SN09227L0004-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 21/07/2022 14:07 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (21/07/2022 14:13 (SGT))

Your NCD will be affected due to late reporting

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	21/07/2022 14:07 (SGT)
Reported by	Driver
Date of Accident	11/06/2022 09:25 (SGT)
Exact Location of Accident	Telok Ayer St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5006D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE LIAN CHENG
NRIC No	SXXXX279B
Email Address	zhaoyouning88@gmail.com
Mobile Phone No	(Phone) +65-98801917
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00256382101

DRIVER

Name of Driver	ZHAO YOUNING
NRIC No	SXXXX601G
Date Of Birth	28/06/1986
Occupation	Indoor

Date Of Driving Pass	20/03/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87487590
Alt. Phone Number	-
Email Address	zhaoyouning88@gmail.com
Address	6 TANAH MERAH KECHIL LINK
Address complement	#08-11 URBAN VISTA
Postcode	465419
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	AUNTY
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN3233J
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

SKETCH PLAN

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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

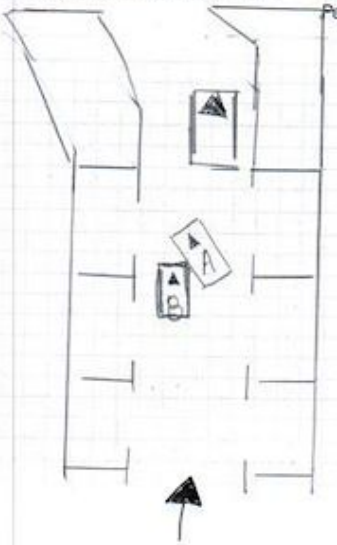
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	21/7/22	21/07/22

