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SN08218H0003-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/08/2021 16:10 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (19/08/2021 16:30 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 19/08/2021 16:10 (SGT) Date of Accident 13/08/2021 11:45 (SGT) Exact Location of Accident Bukit Batok Cres, Singapore Additional Location Information CARPARK OF MIDVIEW BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SMS4698G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PHANG CHYE HUAT NRIC No SXXXX094A Email Address hancarrepairs@gmail.com Mobile Phone No (Phone) +65-97937704 Alternative Phone No +65-97937704

VEHICLE PARTICULARS

Manufacturer

Model 730 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2996

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00065202100 Cover Note Number

DRIVER

Name of Driver PHANG CHYE HUAT NRIC No SXXXX094A

Date Of Birth 03/12/1965 Occupation Indoor Date Of Driving Pass 19/05/2004 Driving experience 17 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97937704 Alt, Phone Number +65-97937704 Email Address hancarrepairs@gmail.com Address BLK 113 JURONG EAST 13 #06-418 Address complement Postcode 600113 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? 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** Vehicle Registration Number **SLK2411J** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver ABDUL RAHMAN BIN NASIB

SXXXX584Z

Contact Number

NRIC No

Address

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO. DATE OF ACCIDENT:

- 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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 Signature (If driver is not the policyholder) / Date

nessed by Reporting

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Sketch Plan

Buleit Batok	Crescent		
		EXIT	
	No Entry	Midview Building	A) SM54698G B) SUK2411J

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lwever, vehille (B) come from be	chind and hit my	car's rear por
EPORTING ONLY ()	OWN DAMAGE ()	THIRD PARTY (*)	OWN WORKSHOP

DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

PERSONAL PARTICULARS

* Information will be discarded after one week.

Date of Accident: 13/03/2021 Time of Accident: 11/1: (24Hrs)
Vehicle No: SMS46989 Vehicle Make/Mor BMW 730 3.00
Exact Location of Accident: Carpark of midnew Building (But Bukit Both Crescent)
Owner's Name/NRIC: Phang Chye Mark 1517 31094A
Driver's Name/NRIC: Same as above
Driver's Contact: 9793770x Insurance Co & Policy No: China Taiping
Driver's Email Address: hancar repairs @g mail. com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Abdul Rahman Bih Nasib Vehicle No: 454 56 77 117
Insurance Company: Driver's Contact:
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (If Any): Contact:
Preferred Workshop (If Any): Contact: * If no proper document are produced, IDAC should not file the report.

\$906.36

Motor Private Car

MX1E

SN

AN0695A

Cov. Type:C

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, 1997 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00065202100

Engine No.: 14567692N52B30AF

Cha. No.:WBAKB22090CN74846

1. Index Mark and Registration

SMS4698G

AUTOSAFE

4. Date of Expiry of Insurance

Number of Vehicle

2. Name of Policy Holder

PHANG CHYE HUAT

Named Drivers Ex Sect. I

\$\$1,500.00

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

26/03/2021 (18:33:35)

25/03/2022

Additional Ex Other than Named Drivers:

\$\$3,000.00 Ex Sect. I - Age <= 25 \$\$500.00

Ex Sect. 1 - Age >= 26

* 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

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business. use for social, comestic and preasure purposes and for the Policyholder's ousiness. 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 Walver 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 Research For each Policy Verse. Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TECK WEI 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).

TECK WEI CREDIT PTE LTD

Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017 Email: info@teckwei.com.sg K WEI CREDIT PTE LTD

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Authorised Officer

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

Issued By:

Q6389 6111

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www.sg.cntaiping.com



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: Vehicle Registration No: ____ NRIC/FIN/Passport No! _ Name (as shown in NRIC): . (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Singapore (Address: _ Contact (Tel): Email Address: _ Time of Accident: Date of Accident; _ Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: W XMMB/49: DMPCSXW00065202100 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

Date: