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Owner/Driver: (	of the same	Tel:	7 7
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Drive-in ( )/ Towel-in ( ); Invoic	e: YES( )/NO( )	Towing Cost	,
Remorts: 7 MING Borline: 6788(6616)		ir j-Dita@Cline Complet	Enfrage. Done by
1) Apply for Transport Allowance ( )/ (			
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3) Uplace Resurvey Photo (Repair Cost > \$	3000] ( )	1	
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SN0822AI0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 18/10/2022 15:37 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (18/10/2022 15:37 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

A. 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.

ACCIDEN	IT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	18/10/2022 15:37 (SGT) Both 17/10/2022 20:40 (SGT) Petir Rd, Singapore - Singapore
DETAILS O	F OWN VEHICLE
/ehicle Registration Number	SKF5225Z
INSURED/POLICYHOLDER	
s company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No VEHICLE PARTICULARS	No NG YU HUI (HUANG YUHUI) SXXXX918G dnyh1102@gmail.com (Phone) +65-82002918
Manufacturer Model /ariant 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? /ehicle Category Fransmission CC INSURANCE COMPANY	Mercedes E250 - Private use Yes Private car Auto 1796
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00172422201
Name of Driver NRIC No Date Of Birth Decupation	NG YU HUI (HUANG YUHUI) SXXXX918G 11/02/1984 Indoor

Date Of Driving Pass 21/02/2009 Driving experience 13 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-82002918 Alt. Phone Number Email Address dnyh1102@gmail.com Address 103 PETIR ROAD #22-07 Address complement Postcode 678273 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 Collided into Motorcyclist 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 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221018/7029 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERT Vehicle Registration Number FBG7275S Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	2
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	2
Address	2
Address complement	ū.
Postcode	2
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
CONTRACTOR AND	



Page 3 of 17

### 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 Actual Driver.
- 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.
- 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 / Oate & Time

Sketch Plan

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

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

PEAR 2D BOTTOTAL SET SDOTE TO SET SDOTE TO SET SDOTE TO SET STORE SET STORE

Describe Circumstance of the Accident	
REASE REPORT TO POLICE REPORT ;	1/20221017/0139.

Declaration

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

Policyholder's Signature / Data & Time

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

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





1 of 3 Report No. T/20221018/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

18/10/20	ne Report 022 14:12	Made:	Vide Report No.: J/20221017/0139	Station Diary No.
Informa	nt's Partic	ulars		
Name of	f Informant HUI		Address:	
ID Type NRIC NO	/ ID No.: D / S84039	18G	931 YISHUN CENTRAL 1 #0 Contact No.: Home/Office:	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: DNYH1102@GMAIL.COM	Mobile: 82002918
Sex: Male	Age: 38	Date of Birth: 11/02/1984	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
occupation: NDOOR			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink	Date/Time of Accident:	Type of Location Straight Road
Location: PETIR ROAD			17/10/2022 20:4	0
A / - / /				
		Road Surface:		Road Speed Limit:
Weather: Clear Fraffic Flow: Two Way		Road Surface: Dry Traffic Control:		Road Speed Limit: Traffic Volume:

Vehicle No.	Type	Make	Model	10.1		_
FBG7275S	Motorcycle	mano	Iviodei	Color	Conditio	No of
	The total of old					0
SKF5225Z	Car					1
		(8)				0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Liso of Podes Line
	Use of Pedes rian Crossing: NA



T/20221018/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221018/7029

### CONTINUATION OF REPORT

Mama	A 1 45 A 41 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A				
Name	NG YU HUI			ID No.	S8403918G
Related Vehicle	NIL				
100000000000000000000000000000000000000	100		_	Contact No	82002918
Hospital/Clinic	NIL			Classic	01
				Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days grant	ed Medical Leave	NIL	0.70		
	Edayo	TAIL	Degree of	NIL	

