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SN0821210006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/02/2021 16:42 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/02/2021 16:42 (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
- 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	01/02/2021 16:42 (SGT)
Date of Accident	28/01/2021 13:40 (SGT)
Exact Location of Accident	Toh Dr, Singapore
Additional Location Information	<b>3</b>
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

SJQ9671X

INSURED/POLICYHOLDER	
Is company?	No No
Name Of Registered Owner	JESSICA WU QING XUAN
NRIC No	SXXXX290B

Email Address jonathan chua95@hotmail.com Mobile Phone No (Phone) +65-97114131

+65-97114131 Alternative Phone No

#### VEHICLE PARTICULARS

Vehicle Registration Number

**BMW** Manufacturer Model 630i Variant

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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Private car

No - Claiming third party

#### INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy DMPCSNW00056922001 Policy Number Cover Note Number

#### DRIVER

CHUA YE HAO JONATHAN Name of Driver NRIC No SXXXX595E

Date Of Driving Pass	12/01/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-97114131
Alt. Phone Number	-
Email Address	jonathan_chua95@hotmail.com
Address	6 CHIN TERRACE
Address complement	-
Postcode	509877
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Tomos regionation rumber of other vehicle owned by briver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N <sub>e</sub>
	No
Number of vehicles involved in the accident	0
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)	0
Has the driver been approached by unknown person(s)	N .
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Weether assident reported to the nation?	V.
Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND POLICE REPORT T/202101	28/2092 AND WITNESS POLICE REPORT T/20200130/7007
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
Vehicle Registration Number	SLK8723U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
	1
Vehicle Colour	
Vehicle Colour Vehicle Category	Private car

Address	_
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- 5
	-

### WITNESS DETAILS

WITNESS 1

 Name
 CHEW SWEE LEONG

 Phone
 (Phone) +65-88338385

 Email
 danielchew8343@hotmail.com

#### SKETCH PLAN

#### 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 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

Dri Ven A: SLQ 9671X Ven B: SLK 8723 U 2 hin Terrace

## Describe Circumstances of the Accident

On the stated date and time, an the stated venue, my
Wellicia A was parked. Around 2:40 pm 1 saw that my vehicle
On the stated date and time, on the stated venue, my  Nehicle A was parked. Around 2:40 pm   saw that my vehicle  rear-left portion was damaged. I later found a note on my  windscreen stating that vehicle B had hit onto my vehicle  and fled the scene, I called the number on the note and
winder sen station that welling & had lit out my watere
and flat the coase I solled the state of the state of
and They the scene, I called the number on the note and
understood from him that vehicle B had hit my vehicle
understood from him that vehicle B had hit my vehicle reporteft portion and drove off. The witness name is Checo Sure Cong and he is willing to be a witness for this accordent.
Sure land and he is will a to be a vitues for this accident
2007 Cary 110 10 13 William 40 m2 on William 100 41113 WEELENIN .
Police autol 1/20210128/2092
N17488 Police PAPORT 1/20210130/7007
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## Declaration

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

Personnel

Date of Accident	: 28   1   2021 Accident Time: 1340 4R (24-HR-Format)
Accident Place	: 1 Toh Drive
Vehicle. No. (Car Plate No.)	:SJQ19671X Make/Model: BMW 630I A
Insurace Company	:_ Chin a Policy No:
Owner or Company Name /IC No.	: Jessica Wu Qine Xuan (57378290B)
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Chua re Hao Jonathan (S952 595E)
DRIVER'S Date Of Birth	: 24 6   1995 DRIVER'S License Pass Date 12   1   2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: nepwo
DRIVER'S Address	: 6 Chin Terrace (509877)
DRIVER'S Contact No./ Alt No.	:1) 97114131 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: jonathan_ Chuq45@hofmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WEP \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including Dr	iver):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SLK 8723 (	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:





1 of 3

Report No. T/20210128/2092

Pole 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 ACCII	DENT

Date/Time Report Made: 28/01/2021 16:44			Vide Report No.:	Station Diary No.: 86	
Informa	nt's Partice	ulars			
Name of Informant: CHUA YE HAO, JONATHAN			Address: 6 CHIN TERRACE SINGAPORE 509877		
ID Type / ID No.: NRIC NO / S9521595E		95E	Contact No.: Home/Office: Mobile: 97114131		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 25 24/06/1995		A TOTAL CONTROL OF THE PARTY OF	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:	

	mation of the Accide	Drink	Date/Time of	Type of Location:
Type of Acddent:	Non-Injury Hit and Run	Drive:	Accident: 28/01/2021 13:40	Straight Road
Location:				
TOH DRIVE				
Weather:		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
				Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJQ9671X	Car	BMW	6311	Silver	Slightly Damaged	0
SLK8723U	Car	HONDA	Vezel			0

