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	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by I	ax/Handt	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (The state of the s		Tel:	Fax:)
TP Particulars: Veh No:	2808G	. INC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: (Peri	od: ()	Cover Type: (
Confirmed by : (Date:	Time:	0.1009/1	
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SN0821540002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/05/2021 11:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/05/2021 11:51 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

04/05/2021 11:51 (SGT) 30/04/2021 17:21 (SGT) PIE, Singapore TOWARDS CHANGI BEFORE CTE EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJX2469Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

CHUA KHOON CHEE SXXXX590H jasonkcapl@gmail.com (Phone) +65-94523131 +65-81820166

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Toyota

Corolla

No - Claiming third party Private car Auto 1598

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMPCSNW00166792000

DRIVER

Name of Driver NRIC No

CHUA ONG AIK (CAI HUANGYI) SXXXX628F

Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
, , , , , , , , , , , , , , , , , , , ,	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	CHUA ONG AIK (CAI HUANGYI)
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn?	SLIGHT INJURY SJX2469Z
Was this injured conveyed to hospital by ambulance?	Yes No

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 <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, acknow ledge, 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	Driver's & Time	Driver's Signature (If driver is not the policyholder) / Date			Witnessed by Reporting Centre Personnel	
Sketch Plan	PIE	TOWARDS	CHARLE	BRFOR4	CIK FEY17.	
						A: SJX 24697
						A: SJX 24697 B: XD 2803G
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415161	_	/6				

Describe Circumstances of the Accident along 30.04.2021 17:21pm.1 NAS about travelling towards travellin Was lane. 9 Wedy Was beside brake the back verice hit vehicle SJX

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

Date of Accident	: 30.04.262/ Accident Time: 17:21pm (24-HR-Format)
Accident Place	: PIF Towards Changi Before CTE Exit
Vehicle. No. (Car Plate No.)	:SIX 2469 Z Make/Model: Toyota Corolla AHis
Insurace Company	: China Taiping Policy No: DMPCSNW0016679200
Owner or Company Name /IC No.	: Chua Khoon Chee (SISO8590H)
Owner or Company Contact No.	: 9451 3131 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Chua Ong Aik (S8828628F)
DRIVER'S Date Of Birth	: 03.08.1988 DRIVER'S License Pass Date 14.02, 2017
Relationship of Owner & Driver	: Spouse (Parents) Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 746 Woodlands Circle # 04-700(s) 730746
DRIVER'S Contact No./ Alt No.	:1) 8182 0166 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: jasonkcapl@gmail.com ce
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Da	river): Driver
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident. Private use Work purpose
Other P	'arty Driver's Particular (if any)
Vehicle. No: XD 28636	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

a chy



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.

Motor Private Car

MX1F

SN

AN0365A

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-Parly Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00166792000

Engine No.: 3ZZ4998893

Cha. No.:MR053ZEE106175678

Index Mark and Registration

Date of Expiry of Insurance

S.IX24697

AUTOSAFE

Number of Vehicle

Name of Policy Holder

CHUA KHOON CHEE

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

26/11/2020 (00:00:00)

Named Drivers Ex Sect. I

Additional Ex Other than Named Drivers:

\$\$500,00

25/11/2021

Ex Sect. I - Age <= 25

\$\$3,000.00

Ex Sect. I - Age >= 26

\$\$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)

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.: LAKE VIEW 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

Issued By:

HIGH POWER ENTERPRISE Authorised Officer

カ

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

企 HIGH POWER ENTERPRISE Blk 150 Bishen Street 11

#01-137 Singapore 570150 Tel: 6258 1965 Fax: 6258 7167

Email: gi@highpower.sg

Authorised Signatory

Genny Line

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

O6389 6111

6222 1033

www.sg.cntaiping.com