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SN0822B40004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/11/2022 15:45 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/11/2022 15:45 (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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/11/2022 15:45 (SGT) Owner 03/11/2022 21:15 (SGT) CTE, Singapore TOWARDS SLE Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJU2392B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No. Alternative Phone No No LIM JIT MIN

SXXXX236A johnnytwg@outlook.com (Phone) +65-86879575

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

**BMW** 320i

Private use

No - Claiming third party

Private car 1995

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00122902202

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM JIT MIN SXXXX236A 09/10/1988 Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	01/07/2011 11 YEARS AND 4 MONTHS Male (Phone) +65-86879575 - jitmin@centralperk.sg BLK 230 ANG MO KIO AVENUE 3 #02-1244 - 560230 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	Contribution and harmonics is a
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

DETAILS	IER VE	HICLE PF	KOPERITI

Vehicle Registration Number	FBT3255H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD ZULSYAHMI BIN LUKMANUDDIN
Contact Number	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	1.5
Details of proporty demaged in against	-
No. Of Passenger (Including Driver)	-
110. Of 1 doodingor (including Differ)	

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM JIT MIN
Gender	Male
Phone No	(Phone) +65-86879575
Address	-
Address Complement	_
Post Code	2
Approximate Age Years Old	•
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJU2392B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes
vvas uns injured conveyed to nospital by ambulance?	No

#### 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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

Sketch Plan

Sketch Plan

Sketch Plan

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cribe Circumstance of the Accident	
I was travelling along CTE to wards SLE after	Moulmein Exit,
On the Lane 4, ahead of me the relieve of	
the temple of the the well of	ow down and
I also Follow to show down, suddenly this i	rehicle B from
behind bong on to my new portion of my	
	310.0 )
Jobal Abjene are 2 reliefe in volved	

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

Witnessed by Reporting Centre Personnel



Date of Accident	: 03/11/2022 Accident Time: 21 1.15 (24-HR-FORMAT)
Accident Place	: CTE to wards SLE
Vehicle Reg. No (Car plate No.)	: SJU 2392 B Vehicle Make/Model: BMW
Insurance Company	: China taiping Policy No. DMPCSNA00122902202
Name of Registered Owner	: Company / Individual lim Jit Min
ID of Registered Owner	: Co Reg No: Owner's NRIC No: <u>\$8839236</u> A
Johnny tug@oatlook.com	: Co Contact No: Owner's Contact No: \\ \frac{\cup 6B 7 95 75}{\cup 75}
DRIVER'S Name	DRIVER'S NRIC No:
DRIVER'S Date of Birth	: 09/10/1988 DRIVER'S License Pass Date 01/67/201)
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: Self
DRIVER'S Address	: BIK 230 Ang Mo Kio Aue 3 #02-1244
DRIVER'S Contact No./ Alt No.	:1) 8687 9575 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: jitmin@centralperk.eg
Weather & Road Surface	: CLEAR & DRY   RAINING & WET   AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Dr. Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the in	ce? YES \ NO camera: YES \ NO being used at the time of accident: Private use \ Work purpose jured person)
Other	Party Driver's Particulars (if any)
Vehicle Reg No: FBT 3255H	Vehicle Reg No:
Vehicle Make\Model:	Vehicle Make\Model:
Name DRIVER: Muhammad zulsy	ahmi Bir Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
	CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER	A DRIVER ( POT)



## 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) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

BR0138A Cov. Type:C

SN

MX1E R

CERTIFICATE No.

DMPCSNA00122902202

Engine No.: A619I513N46B20BD Cha. No.:WBAPG56040NM18883

Index Mark and Registration

SJU2392B

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

LIM JIT MIN (LIN RIMING)

Effective date of the Commencement of

24/05/2022 (00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Insurance for the purposes of the Regulations, Ordinance or Enactment

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

S\$3,000.00

4. Date of Expiry of Insurance

23/05/2023

Ex Sect. I - Age >= 26

\$\$500.00

\* 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

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 \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Rollow Your Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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 Jia Hwei Authorised Officer

Authorised Signatory

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

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