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SN08212A0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/02/2021 16:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/02/2021 16:19 (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

10/02/2021 16:19 (SGT) 10/02/2021 09:00 (SGT) Geylang East Central, Singapore SLIP ROAD TOWARDS ALJUNIED ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV8884T

Honda

Shuttle

Employment

INSURED/POLICYHOLDER

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

Yes JOO HENG PLASTICS TRADING 5XXXX688J benson.jhp@gmail.com (Phone) +65-90072668 (Office) +65-65422776

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

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

No - Claiming third party

Commercial vehicle

China Taiping Insurance Comprehensive DMPCSNW00150042000

NG CHEE KOON, BENSON SXXXX099I

Date Of Driving Pass	15/01/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
-Mobile Number	(Phone) +65-90072668
Alt. Phone Number	-
Email Address	benson.jhp@gmail.com
Address	BLK 1 PINE CLOSE #15-173
Address complement	Billional St. Bill St. Sattlement Control and Control
Postcode	390001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	
Type of Accident Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Nodu Surface	Dry
OTHER INFORMATION	
West and familiar valids in the distribution of	24
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
	2
Was anybody injured in the Accident? 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)	9.
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 AND ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJH2234T
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	E
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	4
Contact Number	-
Address complement	0=
Address complement	-

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 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.

rolder's Signature / Date & eng plasty

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

A= SMV 8884T B= SJH2234T Slip road of Geylang East Control towards Aljunied Road

Refer to attached

Declaration

We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

On 10.02.21 at about 09:00 hours at slip road of Geylang East Central towards Aljunied Road. While I was stopping at the above slip road waiting for oncoming traffic to clear, suddenly I heard a loud bang from behind. I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SMV8884T

Vehicle (B): SJH2234T



gul wolod 2021

SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/02/21 Time: 09-00 (hh:mm) 24 hr format
Location Slip road of Geylang East Central foweres
Aljunical Road
Vehicle Number SMV 8884 T
Insured Name Joo Hery Plastics Trading
NRIC /FIN 5299 / 688 J Contact Number 65422776
Make Hovela Model Shuttle
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: ($\sqrt{\ }$) Third Party () Reporting
Insurance Company Ching Taiping
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMPCSNW00 150042000
Name of Driver Ng Chee Cour, Bouson ()Same as Insured
NRIC/FIN 58100991 Contact Number 9007,2668
Date of Birth 52/01/1981
Driving Pass Date (5/01/2003
Occupation () Indoor (V) Outdoor
Gender (V) Male () Female
Email Address benson. JHP@gmcil. Com ()NO EMAIL
Address of Driver BIK I Pine Close
#15-173 5(390001)
Was driver an employee of the Insured's Company? (\sqrt{Yes} () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others
Weather Conditions (\(\subseteq \) Clear () Raining () Others Road Surface (\(\super \) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes () No
If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B 51H 223 + T
Veh C
Veh D
Veh E
Veh F

Driver Ory



中国太平保险(新加坡)有限公司

Motor Private Car

MX4F N

AN0679A

SN

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00150042000

Engine No.: GK82103631

Cha. No.:L15B6024194

1. Index Mark and Registration

Number of Vehicle

4. Date of Expiry of Insurance

SMV8884T

2. Name of Policy Holder

JOO HENG PLASTIC TRADING

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

16/10/2020 (11:08:52)

Named Drivers Ex Sect. I

\$\$500.00

15/10/2021

Additional Ex Other than Named Drivers:

\$\$3,000.00

Ex Sect. 1 - Age <= 25 Ex Sect. I - Age >= 26

\$\$500.00

* Age as at date of accident

EX ON WINDSCREEN

\$\$100.00

Persons or Classes of Persons entitled to drive" Any person who is driving on the Policyholder's order or with their 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 nire 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\$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.: MAYBANK SINGAPORE LIMITED

* 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

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

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