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SN0821970002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 07/09/2021 11:18 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (07/09/2021 11:18 (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

Date of Submission 07/09/2021 11:18 (SGT) Date of Accident 05/09/2021 01:50 (SGT) Exact Location of Accident Buangkok E Dr, Singapore Additional Location Information TOWARDS BUANGKOK DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW9669Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ROY SUNG BAN HOCK** NRIC No SXXXX875A Email Address zacken99@hotmail.com Mobile Phone No (Phone) +65-97966469 Alternative Phone No +65-97966469

VEHICLE PARTICULARS

Manufacturer

Mercedes Model Glc250 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 2143

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00096082101 Cover Note Number

DRIVER

Name of Driver ROY SUNG BAN HOCK NRIC No SXXXX875A

Date Of Birth	01/07/1979
Occupation	Indoor
Date Of Driving Pass	05/09/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-97966469
Alt. Phone Number	+65-97966469
Email Address	zacken99@hotmail.com
Address	BLK 209C COMPASSVALE LANE #02-96
Address complement	BLK 209C COIVIFASSVALE LAINE #02-90
Postcode	- F42200
	543209
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	
(0) / 1 / 1 / 1 / 2	•
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Collision - Head to Rear Clear
Road Surface	
Noau Sullace	Dry
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?	10000
Was any injured conveyed to hospital by ambulance?	Yes
	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Ne
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SME9018K
Vehicle Manufacturer	ā
Vehicle Model	3
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	MUHAMMAD SHAHRUINIZAM BIN RAHMAT
Contact Number	

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

Name of injured person Gender Phone No Address	ROY SUNG BAN HOCK Male (Phone) +65-97966469
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained Injured person in which vehicle?	SLIGHT INJURY SLW9669Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SHERCHPLAN

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 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.
- 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 ma:
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to ma, 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 incurers and/or GIA to their third party convice providers or agents (including their law years/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Declaration

I/We declare the foregoing particulars are true in every respect.

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Driver's Signature (if driver is not the policyholder) / Date 3 Time

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

CERTIFICATE OF INSURANCE

AN0420A

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)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00096082101

Engine No.: 65192133925448 Cha. No.:WDC2539092F218408

1. Index Mark and Registration

SI W96697

AUTOSAFE

Number of Vehicle

=======

2. Name of Policy Holder

ROY SUNG BAN HOCK

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

08/06/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

07/06/2022

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

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\$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 SINGAPORE LIMITED AS HP OWNER

* 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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory