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Date lin: 17/08/2012		Job description		Date & Time Con	pleted .	Done by	
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OD : TP' / Reporting Only ' .		1-Photo Uplos	ided.		- 1	,	
·	, ;	Assessment/Su					
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Preferred Wksp / INC Assign Wks	p/QW:(			Tel:			7
TP Panticulars: Ye	h No:: SN	1E 4546K	. ' INC(	. )/Non-TNC		`)	
Owner / Driver: (			<del></del>	Cover Type: (		>.	
Policy No: (	) Per	iod: (		· Time		)	•
. Confirmed by : (			Date!	20%; P: 21-79%		0%]	
Insured/Driver Liability: (	9/0) [3	Note-Est. Status (	)\NO(	)			,
Time of Pagistration: (		Warranty: YES (					
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SN08228C0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 12/08/2022 13:12 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (12/08/2022 13:12 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual 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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/08/2022 13:12 (SGT) Driver 10/08/2022 19:10 (SGT) Mandai Rd, Singapore TRAFFIC LIGHT JUNCTION Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GY5060D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

SUNMIGHT TRADING & ENGINEERING 3XXXX900W winson\_tingwei@hotmail.com (Phone) +65-93862076

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

Employment

Toyota

Dyna

No - Reporting only Commercial vehicle Manual

2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00056682200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH BANG CHIE SXXXX145H 08/12/1963 Outdoor

. Date Of Driving Pass 10/07/1985 Driving experience 37 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-93862076 Alt. Phone Number Email Address winson\_tingwei@hotmail.com BLK 280 YISHUN STREET 22 #10-340 Address Address complement 760280 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Collision - Head to Rear Type of Accident Clear 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 2 Number of Passengers (Including Driver) 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 PASSENGER 1 AH XIONG Name Male Gender 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 DETAILS OF OTHER VEHICLE PROPERTY 1 SME4546K Vehicle Registration Number

Honda

City

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour	
Vohiala Catagoria	Black
	Private car
Name of Driver	i iii die cai
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property demaged in assistant	-
Details of property damaged in accident  No. Of Passenger (Including Driver)	-
No. Of Passenger (including Driver)	-

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' 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

Witnessed by Reporting Centre Personne (Name as in NRIC/ID card)

JUN 710 Sketch Plan

Describe Circumstance of the Accident
Describe directinistance of the Accident
On 10/08/2022 about 19-10pm. I was travelling along
MANDAI Road tourns Yishun and behick B" SME 4546 K'
The source of th
Brake and stop at the traffic light Tunction and I could not
Brake in fine so collided into vehicle B "SME 4546 K"
rea car partion. There is no insurious involved. Ambulare have come
and check both parties and no one unveyed to hospital sy
ansulance.

Declaration

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

Toh

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Policyholder's Signature / Date & Time



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

CIDENT DATE & LOCATION  (a) & Time of Accident • [0]	Date: (0/08/2022 Time	
	Along MANDAI R-	d traffic light
act Location of Accident	Junction	
SURED / POLICY HOLDER / VEHICLE PARTICULA	RS / DETAILS OF OWN VEHICLE	RUYO ATOYOT
hicle Registration Number		
me of Registered Owner*		gineer ing
RIC / FIN / Passport /Co Regn No.	35532900 W	e l'anidatuil d
		ison_tirsweithothail.C
act <u>Purpose</u> for which vehicle s being used at Time of Accident	□ Privale Usage / ☑ Comm	
alaiming under your own		Please state action to be taken
tanco policy for repair to your vehicle?*	☐ Third Party Claim (SYH / Other worksho	p?) / Reporting Unity
SURANCE COMPANY (OVIN VEHICLE)	China JEQ / Etiga / MSIG / Tokio Marine/ G	reat American
ame of Insurance Company *	Comprehensive / Third Party / Thi	rd Parly Fire & Theft
vpe of Policy*	DMCVSN W 000 5668 22	CO.
olicy No. (Cerlificate No.) / Cover Note No.	DMS / 2 / M 000 3 6 08 5 5	
RIVER	TOH BANG CHIE	Gender Male Demale
ame of Driver *	515761451	
RIC / FIN / Passport Number*	08/12/1963 (dd/mm/yyy	v)
rate of Birth *	Indoor / Doutdoor	
Occupation *	10 107 / 1985	
Date of Driving Pass (Pass Date)	9386 2076	
Contact Number *		\$10-340 5 (7602)
Address	Blk 280 Yishun Street 22 Email: Winson_fingwei Pholmsil-	Con Fax: -
Email Address / Fax Number *	Email: Winson_Ting Wei France / Friend /	Olbers'
Relationship of the Driver with the Insured *	Owner / Employee > Spouse / Friend / (Veh No. 1) 2)	3)
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1)2)	3)
Vehicle Number & Insurance Company* GENERAL INFORMATION OF THE ACCIDENT	1110 00:11	
	Chain Collision / Side-Swipe (Front to	Read/ Others:
Type of Collision	Clear / Raining / Others:	
Weather Conditions	Wet 1 Dry) / Others:	
Road Surface * OTHER INFORMATION		
Was anybody Injured in the accident? *	Police Report req	uited)
Was any injured conveyed to hospital	ØNo/ □Yes	
by ambulance?		Veh Category:
Was any foreign vehicle involved in this accident?	ZNo / DYes Veh No:	ven oz.egory.
Number of vehicles involved in the accident	(02)	
Was there any witness?	☑No / □Yes	
Was any other VEHICLE / Property involve /damage?	DNO/ DYES	
Was there any video captured by Car Camera?	DHO/ DYES	
DETAILS OF POLICE ACTION	If Yes Flease	state which Police Station
Was the Accident Reported to the Police?*	IZNO1 □Yes	
Was Notice of Intended Prosecution given? *	ZNo / Eyes If Yes, against	when?
Number of Passengers (Including DRIVER)?"	(02)	
Passengers	1301101	lame:
	Gender : Male ) Female	Sender : Male / Female

Vehicle Registration Number *	1) SME 4546K (2)
Vehicle Make / Model / Colour	HanoA city / Black
Damage to Vehicle/Property?	
Vehicle Category *	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Insurance Company Name	
DETAILS OF WITNESS	
Name	
Contact No. / Email Address	



Motor Commercial

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)

MZ300/C

SN

AN0740A

Cov. Type:F

CERTIFICATE No.

DMCVSNW00056682200

Engine No.: 5L5586497 Cha. No.:JTFUF34Y103010513

Index Mark and Registration

Number of Vehicle

GY5060D

2. Name of Policy Holder

SUNMIGHT TRADING & ENGINEERING

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

03/05/2022 (00:00:00)

Date of Expiry of Insurance

02/05/2023

5. Persons or Classes of Persons entitled to drive\* Any person who is driving on the Policyholder's order or with their 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."
- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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: TATCO ENTERPRISE Authorised Officer

**Authorised Signatory** 

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

O63896111

6222 1033

www.sg.cntaiping.com