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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 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

25/11/2021 11:23 (SGT) 24/11/2021 16:00 (SGT) Eng Neo Ave, Singapore JUNCTION WITH VANDA LINK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA4094T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

Hyundai

Private use

Private car

Accent

Yes

WONG HUI YI SXXXX038D katewonghy@gmail.com (Phone) +65-92959375 +65-92959375

VEHICLE PARTICULARS

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

Vehicle Category

Transmission CC

your vehicle?

Auto 1368

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

WONG HUI YI SXXXX038D

Comprehensive

DMPCSNW00184182000

China Taiping Insurance (Singapore) Pte. Ltd.

Date Of Birth 31/07/1987 Occupation Indoor Date Of Driving Pass 20/06/2016 Driving experience 5 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-92959375 Alt. Phone Number +65-92959375 Email Address katewonghy@gmail.com Address BLK 338A ANCHORVALE CRESCENT #12-87 Address complement Postcode 541338 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 on collision Weather Conditions Raining Road Surface Wet 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) 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	SGS828X
Vehicle Manufacturer	-
Vehicle Model	1
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-
The second secon	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	PC5054G - -
Vehicle Category	Commercial vehicle
Name of Driver	2
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passanger (Including Driver)	-
No. Of Passenger (including Driver)	-

SKETCH PLAN

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)

l 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 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 &	Driver's Signature (If driver is not the policyholder) / Date	
Time Sketch Plan Fig. 1	& Time Hes Ave X randa link.	Personnel
veh A: SMA HO94T.	B	
ven B: SGS 828 X	(A)	-> VAHOR LINK.
veh C: PC 5054G.	1 + 12 + 1	
	(c)	

Describe Circumstances of the Accident wenide. As smated WENUE orphosohen Threflow sto pred checlo vehicle when vanda vehice 8 Speed Neo rue portion vehido the corb police come . and

Declaration

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	:24 /11 /2021 Accident Time: 1600 HR. (24-HR-Format)
	Accident Place	: Vanda link X Eng Heo Ave.
	Vehicle. No. (Car Plate No.)	: Sm 4 4094T Make/Model: Hyunda: Accent
	Insurace Company	: China tai fing Policy No: DMPCSNW00184182000
	Owner or Company Name /IC No.	: Wong Hui Y; \$8723038D
	Owner or Company Contact No.	: 9295 93 75 Owner's Hp — Company Tel
	DRIVER'S Name / IC No.	: Wong Huij Yi
	DRIVER'S Date Of Birth	: 31 07 (1987 DRIVER'S License Pass Date 20 06/2016.
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	: Blk 338A Anchorvale Crescent #12-87 S(541338
	DRIVER'S Contact No./ Alt No.	:1)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
世,	Email Address	: Kateworghy@gmail.com.
	Weather & Road Surface	: CLEAR & DRY RAINING & WET VAFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	river): O
	Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \NO s being used at the time of accident Private use. Work purpose
	Other P	arty Driver's Particular (if any)
	Vehicle. No: SGS 828 X	Vehicle. No: PC 5054 G
	Vehicle Make\Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Motor Private Car

MX1F

SN

AN0699A

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.

DMPCSNW00184182000

Engine No.: G4LCJU989768 Cha. No.:KMHCU41BTJU430257

1. Index Mark and Registration

SMA4094T

Number of Vehicle

2. Name of Policy Holder

WONG HUI YI

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

05/12/2020 (00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

06/12/2021

Ex Sect. I - Age >= 26

\$\$3,000.00 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

Ex Sect. I - Age <= 25

S\$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

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. : HL BANK

* 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: INSMART ENTERPRISE

Authorised Officer

Authorised Signatory

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

© 6389 6111

6222 1033

www.sq.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	038D
Vehicle Details	
Vehicle No.:	SMA4094T
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Dec 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	ACCENT (RB) 1.4 CVT
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	G4LCJU989768
Chassis No.:	KMHCU41BTJU430257
Maximum Power Output:	73.6 kW (98 bhp)
Open Market Value:	\$7,951.00
Original Registration Date:	07 Jun 2018
First Registration Date:	07 Jun 2018
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$7,951.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jun 2028
PARF Rebate Amount: ntended COE Rebate Details	\$5,963.00
COE Expiry Date:	06 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,702.00
COE Rebate Amount:	\$25,261.00
Total Rebate Amount:	\$31,224.00

The information contained herein is correct as at 25 Nov 2021