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SN0821BQ0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/11/2021 17:43 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/11/2021 17:43 (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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

26/11/2021 17:43 (SGT) 23/04/2021 00:20 (SGT) 423 Jurong West Ave 1, Block 423, Singapore 640423 OPEN SPACE CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS8731D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LEO SHOW LEE

SXXXX334A

ashley9567@yahoo.com (Phone) +65-83833955

+65-83833955

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

Hyundai Elantra

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMPCSNA00208262101

DRIVER

Name of Driver

NRIC No

LEO SHOW LEE SXXXX334A

Date Of Birth 20/04/1962 Occupation Indoor Date Of Driving Pass 06/07/1991 Driving experience 29 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-83833955 Alt. Phone Number +65-83833955 Email Address ashley9567@yahoo.com BLK 423 JURONG WEST AVENUE 1 #03-206 Address Address complement Postcode 640423 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Road Surface 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20211126/7023 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SHA9568U

CHA9568U

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)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, 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.

A

Policyholder's Signature / Date & Time

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

Sketch Plan

TITY

Witnessed by Reporting Centre Personnel

vehicleA: SLS8731D

BIK 423 Jurong West Avenue 1 open Space Compart

Describe Circumstances of the Accident
on 22/04/2021 around 1900hrs, I , relide A (SLS 8731D) was parked at the
stated location. 23 04 2021 around 1800hrs, I went back my vehicle and
discovered that there is a note left on my windscreen. A witness left the
note saying that vehicle B (SHA 95684) collided onto the front left portion of my
chicle and just left without stupping or leave a note. I then called police and make
a report No: TP/IP/20959/2021 Police Report No: 7/20210423 7060 K. 7/2021126/7023.

Declaration

Time

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 28 04 20 A Accident Time: 6030 hrs (24-HR-FORMAT)	
Accident Place B	16 123 Jurang West Avenue 1 Open Space Carpark	
Vehicle Reg. No (Car plate No.)	SL 28731D Vehicle Make/Model: Hyundai Elantra	
Insurance Company	: China Taiping Policy No. DMPC SNA 00208 26 H	0
Name of Registered Owner	: Company / Individual Leo Show Lee	
ID of Registered Owner	: Co Rég No: Owner's NRIC No: \$>594334.	A
	: Co Contact No: Owner's Contact No: 6383 3955	
DRIVER'S Name	Leo Show Lee DRIVER'S NRIC No: \$7594334A	
DRIVER'S Date of Birth	>0 Apr 196> DRIVER'S License Pass Date 06 Jul 179	
Relationship bet. Owner & Driver	Spouse \ Parents \Children\ Sibling \ Employee\ Others _owner	
DRIVER'S Address	APT BIK 423 Juring West Avenue # 03-206 5 (64	
DRIVER'S Contact No./ Alt No.	(1) 63833956 2) -	
DRIVER'S Occupation	; INDOOR \OUTDOOR (eg. working inside or outside of an ofc)	ŧ
Email Address	ashley a567 @ yahoo. com	
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET	
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance	
Number of Passengers (including D		M/F
Was the accident reported to the po	lice? YES \ NO Passenger Name; Gender.	M/F
Was there any video Captured by o	ar camera; YES \ NO Any Injuries: YES / NO Injured Name: Injured Name:	
Exact purpose for which yehicle w	as being used at the time of accident: Private use \ Work purpose	200
	ther Party Driver's Particulars (if any)	
Vehicle Rey No. SHA 9568	Vehicle Reg No:	
Mehicle Make Model.	Vehicle Make Wodel:	
Name DRIVER.		
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	ner Party Driver's Particulars (if any)	
Vehicle Reg No	Vehicle Reg No:	
Vehicle Make Model		
Name DRIVER		
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Report No. T/20211126/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 26/11/202	Time Report Made: /2021 16:40		Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
Name of I LEO SHO	W LEE		Address: 423 JURONG WEST AVENU 640423	JE 1 #03-206 SINGAPORE
ID Type / I NRIC NO	/ S25943	34A	Contact No.: Home/Office:	Mobile: 83833955
Nationality SINGAPO	RE CITIZ	EN	Email: sallylleo1962@gmail.com	
Sex: Female	Age: 59	Date of Birth: 20/04/1962	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation Cook	n:	3 2 2	Driving Licence Information: Class:	Date of Expiry:
V(-Y)				Date of Expiry:
eneral int		of the Accident	CONTROL OF THE PARTY OF THE PAR	

	Non Inium			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/04/2021 00:2	Type of Location Car Park
Location:	103-111		120/04/2021 00.2	0
	ST AVENUE 1			
Clear		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way Type of Collis		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Light

Details of V	ehicle Invo	lved				
Vehicle No.	1	Make	Model	Color	Conditio	No of
SHA9568U	Car					0
SLS8731D	Car					0

Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211126/7023

CONTINUATION OF REPORT

Name	LEO SHOW LEE		ID No.		S2594334A	
Related Vehicle	NIL			Contact	No.	83833955
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Dat		Date		VIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		VIL	

Brief Details. Vide T/20210423/7060

I am lodging this report for add on third party vehicle number and record purpose only.

ON 22/04/2021 AROUND 1900HRS, I, VEHICLE BEARING NUMBER PLATE (SLS8731D) WAS PARKED AT BLK 423 JURONG WEST AVENUE 1 OPEN SPACE CARPARK. on 23/04/2021 AROUND 1800HRS, I WENT BACK MY VEHICLE AND DISCOVERED THAT THERE IS A NOTE LEFT ON MY WINDSCREEN. A WITNESS LEFT THE NOTE SAYING THAT VEHICLE BEARING NUMBER (SHA9568U) WAS COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AND JUST LEFT THE SCENE WITHOUT STOPPING OR LEAVE A NOTE.





3 of 3 Report No. T/20211126/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan	
Informant is not ab	le to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2021 16:40
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	



SLS873ID

中国太平保险(新加坡)有限公司

CHINA TAIPING INGURANCE (GINGAPORE) PTE LTD

4110

Motor Private Car

CERTIFICATE OF INSURANCE

nices (Third-Parly Roks and Compensation) Act (Chapter 189) Vendes (Third-Parly Roks and Compensation) Roles, 1960 Road Transport Act; 1967 (Malaytea) ofter Vendes (Third-Parly Roks) Rusis, 1959 (Malaytea)

MX1F

Cov. Type:C

CERTIFICATE NO.

DMPCSNA00208282101

Engine No: G4FGHU620745 Cha No:KMHD641CMJU515801

Index Mark and Registration Number of Vehicle

SL58731D

Name of Policy Holder

LEO SHOW LEE

Named Drivers Ex Sect 1

(00 00 00)

Additional Ex Other than Named Drivers: Ex Sect 1 - Age <= 25

553,000,00

4. Date of Expiry of Insurance

09/10/2022

Ex Sect 1 - Age >= 26 Age as at date of accident EX ON WINDSCREEN

5\$500.00 \$\$100.00

Persons or Classes of Fersons eristed to diver

(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.

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tution 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)

Excess which are it is a placeuse for insees occurring outside singapore (constructive rotts case) netly will be doubled.

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

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 those 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

KCB AGENCY 200 Jalan Sultan

Co Reg No. 531165520 For CHINA TAIPING INSURANCE (SINGAPORE) FTE. LTD.

Chus Sust Lay Sally Authorised Officer

#02-36B Textile Centre Singapore 199018 Tel: 6391 3811 Fax: 6391 3810 E: kcbinv0236@gmail.com

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.sg.cntaiping.co