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Owner / Drivers (Tcl;
	Perlod: () Cover Type: ().
Confirmed In . (Dates, Times
Insured/Driver Liability: (%)) [Note-Est Sinus (WO): N: 0-20%; P: 21-79%. P: 80-100%]
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SN0821240002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/02/2021 14:44 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/02/2021 14:44 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

04/02/2021 14:44 (SGT) 03/02/2021 16:30 (SGT) 252 North Bridge Rd, Singapore 179103 BASEMENT CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJY3385U

INSURED/POLICYHOLDER

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

No TAN CHEE CHEN SXXXX748Z doantzh@gmail.com (Phone) +65-91828983 +65-81125168

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 Hyundai 130

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance Comprehensive DMPCSNW00170042000

DRIVER

Name of Driver NRIC No

TAN ZI HAO, DOAN SXXXX688A

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	05/11/2020 3 MONTHS Female (Phone) +65-81125168 - doantzh@gmail.com BLK 683A EDGEDALE PLAINS #12-705 - 821683 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SMF7703Z Private car

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 Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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) of:
 - 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.

Policyholder's Signature Date & Time:

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

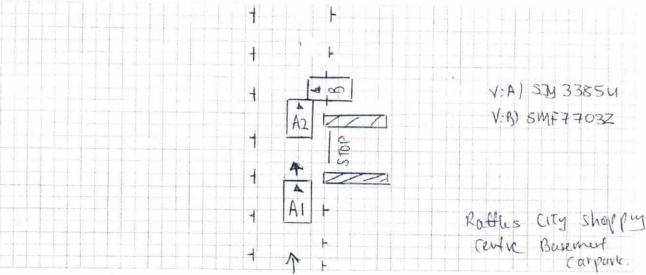
Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Hated date and time, I vehicle it' was
trouble and the second
travelly on the started venue. I was travelly stranged
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in my lane towards the exit. Suddenly a vehicle
)
abruptly came out from it's parking lot and collided
Grand in tale of final welst and a larger 7 at and
against my vehicle front right portion. shortly I got out
of my while having the intention to take the accident scene
photo, however the driver advise me to reverse my vehile
Duri Alley recovery T their net and to take it desha
first. After veversing, I then got out to fate the photos.

DECLARATION

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.:

CHARRIO SkotchPlank_rm, V2

Email: sm@idac.com.sg Tel no: 6555 6888 *If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 03/02/2021 (dd/mm/yy) Time of Accident: (24-HR-FORMAT) Vehicle No. : SJY 3385 U Vehicle Make & Model / Engine (cc): Hyundai FD i30 1591cc Private Hire: (Y/N) Exact location of Accident: Raffles CITY SHOPPING CENTRE BASEMENT CARPARK Policyholder's Name / IC No.: TAN CHEE CHEN S1747748Z Driver's Name / IC No.: TAN ZI HAO, DOAN __ (As Above) Driver's Contact No. : 8112 5168 Company Contact No / Owner Contact No: 9182 8983 Driver's Address: 683A EDGEDALE PLAINS #12-705 S821683 Owner Email address : doantzh@gmail.com _____Insurance Company: China Taiping Driver Email address : doantzh@gmail.com Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: CHILDREN What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ V Outdoor Was being used at time of accident? ✓ Private use / Work purpose *No. of Passengers (Including Driver): 01 *Passanger Name: Gender: *Passanger Name: _ Gender: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / ✓ No Any Injuries: Yes / V No (If YES) Injured Person' Name: _____Injured Person in Which Vehicle: ____ Injuries Sustain: Police Report filed: Yes / V No (If YES) Which Police Station: The Other Party(s) Details: Driver's Contact No: ______Insurance Company : Vehicle No: 2. Driver's Name / IC No (If Any): Driver's Contact No: _____Insurance Company : *Independent Witness (If Any): ______ Contact No: _____

Preferred Workshop Name: ______ Contact No:



Motor Private Car

N SN AN0679A

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.

DMPCSNW00170042000

Engine No.: G4FCAU871160

Cha. No. KMHDC81DMAU080793

1. Index Mark and Registration

Number of Vehicle

SJY3385U

AUTOSAFE

Name of Policy Holder

TAN CHEE CHEN

Effective date of the Commencement of Insurance for the purposes of the Regulations. (11:39:47) Ordinance or Enactment

13/1 1/2020

Named Drivers Ex Sect. I

88550.00

Additional Ex Other than Named Drivers:

\$\$3,000.00

Ex Sect 1 - Age <= 25

\$\$500.00

Ex Sect 1 - Age >= 26

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

Date of Expiry of Insurance

12/11/2021

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-lesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Molor 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 \$\$500 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.: ABWIN PTE LTD

*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

ABWIN PTE LTD

Authorised Officer

Authorised Signatory