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Owner / Driver: (Tel:) Cover Type: (
Policy No: () Period: (The state of the s
Confirmed by; ('	Durov,
Insured/Driver Liability: (%) [Note Est Sialus (W)/NO()
Year of Registration: () Warranty: YES () Louding: \$1,000 ()/\$2,000 (
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1) Apply for Transport Allowands ()/ Courtesy Car (2) QC Cheek/ Post Repair Inspection ()	
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SN0821320003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/03/2021 17:33 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/03/2021 17:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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 02/03/2021 17:33 (SGT) Date of Accident 01/03/2021 10:30 (SGT) **Exact Location of Accident** Thomson Rd, Singapore Additional Location Information TRAFFIC LIGHT PEDESTRIAN CROSSING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ9889K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO TIAN HON NRIC No SXXXX438Z Email Address lee_lhhk@hotmail.com Mobile Phone No (Phone) +65-91523359 Alternative Phone No +65-92726522

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy No Policy Number DMPCSNW00006362104 Cover Note Number

DRIVER

Name of Driver WONG JEE FONG, THERESA NRIC No SXXXX527G

Date Of Driving Pass	28/07/1976
Driving experience Gender	44 YEARS AND 8 MONTHS
Mobile Number	Female
Alt. Phone Number	(Phone) +65-92726522
Email Address	- lee leel @betereil een
Address	lee_lhhk@hotmail.com
Address complement	7 BRIGHT HILL DRIVE #15-07
Postcode	- 579599
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	No Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
remote regionation remote of outload vertical by briver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callisian Handas Dani
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Trodu Curiaco	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) Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	HUSBAND
Gender	Male
Solido prantis anticome de la companya del companya del companya de la companya d	Wale
DETAILS OF POLICE ACTION	
W	8
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
Silver in the second se	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are posident photos quellable for attaches and	V =
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
7	No
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLS7467Z
Vehicle Manufacturer	Toyota
Vehicle Model	
Vehicle Variant	*
Vehicle Category	Private ser
Vehicle Category	Private car

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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 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 & Time

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

Sketch Plan

Traffic - Table & Time

Sketch Plan

Traffic - Table & Time

Traffic - Tabl

Describe Circumstances of the Accident
On ol March 2021, stopped at traffic
light
Stopped but bunged onto the back of my
stopped but bunged onto the back of my
N A
vehicle.
No bodily injuries
The mostly trightening
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11

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

				1.2
	ACCIDENT DATE (01/03)	2021 HOD/MM/YYY	Y). TIME: 1030	MHH:
	LOCATION: Thomson ROA	d traffic me	retion light	redestrain
		1.1.		crussing
	J. DETAILS OF VEHICLE	T 9889 K		O
	a) VEHICLE NUMBER:	CH100 115	· · · · · · · · · · · · · · · · · · ·	
(b)	DIMOUNDINGE COMPAN	lind in lanking		
	CIPOLICY NUMBER: DM			
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD PAR	RTY / THIRD PARTY I	FIRE &THEFT)
W.	e)MAKE & MODEL: M			
(*)	FITYPE: (SALOON / COUP	MPY /VAN / LORR	Y/MOTORCYCLE.	/ OTHERS)
	g) VEHICLE CATEGORY: (F	PRIVATE / COMMERCI	AL/MOTORCYCL	E)
	h)PURPOSE OF USING AT	ACCIDENT TIME:	own usage	
1.40	I) ARE YOU CLAIMING UN	DER YOUR OWN INSUI	RANCE (YES/NO)	
	IF NO, PLEASE STATE (THI	RD PARTY CLAIM / RE	PORTING ONLY)	. •
2	ANAME: HO TIAN	RHOR	12070 110000 12	
1	b) NRIC/FIN/PASSPORT: 5	1870 4207	(MALE/	FEMALE)
0.10	CIADDRESS: T Bright		CONTACT: 91	54333
TUS HOWD.	LIZ-01	Sinnavore 51	Arao .	
	. * CONTINUE TO 3.d IF DRI		IDED .	
A No of basson	3 DDIVED		LDER	
		ong. Theresa	. (MALET	FEMALEI
Cludling dr	binric/fin/PASSPORT	1501205276		726522
(2)	CIADDRESS: 1 BOTANT			
	# 15-07	singapure 51		
1 = 9	"d) DATE OF BIRTH: (D&)		· (YYYYYM	A THE CONTRACT OF THE PARTY OF
	e)OCCUPATION: (INDOO!	R/OUTDOOR)	10	•
	FIDATE OF DRIVING PA	SS 2834119	16	
	4. WAS DRIVER AN EMPLO		W/ m x 2/	YES Y NO)
	IF NO, RELATIONSHIP O			2111
	 a) WEATHER CONDITION: (b) ROAD SURFACE: (DRY / 		THERS	
.*	6. WAS ANYBODY INJURED (
*	7. a) REPORTED TO POUCE (Y	EX / NOT *		
	IF YES, PLEASE STATE WHI		•	
	O THIRD DARW WELLOIR	and lawler and an extension is the vibral rather to the	_ 1	
4 Ho of passeng	o VEHICLE NUMBER: 51	·S7467Z	MODEL: Toyot	9
Clududing driv	2r) B) DRIVER'S NAME:	ane Tay		21-1-10
(1)	C) INCIC/MIN/PASSPORT		_CONTACT: 13	26 1533
	9. THIRD PARTY VEHICLE	•		
A Ho of bassavi	d) VEHICLE NUMBER:	<u>'</u>	_MODEL:	
(Including dri				
C. Solling. Carl	f) NRIC/FIN/PASSPORT:_		_CONTACT:	,
()				
•			*	: 1
	2			

email = lee-lhhk@hotmail.com



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

SN

AN0589A

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.

DMPCSNW00006362104

Engine No.: 27186030520793

1. Index Mark and Registration

SKJ9889K

Cha. No.:WDD2120482A660358

Number of Vehicle

AUTOSAFE ========

2. Name of Policy Holder

HO TIAN HON

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

10/01/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

09/01/2022

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

EX ON WINDSCREEN.

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

* Age as at date of accident

S\$100.00

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

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 \$\$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.

HIRE PURCHASE CO.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTDAS HP OWNER

* 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.

Authorised Signatory

Issued By:

Authorised Office

6222 1033

www.sg.cntaiping.com

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

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