Sketch Plan

TELOK AYER ST

A - SKH5006D

B - SLN3233J



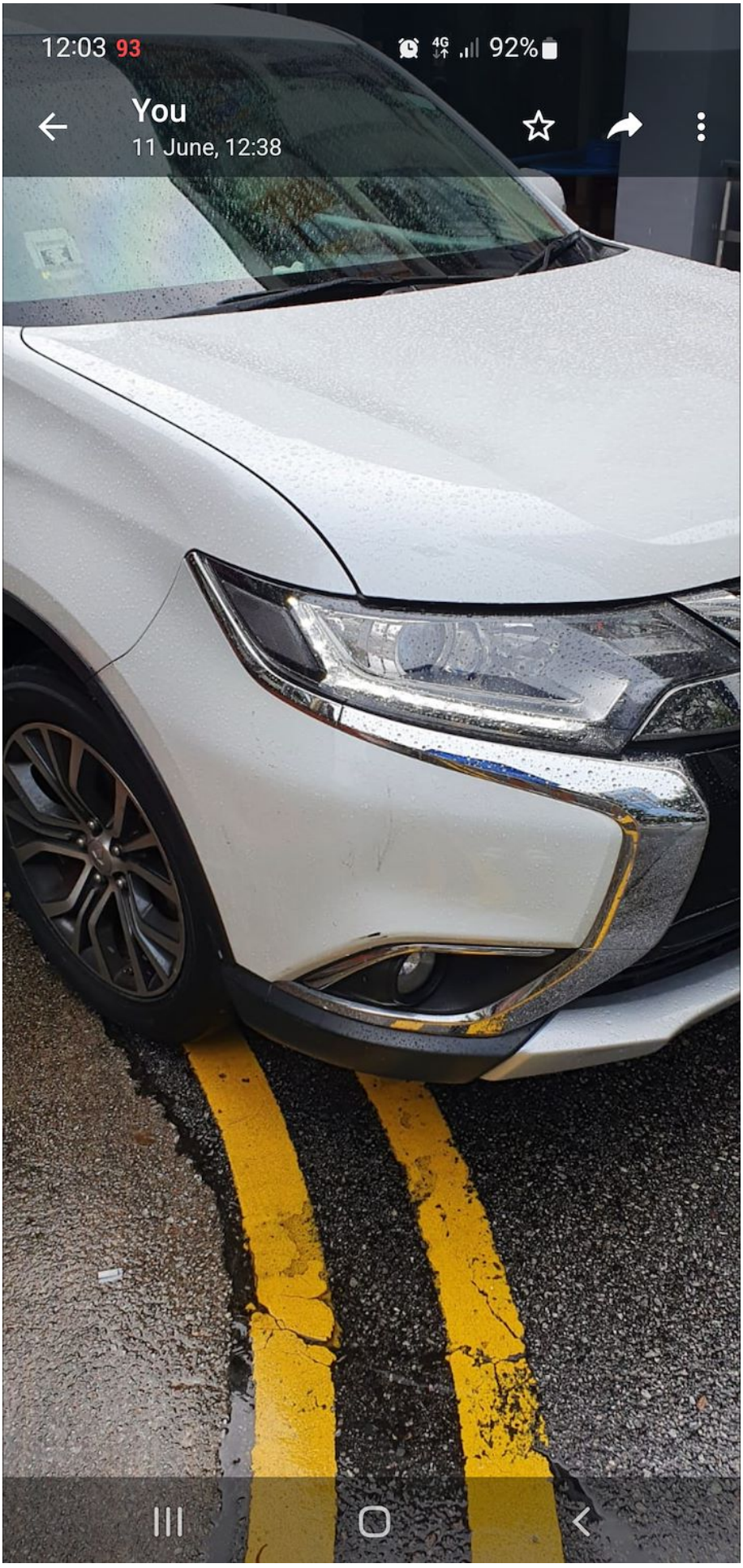
Describe Circumstances of the Accident

On 11 June 2022 at about 09:20, I was driving along Telok Ayer St and wanted to park my car into a parallel lot. During that time, there was a truck doing unloading work infront of