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\$N0821110001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/01/2021 11:14 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/01/2021 11:14 (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 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

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 18/01/2021 11:14 (SGT) Date of Accident 15/01/2021 12:25 (SGT) **Exact Location of Accident** Ubi Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW7353T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH BOON TONG NRIC No SXXXX566B **Email Address** josoh213@gmail.com Mobile Phone No (Phone) +65-98168537 Alternative Phone No +65-94232373

VEHICLE PARTICULARS

Manufacturer Mercedes Model B180 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00054922000 Cover Note Number

DRIVER

Name of Driver SOH SYAN HUI (SU XUANHUI) NRIC No SXXXX361E

Date Of Driving Pass	20/04/1992
Driving experience	28 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94232373
Alt. Phone Number	(1 110110) 100 01202070
Email Address	icach212@gmail.com
Address	josoh213@gmail.com
	77 ENG KONG PLACE
Address complement	
Postcode	599151
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
of the state of th	-
Insurance Company of Other Vehicle Owned by Driver	erii
,	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	A # 1 = 1 = 1 = 1
	Collision - Head to Rear
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?	7.0-
	-
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	
DETAILS OF POLICE ACTION	
Was the assident remarked to the malice?	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
DI FACE DEFED TO CVETCU DI ANI	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Ver
	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GX2220J
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Commorpial vohicle
Name of Driver	Commercial vehicle
Contact Number	•
	
Address	•
Address complement	-
Doetondo	

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

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.
- 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 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.
- S. 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)
 - (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 collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.

Signature

Date & Time:

Driver's Signa

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No .:

Vehicle	A	13	SFT	73537
Vehicle				

AAB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I relicie A (SFT 73537)
was stationary before the traffic light. Suddenly I
felt an impact and realised that vehicle B (GX 22203) hit onto my car rear portion.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's St

Name:

Date of Accident	: 15 1 2021 Accident Time: 1225 (24-HR-Format)
Accident Place	: Along Ubi Road 1
Vehicle. No. (Car Plate No.)	SFTN7353T Make/Model: Mercs
Insurace Company	: China Taiping Policy No: DMPCS NW 000549 2200
Owner or Company Name IC No.	: Soh Boon Tong SO211566B
Owner or Company Contact No.	: 98168537 Owner's Hp Company Tel
DRIVER'S Name / IC No.	Soh Syan Hui S7301361 E
DRIVER'S Date Of Birth	: 7/1/1973 DRIVER'S License Pass Date 20/4/1992
Relationship of Owner & Driver	: Spouse \ Parents (Children) Sibling \ Employee\ Others:
DRIVER'S Address	: 77 Eng Kong Place S(599151)
DRIVER'S Contact No./ Alt No.	(1) 94232373 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	josoh 213 @gmail.com
Weather & Road Surface	CLEAR & DRY RAINING & WET LAFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ea Exact purpose for which vehicle was Any Injury (If YES, PIs state):	r camera: YES NO s being used at the time of accident: Private use Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: GX 2220J	Vehicle, No:
Vehicle Make Model:	Vehicle Make Model:
Name Driver:	
IC No. Driver Contact:	

* NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1E

SN

AN0450A Cov. Type:C

CERTIFICATE OF INSURANCE

olor Vehicles (Third-Party Risks and Compensation) Act (Chariter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1927 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00054922000

Engine No 27091030307027 Cha. No :WDD2462422J221526

Index Mark and Registration

Date of Expiry of Insurance

SFW7353T

AUTOSAFF __________

Number of Vehicle

Name of Policy Holder SOH BOON TONG

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

26/05/2020

Named Drivers Ex Sect. 1

\$\$500.00

Additional Ex Other than Named Drivers:

25/05/2021

Ex Sect I - Age <= 25

\$\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

\$\$100.00

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

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 The policy does not cover use for line of reward fundor driving test racing page-making, re-equity that, speed-testing, the paring 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 \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Piecs and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysin) are not to be encluded under these boadings

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:

INXPIRE N SOLUTIONS Authorised Officer

Authorised Signatory