

NATIONAL Assessment Centre Services: (until 1 Jan 2008)

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 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 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	14/09/2022 15:14 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 20:00 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND6676Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BEE NETWORK TECHNOLOGY PTE LTD
Company Reg No	2XXXXX398D
Email Address	innoesg@gmail.com
Mobile Phone No	(Phone) +65-87996923
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00157072100

DRIVER

Name of Driver	LONG NINI
NRIC No	SXXXX190A
Date Of Birth	08/08/1981
Occupation	Indoor

Date Of Driving Pass	10/02/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87996923
Alt. Phone Number	-
Email Address	innoesg@gmail.com
Address	BLK 87 DAWSON ROAD #30-17
Address complement	-
Postcode	141087
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

Type of Accident	Collision - Head to Rear
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)	2
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

Name	LI YUXUAN
Gender	Female

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

Vehicle Registration Number	SKG7177K
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 Traffic Police Department for investigation.**
6. 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)

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.



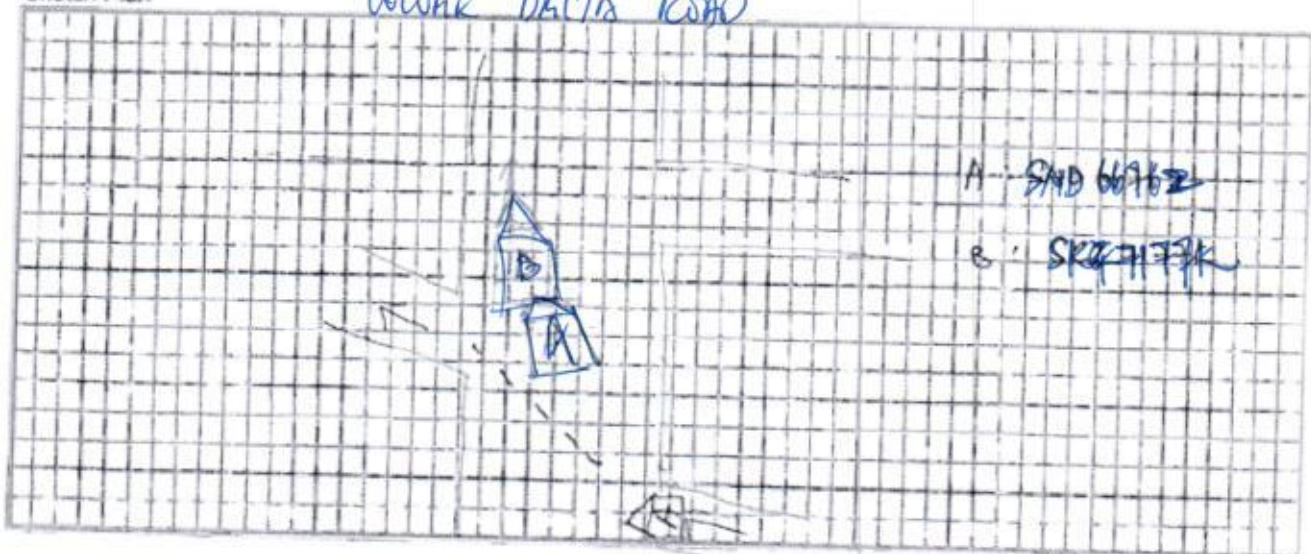
Policyholder's Signature / Date & Time

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

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

Sketch Plan

LOWKE DAIRY ROAD



Describe Circumstance of the Accident

At 8:00pm on 29th Aug 2012, I was coming out going into Leve Delta Road to go to and turn to the left of the traffic light lane. However, before I could turn left, I bumped into the stationary car at the traffic light.

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
(Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 08 / 2022 (dd/mm/yy) Time of Accident: 20 : 00 (24-HR-FORMAT)
Vehicle No.: SND6676Z Vehicle Make & Model: TOYOTA YARIS
*Transmission : ☐ Manual ☒ Auto *C.c : 1490
Exact location of Accident: LOWER DELTA ROAD
Policyholder's Name: BEE NETWORK TECHNOLOGY PTE LTD NRIC/FIN/REG No.: 202037398D
*Policyholder's email address : INNOESG@GMAIL.COM
Driver's Name: LONG NINI NRIC/FIN/REG No.: S8188190A (F)
*Driver's email address : INNOESG@GMAIL.COM
Driver's Contact No.: 87996923 Company Contact No (If any): _____
Date of birth: 08/08/1981 Driving Pass Date: 10/02/2021
Driver's Address: BLK 87 DAWSON ROAD, #30-17, SINGAPORE (141087)
Insurance Company: CHINA TAIPING
Policy No.: DMPCSNW00257072100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
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)
Type of Accident
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 2
*Passenger Name: LI YUXUAN Gender: Male / Female
*Passenger Name: _____ Gender: Male / Female
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 Car camera? ☐ Yes / ☒ No
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: _____
Injuries Sustain : _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKG7177K
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: MY CAR CONSULTANT PTE LTD Contact No: 83447681



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

MX4F

E SN

AN0687A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00257072100

Engine No.: M15AY231996

Cha. No.: MXPB102014687

1. Index Mark and Registration
Number of Vehicle

SND6676Z

AUTOSAFE
=====

2. Name of Policy Holder

BEE NETWORK TECHNOLOGY PTE. LTD.

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

15/12/2021
(00:00:00)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$3,000.00

Ex Sect. I - Age >= 26

\$5500.00

* Age as at date of accident

EX ON WINDSCREEN.

\$100.00

4. Date of Expiry of Insurance

08/12/2022

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:

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 \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: GENIE FINANCIAL SERVICES PTE LTD

* 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

6389 6111

6222 1033

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