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TP Particulars: Veh No: Sn	nf 2210L .	, INC()/Non-INC ().	·
Owner / Driver: (-			Tcl:	+	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (ate:	Thne:		0%]
Insured/Driver Liability: (%)	[Note-Est. Status (WO)		%; P: 21-79%.	1, 50-10	070
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SN09215E0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/05/2021 18:08 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (14/05/2021 18:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

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. policy liability.

In a 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.
 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.
 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

14/05/2021 18:08 (SGT) 12/05/2021 18:38 (SGT) KPE, Singapore TOWARDS KALLANG BAHRU EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGX3666A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No

FRESH CARS PTE LTD

KIM@FRESHCARS.SG (Phone) +65-96192819 +65-96192819

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

Toyota

Vios

Private use

No - Claiming third party

Private car Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

No

ThirdParty

DMHCSNA00005972000

DRIVER

Name of Driver NRIC No

ONG BOON LEONG SXXXX297Z



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? 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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

30/10/1966 Indoor 22/10/1984 36 YEARS AND 7 MONTHS

(Phone) +65-92430729

KIM@FRESHCARS.SG BLK 223A SUMANG LANE #13-183

821223 No Hirer No

> Chain Collision Clear

Dry

No 3 Yes No Yes 2 No

Female

No No

Yes Yes

VIDEO WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

SMF2210L Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

DETAILS OF OTHER VEHICLE PROPERTY 2

SLU3677A Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

ONG BOON LEONG Name of injured person Address Address Complement Post Code Approximate Age Years Old BODY Injuries Sustained SGX3666A Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person Address Address Complement Post Code Approximate Age Years Old BODY Injuries Sustained SGX3666A Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

Date of Accident	: 12571 Accident Time: 18:38 MS (24-HR-FORMAT)
	EPT Towards Kallary Bohne exit
Accident Place	SGX 366 F Vehicle Make/Model: TOVOTA 1705
Vehicle Reg. No (Car plate No.)	
Insurance Company	: Chin Triping Policy No DMHCSNH (17009777000)
Name of Registered Owner	: Company / Individual TRESH CADS P/L
ID of Registered Owner	: Co Reg No: 2016 08940 2 Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 16 19 28 19
DRIVER'S Name	ONG BOOK LEONG DRIVER'S NRIC No: 51777972
DRIVER'S Date of Birth	. 30 10 1966 DRIVER'S License Pass Date 2010 1914
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others
DRIVER'S Address	: APT BUE 2234 SUMANG VANE * 13-183 (D821223
DRIVER'S Contact No./ Alt No.	:1) 92 43 0729 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	EMB Heghcars so
Weather & Road Surface	:CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Was the accident reported to the p Was there any video Captured by Exact purpose for which vehicle	police? YES \ NO
	her Party Driver's Particulars (if any)
Vehicle Reg No B) SMF 221	OL Vehicle Reg No: O SLU3677 A
Vehicle Make Model: 4 Wali	Vehicle Make Model H. Freed
Name DRIVER:	Name DRIVER:
IC No. DRIVER	IC No. DRIVER
DRIVER'S Contact & Add 9795	2659 DRIVER'S CONTROL & add 9775 6061 er: DNG BOON LEONG / S1777297 Z
& Injured Persons (1) Driv.	er: ONG BOON LEONG / STATEGAL
TERMINO - FO PASSI	Mer Lu ZIHUI / 59/407/38.

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 withholding 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.
- 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' 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE Towards Kalling Bahm. exit

	I was driving straight along KPE towards Kallary Baliru.
	1 1000 011011
Whel	I vehicle C emergency stopped, I also stopped in
Me	and stationery. Suddenly relide B came from behind
11/00	The support if
and	MY ON THE PERMIT
nrat	and couses my vehicle forward and but onto vehicle C
J ,	whole accident was captured by my vehicle built -in
ideo	recorder.
	It was a three vehicles chain collision.
- 40-12	
- 14	
-377	

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



MEDICAL CERTIFICATE (Ref: 1143702390)

ORIGINAL

NAME: ONG BOON LEONG

NRIC: \$1777297Z

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 2 day(s) from 14/05/2021 to 15/05/2021 Inclusive.

The certificate is not valid for absence from court attendance.

14/05/2021

Date

Dr. Jian-Xiong Roy HENG (62643J)

Issued by

Signature

Location: AMK ANG MO KIO POLYCLINIC



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

AN0586A

Cov. Type:T

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.

DMHCSNA00005972000

Engine No.: 1NZX572992

Index Mark and Registration

SGX3666A

Cha. No.:MR053HY9305010809

Number of Vehicle

2. Name of Policy Holder

FRESH CARS PTE LTD

Excess Sect. II

\$\$1,500.00

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

Excess Sect.II (Outside Singapore):

5\$3,000.00

4. Date of Expiry of Insurance

06/09/2021

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.

- 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

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. : DBS BANK 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: Zhong YuéQiang 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.sq.cntaiping.com