

# NATIONAL ASSOCIATION OF CERTIFIED EXPLORERS

Date: 03/12/2021 16:52  
 Ref No: N/A/C/1210122807  
 File No: SMW 84727  
 Date: 03/12/2021 16:18

(1) TP Reporting Only

TP Insurer

Proposed Work (NO Aerial Work) / QW

TP Insured/Driver

Owner/Driver

Policy No

Completed by

Insured/Driver License

Year of Registration

Access

License

Year of Registration

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Job Description	Work to be completed	Done by
SA & Billing		
Training (by the instructor)		
Motor Vehicle Exam		
Motor W/O (Vehicle on the way)		
Photo Uploaded		
Assessment/Summary Report		
Final Report by Tax/Stand to Owner/Driver		

Proposed Work (NO Aerial Work) / QW

TP Insured/Driver

Owner/Driver

Policy No

Completed by

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N/A 708585

TP Insured/Driver

Owner/Driver

Policy No

Completed by

Insured/Driver License

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1) All work done	(50%)	Worked
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50) All work done	(50%)	Worked

# 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 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. 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	03/12/2021 16:52 (SGT)
Date of Accident	02/12/2021 16:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE CHANGI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW8472T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ERNEST THAM PENG KUAN
NRIC No	SXXXX782A
Email Address	fable0609@gmail.com
Mobile Phone No	(Phone) +65-90080651
Alternative Phone No	+65-90080651

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
Variant	-
Exact purpose for which vehicle was being used at time of accident	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	1595

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00040912100
Cover Note Number	-

## DRIVER

Name of Driver	ERNEST THAM PENG KUAN
NRIC No	SXXXX782A

Date Of Birth	06/09/1976
Occupation	Indoor
Date Of Driving Pass	18/09/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90080651
Alt. Phone Number	+65-90080651
Email Address	fable0609@gmail.com
Address	15 FERNVALE LANE #02-16
Address complement	-
Postcode	797497
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	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)	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG318Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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.
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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.

X

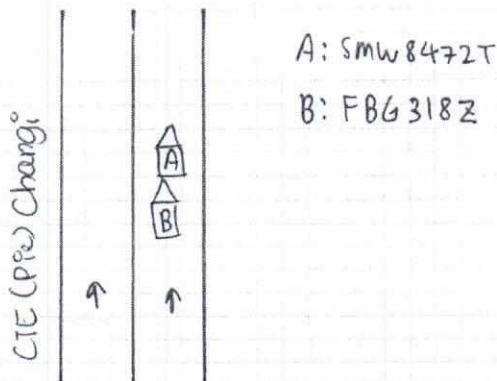
Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



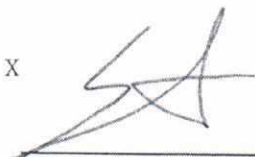
### Describe Circumstances of the Accident

I was travelling on the right lane of the 2-lane road when a motorcycle rear ended me. I exchanged particulars with him thereafter & retrieved my video footage of how the accident occurred.

### Declaration

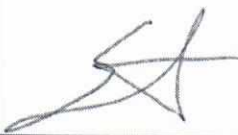
We declare the foregoing particulars are true in every respect.

X

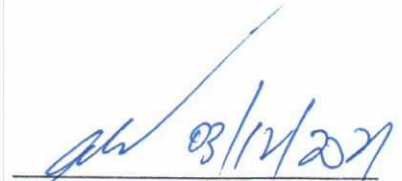


Policyholder's Signature / Date & Time

X



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

 03/12/2021  
Witnessed by Reporting Centre Personnel

WJ  
Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 02/12/2021 (dd/mm/yy)

Time of Accident: 16:15 (24-HR-FORMAT)

Vehicle No.: SMW8472T

Vehicle Make & Model / Engine (cc): Mercedes CLA200

Private Hire: (Y/N) (N)

Exact location of Accident: CTE (PIE Changi)

Policyholder's Name / IC No.: Ernest Tham Peng Kuan

ROC/UEN (Company) 7.

Driver's Name / IC No.: As above (S7628782A)

(As Above) ☐

Driver's Contact No.: 9008 0651

Company Contact No / Owner Contact No: 7.

Driver's Address: 15 Fernvale Lane, #02-16, (S) 797497

Owner Email address: fable0609@gmail.com

Insurance Company: China Taiping (DMPCSNW 000409 12100)

Driver Email address: As above.

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -1- Owner

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle

Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver): 1

\*Passenger Name: NIL

Gender: Male / Female x( )

\*Passenger Name: NIL

Gender: Male / Female x( )

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: With Client

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: NIL

Injured Person in Which Vehicle: NIL

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: Mohd Noah (S8303973F) Vehicle No: FBG318Z

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

MX1E

N SM

AN0006A

Cov Type C

## CERTIFICATE No.

DMPCSHW00040912100

Engine No.: 27061030240914

Chs. No.: W001173432N032494

## 1 Index Mark and Registration Number of Vehicle

SMW8472T

AUTOSAFE

## 2 Name of Policy Holder

ERNEST THAM PENG KUAN

## 3 Effective date of the Commencement of Insurance for the purpose of the Regulations Ordinance or Enactment

23/02/2021  
(10:39:13)

Named Drivers Ex Sect. 1 \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 \$53,000.00

Ex Sect. 1 - Age >= 26 \$5500.00

\* Age as at date of accident

EX ON WINDSCREEN \$5100.00

## 4 Date of Expiry of Insurance

26/12/2021

## 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 \$51,000 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 2 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: ALFA CREDIT PTE LTD  
Authorised Officer

杨亚美

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.sg.cntaiping.com

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