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SN09212Q0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/02/2021 10:41 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (26/02/2021 10:41 (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 <u>completed</u> 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	26/02/2021 10:41 (SGT)
Date of Accident	09/02/2021 12:09 (SGT)
Exact Location of Accident	524 Tampines Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4297K	
INSURED/POLICYHOLDER		
Is company?	No	
Name Of Registered Owner	GOH BOO SENG	

SXXXX084I NRIC No Email Address GOHBOOSENG65@GMAIL.COM Mobile Phone No (Phone) +65-96300553

Alternative Phone No +65-96300553

VEHICLE PARTICULARS

Manufacturer Honda Model Freed Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Private hire Vehicle Category

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No DMHCSNW00000172100 Policy Number Cover Note Number

DRIVER

Name of Driver **GOH BOO SENG** SXXXX084I NRIC No Date Of Birth 03/12/1965 Occupation Outdoor

Date Of Driving Pass	07/02/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-96300553
Alt. Phone Number	+65-96300553
Email Address	GOHBOOSENG65@GMAIL.COM
Address	BLK 65 CIRCUIT RD #09-363
Address complement	E
Postcode	370065
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	
,	
Insurance Company of Other Vehicle Owned by Driver	*
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry
Troud Guildee	ы
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?	-
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	
Weethe encident reported to the police?	Ma
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
Vehicle Degistration Number	CHC100V
Vehicle Registration Number	SH6188K
Vehicle Manufacturer	•
Vehicle Model	•
Vehicle Variant	•
Vehicle Category	- Taxi

Taxi

•	Accident	report	SN092	12Q00	02
(E)	Accident	report	SN092	120	200

Vehicle Category

Name of Driver
Contact Number

Address complement

Insurance Company Name

Address

Postcode

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.
- 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)

Lunderstand, 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

Sketch Plan

esc	cribe Circumstances of the Accident
	I was travelling along Blk 524B Tampines Ave 9. Vehicle B was
io	front of me then he stopped and the pick-up I drop-off point to drop
ìs	passenger. When I was passing by, vehicle B's passenger suddenly open
the	door and hit onto the left portion of my vehicle.
-	

Declaration

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

Policyholder's Signature Date &

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

Witnessed by Reporting Centre Personnel



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

SN

AN0236A

Cov. Type:C

CERTIFICATE OF INSURANCE or Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) fotor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00000172100

Engine No.: LEB5644978

Cha. No.:GB71103381

1. Index Mark and Registration

SMR4297K

AUTOSAFE

Number of Vehicle

4. Date of Expiry of Insurance

2. Name of Policy Holder

GOH BOO SENG

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

03/01/2021

Excess Sect I.

(00:00:00)

Excess Sect. I (Outside Singapore)

S\$2.500.00

02/01/2022

Excess Sect. II Excess Sect.II (Outside Singapore). S\$1,250.00

EX ON WINDSCREEN .

\$\$2,500.00 S\$100.00

5. Persons or Classes of Persons entitled to drive

As per Named Driver(s) stated below.

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.

GOH BOO SENG

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: INDEX CREDIT 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: TAI KENG INSURANCE AGENCY 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

Q63896111

6222 1033

www.sg.cntaiping.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- * Complete and submit this form to the individual insurance authorised reporting centre.
- * Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- *
- Any false reporting may be referred to the traffic police department for investigation.

Mark Action Control	ACCIDENT DETAILS	
Date of accident	09/02/2021	(DD/MM/YY)
Time of accident	1209	(HH:MM)
Exact location of accident	At the pick up 1 drop off point between Blk Blk 523D Tampines Ave 9	524B and

的现在分词 第二次 100 mm (100 mm)		DETAILS OF	VEHICLE		1080481	
Vehicle registration number	SMR 429	17K				
Vehicle make and model	Honda F	reed	A51			
Type of vehicle	Saloon 🗆	MPV 🗆	CRV	□ Van		
	Lorry 🗆	Bus 🗆	Moto	rcycle 🗆	Others:	
Vehicle category	Private 🗷	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your	Yes 🗆	No 🗆	if no, ple	ase select:		
own insurance company?	Third part of	laim 🗆	Reportin	g only 🗆		

。在第一节的基本操作性的。	INSURANCE IN	FORMATION	
Insurance company	China Taipina		
Policy number	7 0		
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

INSURED / POLICY HOLDER				
Name	Goh Boo Sena		Male 🗹	Female 🗆
NRIC / Fin / Passport number	S1719084I			
Contact	9630 0553			
Address	Blk 65 Circuit	Road #09-363	8(370065)	

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	
Name	/	Male □	Female 🗆
NRIC / Fin / Passport number			
Contact			
Address			
Email address	gohbooseng 65@gmail.com		
Date of birth	03/12/1965		
Occupation	Indoor Outdoor		
Driving date pass	07/02/1985		

基本的工作。这种技术	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	0 (Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female Femal
	PASSENGER 3
Name	
Gender	Male Female
New York Committee of the Author Committee of the Committ	
经验证证证证证证证证证证证证	PASSENGER 4
Name	
Gender	Male Female
and the second second	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	10.1 - 5
Gender	Male Female
	OTUED INCOMMENDA
Was anybody injured?	OTHER INFORMATION Yes No No
Was other vehicle damaged?	Yes No D
was other venicle damaged:	1652 1000
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes \(\text{No} \(\neq \) If yes, please state which police station.
Police station name	11 yes, piedse state which police station.
1 once station name	
	WITNESS 1
Name	WIINEST
Name	
	WITNESS 2
Name	WIINLSS 2
Name	

TO A TO STATE OF THE STATE OF T	THIRD PARTY VEHICLE 1	
Vehicle registration number	SH 6188 K	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 2	
Vehicle registration number	AND DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	/
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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NRIC / Fin / Passport number		
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Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 6	以为人 及来等易
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
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Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

					distribution of
		INJURED PERSON 1			
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes □	No 🗆			
hospital by ambulance?					
		INJURED PERSON 2			
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
The second secon		INJURED PERSON 3	图图图 图图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图		
Name					
Injuries sustained			all a section of		
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	1000				
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	WANTE.	INJURED PERSON 4		N. C. C. C. S. C.	Switz)
Name		INJURED PERSON 4			
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Injuries sustained		INJURED PERSON 4			
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Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅				
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 5			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON S			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON S			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No No No No			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON S			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No			