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SN08213Q0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/03/2021 15:06 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/03/2021 15:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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

26/03/2021 15:06 (SGT) Date of Submission Date of Accident 24/03/2021 08:40 (SGT) **Exact Location of Accident** Farrer Rd, Singapore Additional Location Information TOWARDS QUEENSWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Reporting only

Vehicle Registration Number **SLJ7236X**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DON TAN KUAN CHONG NRIC No SXXXX341C don.tankc@gmail.com **Email Address** (Phone) +65-92387141 Mobile Phone No +65-92387141 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A6 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 your vehicle?

Private car Vehicle Category Transmission Auto

CC 1798

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No DMPCSNW00011752100 Policy Number

Cover Note Number

DRIVER

DON TAN KUAN CHONG Name of Driver NRIC No SXXXX341C

Date Of Birth 04/05/1984 Occupation Indoor Date Of Driving Pass 12/06/2009 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-92387141 Alt. Phone Number +65-92387141 Email Address don.tankc@gmail.com Address BLK 8C UPPER BOON KENG ROAD #07-554 Address complement Postcode 383008 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 - Head to Rear Weather Conditions DRIZZLING Road Surface Wet 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) No soliciting/offering accident claims assistance? PASSENGER 1 WIFE Name Female Gender 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 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 OTHER VEHICLE PROPERTY 1** SLM1113R Vehicle Registration Number Honda Vehicle Manufacturer Civic Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category

Name of Driver	SEAH WEI PIN
NRIC No	SXXXX534C
Contact Number	(Phone) +65-93688709
Address	#:
Address complement	= 0
Postcode	= 0
Insurance Company Name	-
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.
- 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.

DAVIAN 26	3-21				20/03/2021
Policyholder's Signature / D Time Sketch Plan	& Time	2	Tours	18.0 St.	Witnessed by Reporting Centre Personnel
)		P	(A) SLJ7336X
~ \	4 /-8		3 ,	B	(B) SLM 1113R

Describe Circumstances of the Accident	
On 24-3-2021, Y. 30am. A (SLOTZ) Suddenly B(SLMI(13R) Stopped, when there in front of the road. Liverly I braked	36X) was Towello Souls
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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 & Time

186-3-202/12.30pm.

Witnessed by Reporting Centre Personnel

AGCIDENT'STATEMENT

Ąco	IDENT DATE: (2	4.1.3.1201	L)(DD/MM/YY	YY), TIME:(08 · :	40)(HH:MM).
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	h)PURPOSE C	OF USING AT AC	CIDENT TIME:		
*				SURANCE (YES/NO	
2.	A)NAME:		IN KUAN CH	LONG TMALI	FEMALE)
	b) NRIC/FIN/P	ASSPORT: 84	-14341C	CONTACT:	92387141
WIFE.					
4 No of personger	DRIVER	•	TOT BE BY	× 1/4	
(Including driver)	b)NRIC/FIN/P		70 20 104		10222781
(2)	c)ADDRESS:_			•	
(#)	*d)DATE OF B	IRTH: (10)	OUTDOOR!	/MM/YYYY)	
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	IF YES, PLEAS		I POLICE STATION		
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()	c) NRIC/FIN/ THIRD PARTY V	PASSPORI: X	5395340	CONTACT:_	3688709
Ho of passenger	d) VEHICLE N	IUMBER:		MODEL:	<u> </u>
(Including driver)	e) DRIVER'S I f) NRIC/FIN/	PASSPORT:		CONTACT:	
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email = don tank (a) gmail com



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN N

AN0662A

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.

DMPCSNW00011752100

Engine No.: CYG015698

Cha. No.:WAUZZZ4G6HN021715

Index Mark and Registration

SLJ7236X

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

TAN KUAN CHONG

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

11/01/2021 (00:00:00)

Named Drivers Ex Sect. I

Ex Sect. I - Age <= 25

\$\$950.00

Additional Ex Other than Named Drivers:

\$\$3,000.00

4. Date of Expiry of Insurance

10/01/2022

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

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-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.: MAYBANK

* 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:

Zhong YueQiang Authorised Officer

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com