1 401	
Det s of Person Involved	
Any redestrian Involved: No	
No.of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/202 1 128/2092

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

Name	CHUA YE HAO, JONATHAN			ID No		S9521595E
Related Vehicle	Miles			Contact No.		97114131
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the 28/01/2021 at around close to 3pm, I saw a piece of paper on my car. The paper stated that someone had saw a Honda Vezei SLK8723U hit my car and drove off. This witness saw it at 1.40pm and that he can be contacted at 88338385 (Daniel). I called him up and he told me that the driver was reversing and wanting to park behind me but the car had hit onto my left rear side of my car. I made a check and discovered that there was a long scratch and dent on the left rear side of my car.

There is no camera in my car.





3 of 3

Report No. T/20210128/2092

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

Sketon Plan

Informent 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 Informant: Signature Of Officer Recording The Report: Sr Staff Sgt WONG TING CHIEN

Date/Time: Signature Of Interpreter: 28/01/2021 16:44 Not applicable

Classification Of Case: Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN SINGAP

Authentication Stamp NP168

Contact No.: 65476079





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210130/7007

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2021 11:47		ade:	Vide Report No.:	Station Diary No.:		
Informant'	s Particu	lars				
Name of Informant: CHEW SWEE LEONG		G	Address: 574B WOODLANDS DRIVE 16 #11-750 SINGAPORE 732574			
ID Type / ID No.: NRIC NO / S8310235G			Contact No.: Home/Office:	Mobile: 88338385		
Nationality: SINGAPOR		N	Email: DANIELCHEW8343@HOTMA	AIL.COM		
Sex: Male	Age: 37	Date of Birth: 03/04/1983	Type of Informant: Witness			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: sales			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drive:	Date/Time of Accident: 28/01/2021 13:40	Type of Location Straight Road
Location:				
TOH DRIVE				
Weather:		Road Surface:	Ro	ad Speed Limit:
Drizzlina		Mot		
Drizzling Traffic Flow: Two Way		Wet Traffic Control: Not Controlled		affic Volume: Traffic

Details of V	ehicle Invo	lved	WHAT AFTER DATE.		Martin Properties	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLK8723U	Car					0
SLQ9671X	Car					0





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

2 of 3 Report No. T/20210130/7007

CONTINUATION OF REPORT

#### Brief Details.

On the stated date and time I witness an accident that occurs on the stated venue. A vehicle SLK8723U was travelling along the stated venue and hit onto a parked vehicle SJQ9671X. I saw the left portion of SLK8723U hit onto the left rear portion of the parked vehicle SJQ9671. The vehicle did not stop and fled the scene. I took down his vehicle number and left a note to the owner of the parked vehicle. Shortly i left the scene too.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210130/7007

CONTINUATION OF REPORT

Sketch Plan

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.
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2021 11:47
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp NP168

# Dear Owner,

I saw a Honda Vezel carplate (SLK87230)
hit your car and drive away.
You can contact me @ 88338385 if you need witness.

Daniel 1.40pm 27/01/21





Motor Private Car

MX1E

R SN

AN0472A

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.

DMPCSNW00056922001

Engine No.: N52B30A07866581 Cha. No.:WBAEK32010B742195

1. Index Mark and Registration

SJQ9671X

**AUTOSAFE** 

Number of Vehicle

Name of Policy Holder

JESSICA WU OING XUAN

Named Drivers Ex Sect. I

\$\$2,500.00

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

02/06/2020

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

01/06/2021

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

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

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

Persons or Classes of Persons ontitled 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.

Accident

Hotline: 96214666

24 Hours / 7 Days

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.

\* 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 SecrevingURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST. 93 #01-198 SINGAPORE 528840 <

TEL: 6344 9990 FAX: 6342 9088 / 6314 7554

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**Authorised Signatory** 

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

**6222 1033** 

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**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	290B
Vehicle No.:	SJQ9671X
Vehicle to be Exported:	No
ntended Deregistration Date:	28 Feb 2021
/ehicle Make:	B.M.W.
/ehicle Model:	630I A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	N52B30A07866581
Chassis No.:	WBAEK32010B742195
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	\$50,807.00
Original Registration Date:	01 Mar 2008
First Registration Date:	02 Jun 2009
Transfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$50,807.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	31 May 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$39,563.00
COE Rebate Amount:	\$32,639.00
Total Rebate Amount:	\$32,639.00

The information contained herein is correct as at 01 Feb 2021