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Confirmed by (   Date:   Time:   )	the state of the s		W W	Tcl:	٠	)	
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SN092114000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 13:50 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/01/2021 13:50 (SGT))



# 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
- 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 aforesaid.

## ACCIDENT STATEMENT

Date of Submission 04/01/2021 13:50 (SGT)
Date of Accident 02/01/2021 10:20 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information KJE TWDS BKE EXIT WOODLANDS
Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

BMW

Vehicle Registration Number SMH7520Z

#### INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 TAN LI PING

 NRIC No
 SXXXX174C

 Email Address
 DANNYSKYEO@GMAIL.COM

 Mobile Phone No
 (Phone) +65-83832765

 Alternative Phone No
 +65-83832765

## VEHICLE PARTICULARS

Model 318i

Variant 
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 - Claiming third party

Vehicle Category Private car

Manufacturer

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Comprehensive

No

DMPCSNA00029742001

#### DRIVER

Name of Driver TAN LI PING
NRIC No SXXXX174C

Data Of Driving Base	05/02/2001
Date Of Driving Pass	05/03/2001
Driving experience	19 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83832765
Alt. Phone Number	+65-83832765
Email Address	DANNYSKYEO@GMAIL.COM
Address	BLK 466C SEMBAWANG DRIVE #20-343
Address complement	
Postcode	753466
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	1007
73//0/37/109/0/3/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	¥
Insurance Company of Other Vehicle Owned by Driver	29
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
Road Surface	vvet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
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Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
CHARGE STATE OF THE STATE OF TH	VALUE AT 700000
Vehicle Registration Number	PC2446D
Vehicle Manufacturer	<del>X</del>
Vehicle Model	***
Vehicle Variant	
Vehicle Colour	<u>.</u>
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMAD SHAAFIQ BIN A SAID SULAIMAN
	SXXXX945B
	4 J 4 J 4 J 4 J 4 J 4 J 4 J 4 J 4 J 4 J
Contact Number	(Phone) +65-98763727

Address

Address complement

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

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TAN LI PING
Address	-
Address Complement	
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMH7520Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

## **IMPORTANT NOTICE**

- 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 Authorised Driver.
- 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.
- 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.
- 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 personal information to all insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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:
  - (i) 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.

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Policyholder's Signature Date & Time: 弟

Orlver's Signature (If driver is not the policyholder) Date & Time: #

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS	DRIVING ALONG KIE TOWARDS BKE ZXLI
MOODUH	US. IT WAS RAINING HEAVILY T WAS NOT
MOVING	DUE TO LOW VISIBILITY AND HEAVY
TRAFFIC.	SUDDENLY VEHICLE DC 2446D HIT INTO M
BACK.	
	W

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

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.:





Motor Private Car

MX1E

SN

AN0667A Cov. Type:C

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.

DMPCSNA00029742001

Engine No.: F0211271B38B15A Cha. No.:WBA8E36070NT39416

1. Index Mark and Registration

SMH7520Z

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAN LI PING

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

18/03/2020

Named Drivers Ex Sect. 1

S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

17/03/2021

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 \* 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 enactment or regulation in that behalf from driving the Motor Vehicle.

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 Waiver 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 Year.

HIRE PURCHASE CO.: STANDARD CHARTERED BANK(S)LIMITED 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: Lim Lee Choo **Authorised Officer** 

**Authorised Signatory** 

ACCIDENT STATEMENT

	ACCIDENT DATE:	2,01,2021 1100	/MM/YYYYI TIA	AE: 10 . 2	0
	LOCATION: KJ	E TOWARDS	BKE E	EXIT W	OODLANDS
	DETAILS OF VEH     a) VEHICLE NUI	HICLE MANUEL S'MH 750	al .		
	b)INSURANCE C	COMPANY: "CHINE	+ STAIRNG	12001	(9.1
	g) VEHICLE CATE h) PURPOSE OF L	COMPREHENSIVE / COUPE / MPV /V A GORY: (PRIVATE) COUPE / SING AT ACCIDENT	HIRD PARTY / TO	HIRD PARTY F DTORCYCLE / MOTORCYCLE	3
	IF NO, PLEASE S	AING UNDER YOUR C	OWN INCHES	E America	
	AINAME: TAN	PORT: STATE	,	/ ( <del>MALE /</del> F	
	CIADDRESS: BLK	466C SEMBLE TILL	ANHAG DRI	NTACT: 835	32765
THE of passon		d IF DRIVER ALSO PO	DUCY HOLDER	1/4	
(Including din	C)ADDRESS: BIK	ORT: 579 17172 4666 SEMBAL CAPINE 75346	AIM M DIS	MATE/FE VIACT: 838 JE #10-	3276
	*O)DATE OF BIRTH:  **O)OCCUPATION: ((  **f)YEARS OF DRIVIN	NDOOR OUTDOOR	LIGO/MM/YY		
	". WAS DRIVER AN	MPLOYEE OF THE	INSURED'S CO	MPANY? ( <del>YE</del> RED:	9 ( NO)
	6. WAS ANYBODY IN II	IDED (VE) / OTHERS	IING OTHERS_		
10	7. a) REPORTED TO PO IF YES, PLEASE STA' 8. THIRD PARTY VEHICL	E WHICH POLICE ST	ATION:		
the of passenger fucluiting driver	a) VEHICLE NUMBE  DRIVER'S NAME	p. Pr ) 44 h D	SHAAFIQ B	IN 9 SAID	HIACE
to of provenge	d) VEHICLE NUMBER	E R:	BCONT	АСТ <u>: 9876</u>	372]
Inducting drive	DRIVER'S NAME:		CONT		777 291
	2	53	27		

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fax =