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SN08218N0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/08/2021 14:47 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/08/2021 14:47 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 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 23/08/2021 14:47 (SGT) Date of Accident 21/08/2021 15:30 (SGT) Exact Location of Accident 827 Tampines Street 81, Singapore Additional Location Information **OPEN SPACE CARPARK LOT 78** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4223L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHIAM BAK WING NRIC No SXXXX726J Email Address kaseng_353@hotmail.com Mobile Phone No (Phone) +65-91514235 Alternative Phone No +65-91514235

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante 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 No - Claiming third party vour vehicle? Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW0136582100 Cover Note Number

DRIVER

Name of Driver CHIAM BAK WING NRIC No SXXXX726J

Date Of Birth	23/03/1951
Occupation	Indoor
Date Of Driving Pass	08/06/1976
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91514235
	+65-91514235
Alt. Phone Number	
Email Address	kaseng_353@hotmail.com BLK 827 TAMPINES STREET 81 #03-140
Address	BLK 82/ TAMPINES STREET 81 #03-140
Address complement	-
Postcode	520827
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	- 1
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	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
	20
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?	20 20
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
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	
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PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assident photos available for attachment?	Voc
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	YQ4211X
	TUHZTIA
THE TABLE TO SEE AN AUTOM	•
Vehicle Model	•
Vehicle Variant	

Commercial vehicle

Address complement	
Accident report	SN08218N0004

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver Contact Number

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

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.
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- 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) 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 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.

Hry.	the	an 23/08/202
Policyholder's Signature / Date & Time Sketch Plan BIK 827	Driver's Signature (If driver is not the policyholder) / Date & Time Tomplum ST & OMN STATE OF THE ORDER OF	Witnessed by Reporting Centre Personnel ARPORIC 10 7 78 Vehicle A: Smy 4223L
	7 7 7 3 7 7 7	VehicleB: YQ4211X

Describe Circumstances of the Accident
On 21/8/2024 around 1210hrs, I, rehicle A (SMY4223L) was parked at the
stated Incation on lot 78. On around 1530hrs, I had received a call from my neighbour telling
me that vehicle B (YQ 4211X) collided onto the front right portion of my vehicle. I then
went down to the carpark. Vehicle B (Ya 4711X) driver told me that while was going out from
the coupark lot udricleB(YQ4211X) collided onto the front right portion of my vehicle he then
reversed back to the carpark lot.
·

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

(J)

Date of Accident	Accident Time: 1530hrs (24-HR-FORMAT)
Accident Place	: BIK 857 Tampines St 81 Open Space Carpark Lot 78
Vehicle Reg. No (Car plate No.)	: SMY 4203 L Vehicle Make/Model: Hyundai Avante
Insurance Company	China Taiping Polloy No. DMPCSNW00136582100
Name of Registered Owner	: Company / Individual Chiam Bak Wing
ID of Registered Owner	: Co Reg No: Owner's NRIC No: L%197%J
	Co Contact No: Owner's Contact No: 9151 4335
DRIVER'S Name	: Chiam Bak Wing DRIVER'S NRIC No: SX6197X6]
DRIVER'S Date of Birth	23 MAY 1951 DRIVER'S License Pass Date 08 Jun 1976
Relationship ber, Owner & Driver	Sponse Parents Children Sibling Employee Others owner
DRIVER'S Address	APT 81k 627 Tampines Street 81 #03-140 S (620827)
DRIVER'S Contact No./ Alt No.	1) 9151 4235 2) -
DRIVER'S Occupation	: INDOOR \OUTBOOR (eg. working inside or outside of an ofc)
Email Address	Kaseng _ 353@ hotmail.com
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reparting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
may rife accordant rebotted to tue boi	river); 0 Passenger Name; Gender: M/F lice? YES \ NO Passenger Name: Gender: M/F Lt camera; YES \ NO Any Injuries: YES / NO Injured Name:
	Injured Name: as being used at the time of accident: Private use \ Work purpose
0	ther Party Driver's Particulars (if any)
Vehicle Reg No: YQ 4211X	Vehicle Reg Mo:
Vehiele Makel Model:	
Name DRIVER.	
16 No. DRIVER,	IC No. DRIVER.
DRIVER'S Contact & add	DRIVER'S Contact & add:
	er Party Driver's Particulars (if any)
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Motor Private Car

MX1F

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AN0573A

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

DMPCSNW00136582100

Engine No.: G4FGKU109564 Cha. No.:KMHD841CMKU879185

1. Index Mark and Registration

Number of Vehicle

SMY42231

2. Name of Policy Holder

CHIAM BAK WING

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

07/07/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers:

\$\$3,000.00

Ex Sect. I - Age <= 25

\$\$500.00

* Age as at date of accident EX ON WINDSCREEN.

Ex Sect. I - Age >= 26

\$\$100.00

4. Date of Expiry of Insurance

06/07/2022

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 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 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.: TOKYO CENTURY LEASING (S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: PRIVILEGE CAPITAL PTE LTD Authorised Officer

Authorised Signatory