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Preferred Wksp / INC Assign Wksp / QW: (1 Assirted to		Tel:	Fax:	1.20.000	1				
TP Particulars: Veh No:	In 70+10	INC) / Non-INC ()	***************************************					
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Confirmed by : (Date:	Time)					
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Year of Registration: ()	Warranty: YES ()/NO()							
Excess: (S) Loading: S1,0	000 () / \$2,000	()		***************************************	-					
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SN08224C0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/04/2022 09:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/04/2022 09:19 (SGT))



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

13/04/2022 09:19 (SGT) Date of Submission Date of Accident 09/04/2022 11:41 (SGT) **Exact Location of Accident** Petir Rd, Singapore TOWARDS CASHEW ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMN3783B Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? GOH WEE SHIANG Name Of Registered Owner SXXXX361G NRIC No supersonicrun123@gmai.com **Email Address** (Phone) +65-96881802 Mobile Phone No +65-86860391 Alternative Phone No

VEHICLE PARTICULARS

Kia Manufacturer Cerato Model Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

Private use

Private car

Auto

1591

DMPCSNW00091972100

No - Claiming third party

DRIVER

Name of Driver NRIC No

GOH ZHUNG KIAT SXXXX369I

Date Of Birth	08/04/1995
Occupation	Outdoor
Date Of Driving Pass	10/03/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86860391
Alt. Phone Number	Xe
Email Address	supersonicrun123@gmai.com
Address	BLK 404 FAJAR ROAD #12-261
Address complement Postcode	-
N STATE OF THE PROPERTY OF THE	670404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Child
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vernere registration realizer of other vernere owner by briver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
The Annual Control	
Type of Accident Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	M.S.
Number of vehicles involved in the accident	No 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? If yes, against whom?	No -
ii 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	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHD7257P
Vehicle Manufacturer	ear misser Comment
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	5
Vehicle Category	Taxi
Name of Driver	E
Contact Number Address	-
Address complement	
Audiess 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.
- 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 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.

Sketch Plan PETIR ROBO TOWBROS CASHRW COND A= SMN 3783B B= SHO 7257P	Policyholder's Signature / [Date & Driver's	Signature (If drive	r is not the policyholder) / D	ate Witnessed by Reporting Centre Personnel
Sketch Plan A		Genie Ros	n Tousapas	CARIFICIA Paga	
A= SMN 378 3 B B- SH0 725 7P	Sketch Plan	TEIL INC	D (mobice)	- walken was	The state of the s
			A	A A	A= SMN 3783B B= SHO 7257P
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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 & Time

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

VEHICLE NO: SMN 3783 B MAKE & MODEL: KIA CERATO 1.6 09/04/22 * C.C. DATE OF ACCIDENT 11.41 AM/FM TIME OF ACCIDENT CASHEW RD LOCATION OF ACCIDENT PETTR ROAD TWDS EMPLOYMENT / PRIVATE USE / PRIVATE HIRE EXACT PURPOSE USED AT TIME OF ACCIDENT GOH WEE SHIANG NAME OF OWNER MOBILE: 9688 1802 SUPERSONICRUN 122 PGMATE COM Office. EMIAIL: 51737361 NRIC THIRD PARTY / REPORTING ONLY OD CLAIM TYPE YES / NO ? FLEET POLICY: CN TATEING INSURANCE CO. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF COVERAGE DMPCSNW0009 1972100 POLICY NO. AS ABOVE (IFNO) GOH ZHUNG KIAT NAME OF DRIVER 59511 369 I NRIC 08/04/1995 DATE OF BIRTH YES / NO): ANY PASSENGER NAME OF PASSENGER MALE / FEMALE GENDER OF PASSENGER Indoor Outdood OCCUPATION 03/2014 DATE OF DRIVING PASS Male/ Female GENDER Mobile: 3686 0391 Office. Home: CONTACT NO EMIAIL. # 12 - 261 BLK 404 FAJAR ROAD ADDRESS INSURER. DOES DRIVER OWN OTHER VEHICLES? NO) / If yes : Reg No: Employee / If No. FATHER RELATIONSHIP / Other: Clear / Raining WEATHER CONDITION Dry / Wei / Other: ROAD SURFACE No If yes : Who? ANY INJURIES CONTACT NO. No) Ii yes : Where? POLICE REPORT NO/IF YES: WHO? NOTICE OF INTENDED PROSECUTION GIVEN Any Passenger: SHO 7257P VEHICLE B NO. NAME CONTACT NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO ANY WITNESS WITNESS CONTACT NO. YES / NO WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? YES / NO YES / NO SCENE ACCIDENT PHOTOS TAKEN? **WORKSHOP: Have you been approach by unknown person soliciting (s) /



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) Roles, 1950
Road Transport Act, 1997 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F E

SN

AN0582A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00091972100

Engine No.: G4FC9H329153

Cha. No.:KNAFU411MA5162827

1. Index Mark and Registration

SMN3783B

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

GOH WEE SHIANG

Named Drivers Ex Sect. I

S\$500.00

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

07/05/2021 (00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

10/07/2022

Ex Sect. I - Age <= 25

S\$3,000.00 S\$500.00

Ex Sect. I - Age >= 26
* Age as at date of accident

EX ON WINDSCREEN .

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 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 \$\$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 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: Tan Xin Yi Josephine
Authorised Officer

Authorised Signatory

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

Q6389 6111

66222 1033

www.sg.cntaiping.com