me. As I have noticed the truck, I drove slowly with care to manouvre into the lot. About the same time, SLN3233J, hit me from the back to the side of my car. Telok Ayer St is a Single lane road.

Declaration

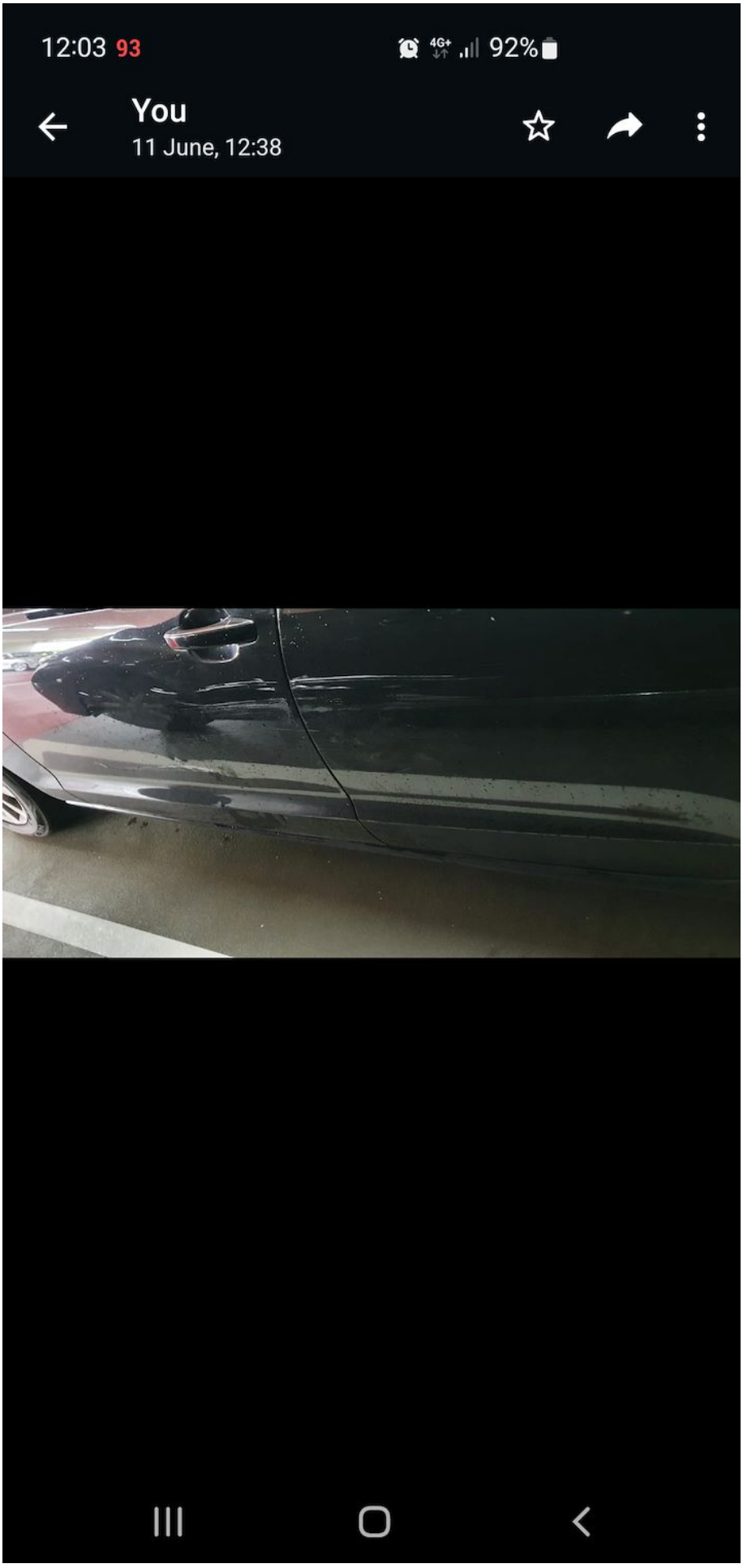
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	21/7/22.	21/07/22