### Brief Details.

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE (A) SKF 5225 Z, TRAVELLING ALONG PETIR RD. I WAS DRIVING MY VEHICLE ON LANE 2. BEFORE I DRIVING MY VEHICLE, I HAD CHECKED THE VEHICLE INFRONT OF ME WAS MOVING HIS CAR. SUDDENLY, THE VEHICLE (B) FBG 7275 S INFRONT OF ME SLOW DOWN HIS MOTORBIKE, I CAN'T STOP MY VEHICLE IN TIME, AND ACCIDENTLY HIT ONTO THE REAR OF THE MOTORBIKE. AFTER ACCIDENT, POLICE & AMBULANCE COME OVER, AND THE AMBULANCE TAKE THE MOTORBIKE RIDER TO HOSPITAL. POLICE HAVE PASS A PAPER ASKED TO USED THE REF NO. J/20221017/0139 (NP168)

VEH (A) SKF 5225 Z VEH (B) FBG 7275 S





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20221018/7029

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:

18/10/2022 14:12

Classification Of Case:

NP168

Not applicable

TP / TPIB /

Officer In Charge Of Case:

VILTON HIA WEE SIANG Contact No.: 65476232



Date of Accident	: 1+(10) 2022 Accident Time: 7115 HO0
Accident Place	: 17/10/2022 Accident Time: 2045 HPS (24-HR-Format)
Vehicle No. (Car Plate No.)	
Insurance Company	: SKF 5005 7 Make/Model: MER(EDES FOLT)
Owner or Company Name /IC N	O. HE VI HIT (CS) ON DOCHWOOT SUS
Owner or Company Contact No.	1180403469
DRIVER'S Name / IC No.	Owner's Hp
DRIVER'S Date Of Birth	: AS ABOVE (S8403GBG).
Relationship of Owner & Driver	: DRIVER'S License Pass Date 21/02/2004
DRIVER'S Address	- West Children Sibling From Journal Co.
DRIVER'S Contact No./ Alt No.	: 103 DETEK RD # 20- OF SINGAPORE 678273.
DPRIEDICO	2)
Email Address	NDOOR \ OUTDOOR (e.g. working inside or outside office)
Weather & Road Surface	: DAYH 1103 @ GMAIL . COM
Reporting Type . Re	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Number of Passengers (Including D	porting Only \ Claim Other Party \ Claim Own Insurance
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \ NO being used at time of accident: Private use \ Work Purpose
Vehicle, No: B FRG	rty Driver's Particular (if any)
1 PM + 17 S	Vehicle av
ehicle Make \Model:	Vehicle No:
Vehicle Make \Model:	Vehicle No:  Vehicle Make \Model:
Other Pa Vehicle. No: B FB(1 7)75 S. Vehicle Make \Model:	Vehicle No:  Vehicle Make \Model:

NEW – Passenger's name & gender:



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE ISINGAPOREIPTE LTD.

Motor Private Car

MXIL

ANDITRA

Cov Type:C

DMPCSMW00172422201

CERTIFICATE OF INSURANCE

Engine No. 27188030316999

Chia No. WDD2074472F139793

CERTIFICATE NO

Number of Venicle

Date of Expry of transaction

NG YU HUI (HUANG YUHUD)

19/07/2022 00:00:001

Named Drivers Ex Sect 1

\$\$750.00

18/07/2023

Additional Ex Other than Named Drivers

\$\$3,000.00

Ex Sect 1 - Age < 1.25 Ex Sect 1 - Age >= 20

5\$500.00

\* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

ta: 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 taws or regulations to drive the Motor Vehicle or has been so permitted and is not disquisitied by order a Court of Law or try reason of any enactment or regulation in that behalf from driving the Motor

Agent Assistance (IH) Hotline: 6287 7077

Use for social demostic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward bution driving test racing pace-making reliable that speed-lesting the carnog of goods other than samples at connection with any trade or business or use for any purpose at connection with the Motor Trade Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss Theft) will be doubted. One have the first test to the first SET Only as soon to the test speed Disputed of the first section of the first sect Warver of Excess for the first S\$1,000 and about to the insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year

\* Constitions renowed inoperative by Section 6 of the Millor Varioties (Third-Party Roses and Compensation) Act (Chapter 189 and Section 95 of the Road Transport Act 1967 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates as issued in accontance 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)

Issued By

INSURE HUB PTE LTD Authorised Officer

China Taiping Insurance (Singapore) Pte Ltd. (Co. Reg. No. 200208384E) 🙀 : Amon Road #16 00 Springleaf Tower Singapore 0.79909

5 6389 6111

C 6222 1033

www.q.cntaiping.com