/THIRD P.	ARTY FIRE	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / EEPORTING OND) 2. INSURED / POLICY HOLDER ANAME: MAIGHT for Chors yer (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 64366117 CONTACT: GEGETIE C)ADDRESS: 1 AD MONE IV # 94-375 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: MALE / FEMALE) DRIVER G)NAME: MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: **d)DATE OF BIRTH: (24 / W/ MALE / JOD/MM/YYYY) e)OCCUPATION: (INDOOR A OUTDOOR) I)DATE OF DRIVING PASS IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OF THE INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	196	g)V h)Pi	EHICLE CATEG URPOSE OF USI	ORY: (PRIVATE)	COMMERCIAL ONT TIME: 0	L/MOTOR	CYCLE	HEKO]
C)ADDRESS: ST JONANG JONE 14 404-575 "CONTINUE TO S. d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: C)ADDRESS: "d)DATE OF BIRTH: (29 / W/ MAK)(DD/MM/YYYY) e)OCCUPATION: (INDOOR A OUTDOOR) I)DATE OF DRIVING PASC 28/02/2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROAD SURFACE: (DR) / WET AOTHERS 6. WAS ANYBODY INJURED (YES ANO) 7. DIREPORTED TO POUCE (YES ANO) IF YES, PLEASE STATE WHICH POLICE STATION:		2. INSU AJN	NO, PLEASE STA IRED / POLICY AME: MAIG	TE (THIRD PAR) HOLDER IM HON C	Y CLAIM / REP.	ORTING ON	AUE / FEM	And the second second
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email = hon malcolns @ gmail won





Motor Private Car

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CERTIFICATE OF INSURANCE

otor Vahicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vahicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00185472000

Engine No.: 8AR4182233

Cha. No.:JTJBAMCA202092165

1. Index Mark and Registration

SMM886M

Number of Vehicle

2. Name of Policy Holder

MALCOLM HON CHONG YEW

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:90:00)

09/12/2020

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25

5\$3,000.00

4. Date of Expiry of Insurance

08/12/2021

Ex Sect. 1 - Age >= 26

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 ensotment or regulation in that behalf from driving the Motor

6. Limitations as to use.*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Walver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Wear. Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: HL BANK

* 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: Zhong YueQiang Authorised Officer

Authorised Signatory