12:03 93
92%
You
11 June, 12:38

IMAGES #2

IMAGES #3



GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09227L0004 Vehicle Registration No: SKH5006D

Name (as shown in NRIC): ZHAO YOUNING NRIC/FIN/Passport No: SXXXX6016

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 6 FANNAM MERAH KECHIL LINK #08-11 URBAN VISTA Singapore (465419)

Contact (Tel): Mobile No.: 87487590

Email Address:

Date of Accident: 11/07/22 Time of Accident: 0925

Place of Accident: TELOK AYER ST

Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

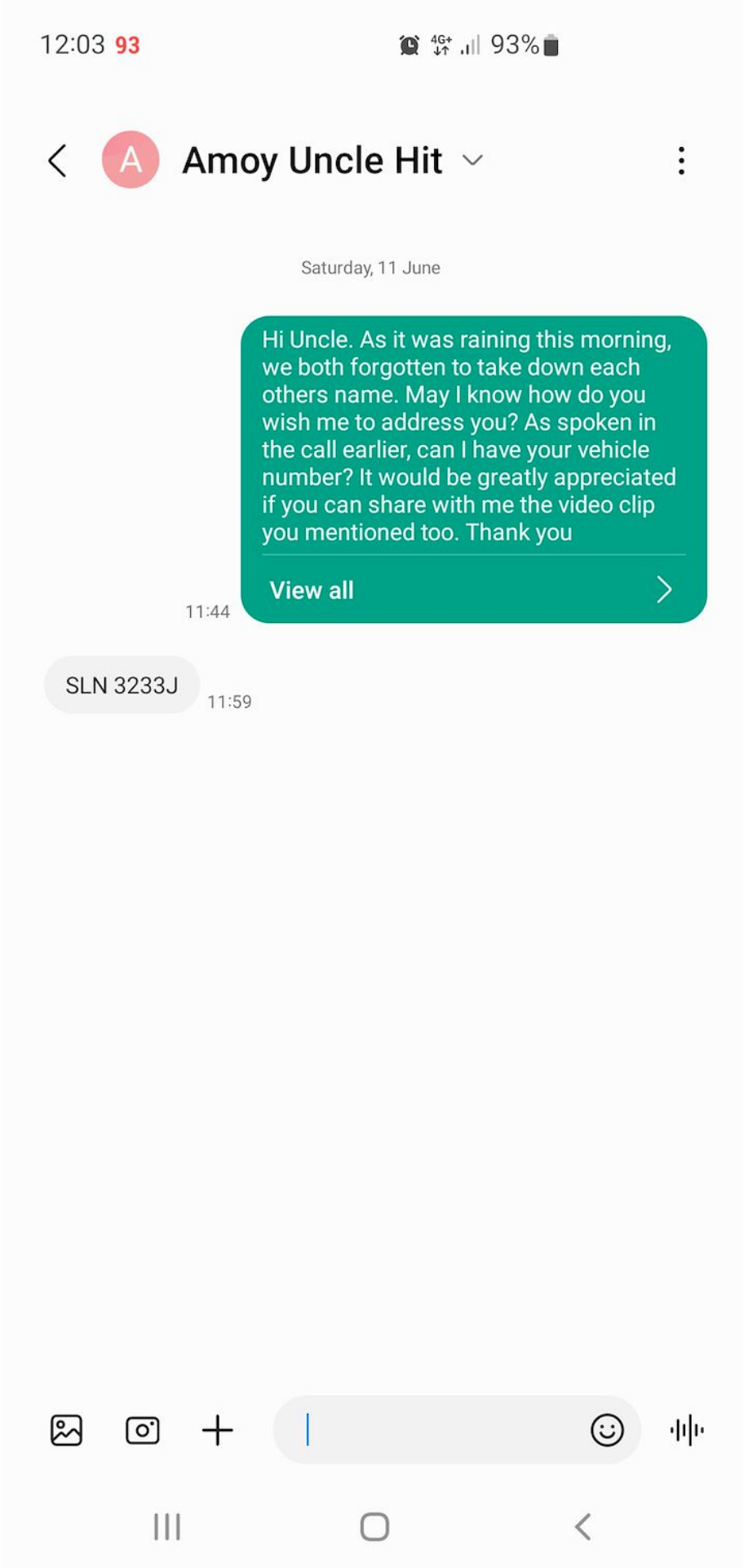
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

