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SN0821310006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/03/2021 18:25 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/03/2021 18:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. 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

01/03/2021 18:25 (SGT) Date of Submission 26/02/2021 14:05 (SGT) Date of Accident 5 Lor Bakar Batu, Singapore 348742 **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJA1791U Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? WONG KWONG MIN Name Of Registered Owner SXXXX901J NRIC No wongsixiong@hotmail.com **Fmail Address** (Phone) +65-90614245 Mobile Phone No +65-92473081 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Vios Model 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 No - Reporting only your vehicle? Private car Vehicle Category

INSURANCE COMPANY

China Taiping Insurance Name of Insurance Company ThirdParty Type of Coverage Fleet Policy DMPCSNW00169832000 Policy Number Cover Note Number

DRIVER

WONG SI XIONG Name of Driver SXXXX265B NRIC No

Date Of Driving Pass	13/10/2020		
Driving experience	4 MONTHS		
Gender	Male (Phone) +65-92473081		
Mobile Number			
Alt. Phone Number	er .		
Email Address	wongsixiong@hotmail.com		
Address	BLK 270 BANGKIT ROAD #05-08		
Address complement			
Postcode	670270		
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			
Insurance Company of Other Vehicle Owned by Driver			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Accident	Side Swipe		
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?	•		
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			
Was the accident reported to the police?	No		
Was notice of intended Prosecution given?	No		
If yes, against whom?	5.0097 5.000		
CIRCUMSTANCES OF ACCIDENT			
PLEASE REFER TO SKETCH PLAN			
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 OTHE	R VEHICLE PROPERTY 1		
Vehicle Registration Number	FV5045B		
Vehicle Manufacturer	w was to be		
Vehicle Model	2		
Vehicle Variant	¥		
Vehicle Colour	-		
Vehicle Category			
Name of Driver	ASHIQUE RAHMAN S/O ABDUL RAHMAN		
NRIC No	SXXXX233E		
Contact Number	(Phone) +65-83623314		
Address			

Address

Addrage complement

Insurance Company Name	_
Nature Of Damage	2
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	
3	

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.
- 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 hsurers' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

W:5 COR BOKOR BATY

(2

Describe Circumstances of the Accident
I was at an industrial arear. I was doing a
3 point turn to the opposite direction. In the midst of doing the turn, my vehicle was stationary while was stationary while was the apposite I and, colding while B hit against the vight side of my vehicle while my vehicle was stationary ransing alamage to the vight side of mychicle.
of doing the turn, my volucle was state organ walde
marting for traffic to clear at the apports land
Coddwy vehicle B hit against the right sieve of
my vehicle while my relicle was that many country
damage to the visht side of myse hide
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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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 02 / 2021 1(DD/MM/	YYYY), TIME: (14 : 05) (HH:MM)
LOCATION: 5 Lor Buxur Butu, Sin	supore 348742
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 554 FF 1791	U
b) INSURANCE COMPANY: China Taipi	25
d)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD	AADTY ATUION DADTY EIRE STHEET
e)MAKE & MODEL: Tyota VIO	, ,
FITYPE: (SALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRICA) E / COMM h) PURPOSE OF USING AT ACCIDENT TIME:	ERCIAL / MOTORCYCLE)
TARE YOU CLAIMING UNDER YOUR OWN	
IF NO. PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
2. INSURED / POLICY HOLDER	
b) NRIC/FIN/PASSPORT: 5 155/9013	CONTACT: 9061 4245
C) ADDRESS: Bungkit Lond Blk 270	
* CONTINUE TO 3.d IF DRIVER ALSO POLIC	YHOLDER
Ho of passengs DRIVER Work S: Xivna	(GALE) SENANEN
LINGUALING CHIVEY) HINDIC/FIN/PASSPORT. SAZOLZ GER	CONTACT: 9247 3081
(_) CIADDRESS: Burgh: + Read BIK 270	7105-08
*d)DATE OF BIRTH: (16 / UI / 1947)(e)OCCUPATION: (INDOOR / OUTDOOR)	DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INS	
IF NO, RELATIONSHIP OF THE DRIVER	
5. a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (UR) / WET / OTHERS_	G / OTHERS
6. WAS ANYBODY INJURED (SES NO)	
7. a) REPORTED TO POLICE (ESY NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	ION:
8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: FV 5045B	MODEL. Muturacle
Library dings b) DRIVER'S NAME: ASHIQUE PAHMAN	510 ABOUL RAHMAN
b) DRIVER'S NAME: ASHTOUR PAHMAN C) NRIC/FIN/PASSPORT: S9611233 E 9. THIRD PARTY VEHICLE	CONTACT: 8362 3314
9. THIRD PARTY VEHICLE	
d) VEHICLE NUMBER:	MODEL:
(Industry dever) A NRIC/FIN/PASSPORT-	CONTACT
(Induding days) f) VEHICLE NUMBER:	CONTACT:
(Induding driver) () NRIC/FIN/PASSPORT:	CONTACT:

email = Worss: x:ong@hotmail.com fax = 9247 3081

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1

N SN

Cov. Type:T

AN0014A

CERTIFICATE OF INSURANCE

otor 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.

DMPCSNW00169832000

Engine No.: 1NZX660263

Cha. No.:MR053HY9305040568

1. Index Mark and Registration

Number of Vehicle

SJA1791U

Name of Policy Holder

WONG KWONG MIN

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

13/11/2020

Date of Expiry of Insurance

28/11/2021

Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(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-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.

* 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: ASOKA INVESTMENT 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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