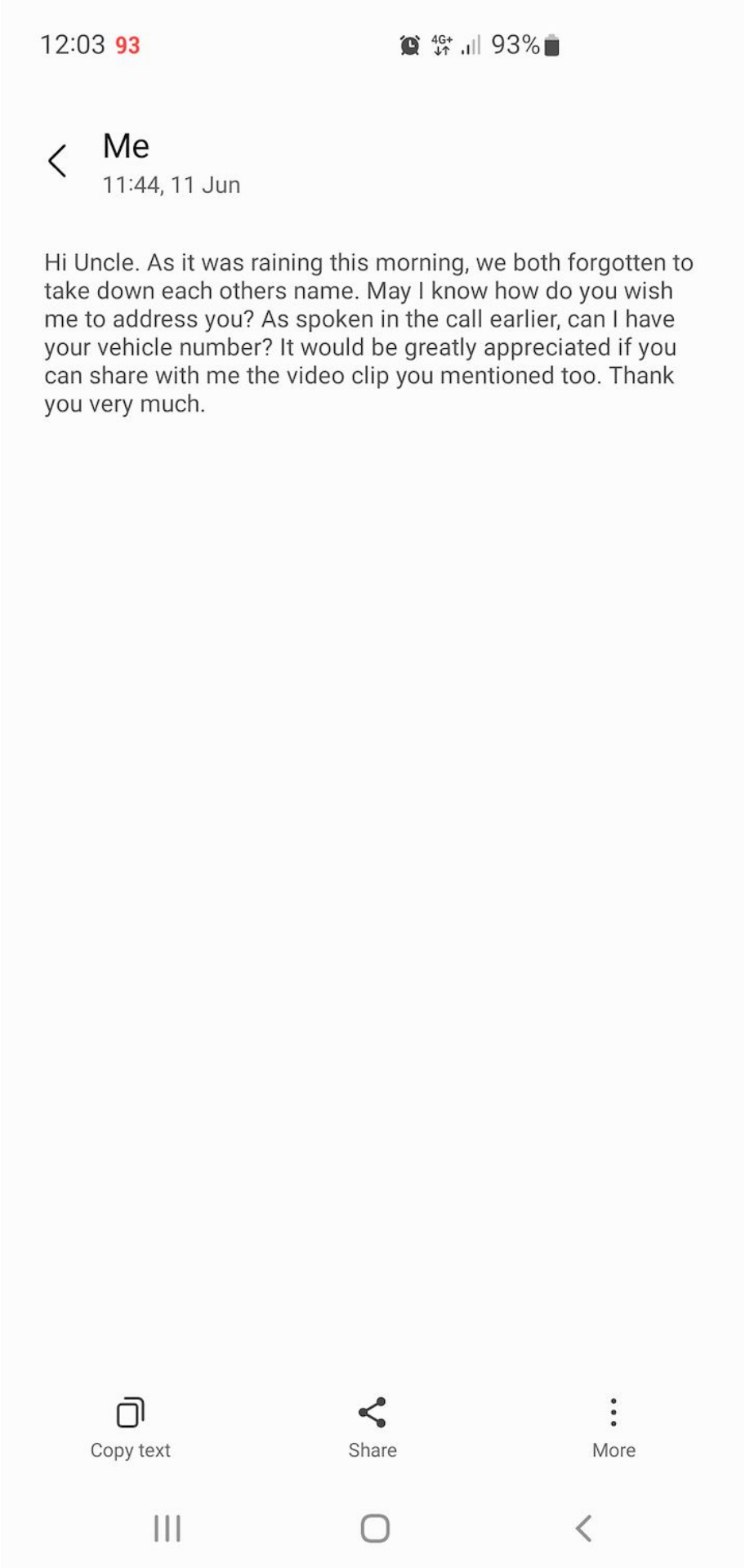
AMEND ACCIDENT DATE: 11/06/22

Policyholder / Actual Driver's Signature
Date:

21/07/22
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

vJun2022


12:03 93
93%
A
Amoy Uncle Hit
Saturday, 11 June
Hi Uncle. As it was raining this morning, we both forgotten to take down each others name. May I know how do you wish me to address you? As spoken in the call earlier, can I have your vehicle number? It would be greatly appreciated if you can share with me the video clip you mentioned too. Thank you
View all
11:44
SLN 3233J
11:59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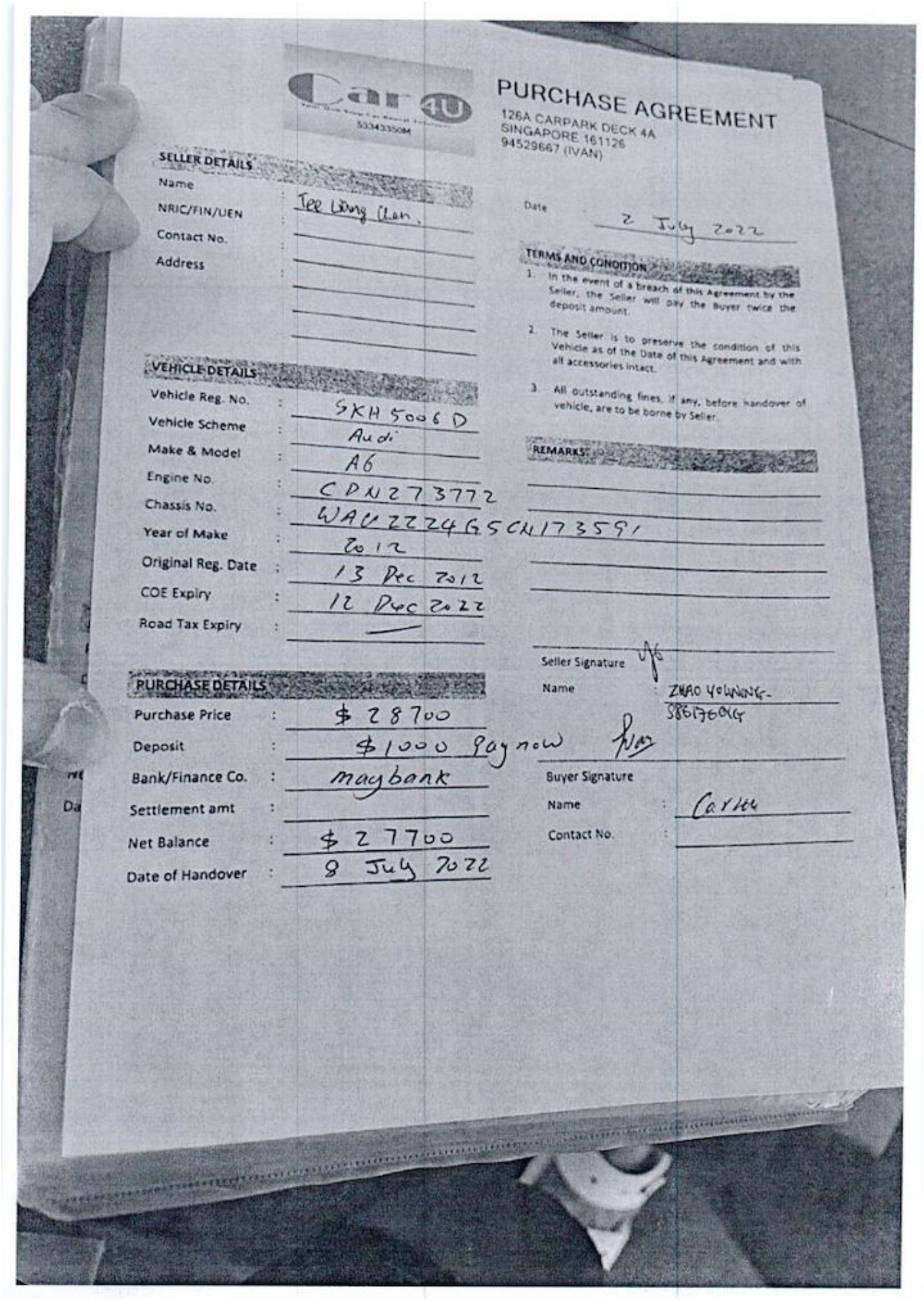
Me
11:44, 11 Jun
Hi Uncle. As it was raining this morning, we both forgotten to take down each others name. May I know how do you wish me to address you? As spoken in the call earlier, can I have your vehicle number? It would be greatly appreciated if you can share with me the video clip you mentioned too. Thank you very much.
Copy text
Share
More



Car 4U
53343350M

PURCHASE AGREEMENT

126A CARPARK DECK 4A
SINGAPORE 161126
94529667 (IVAN)

Date : 2 July 2022

SELLER DETAILS

Name :
NRIC/FIN/UEN : Tee Ling Lan,
Contact No. :
Address :

VEHICLE DETAILS

Vehicle Reg. No. : SKH 5006 D
Vehicle Scheme : Audi
Make & Model : A6
Engine No. : CDN273772
Chassis No. : WAUZZZ4G5CN173591
Year of Make : 2012
Original Reg. Date : 13 Dec 2012
COE Expiry : 12 Dec 2022
Road Tax Expiry : —

PURCHASE DETAILS

Purchase Price : $ 28700
Deposit : $1000 pay now
Bank/Finance Co. : maybank
Settlement amt :
Net Balance : $ 27700
Date of Handover : 8 July 2022

TERMS AND CONDITION

1. In the event of a breach of this Agreement by the Seller, the Seller will pay the Buyer twice the deposit amount.
2. The Seller is to preserve the condition of this Vehicle as of the Date of this Agreement and with all accessories intact.
3. All outstanding fines, if any, before handover of vehicle, are to be borne by Seller.

REMARKS:

Seller Signature
Name : ZHAO YONGKANG
S8617604G

Buyer Signature
Name : Carlos
Contact No. :