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SN0822B80006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/11/2022 17:34 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (08/11/2022 17:34 (SGT))

# 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 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 08/11/2022 17:34 (SGT) Reported by Driver Date of Accident 07/11/2022 19:36 (SGT) **Exact Location of Accident** SLE, Singapore BEFORE WOODLANDS AVENUE 2 EXIT Additional Location Information Country/State of Loss

### DETAILS OF OWN VEHICLE

**SML1217T** Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes HENG SOON COLLECTION PTE LTD Name Of Registered Owner 2XXXXX525H Company Reg No **Email Address** hengsoonabi@gmail.com Mobile Phone No (Phone) +65-91547267 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Vios Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Commercial vehicle Vehicle Category Transmission Auto 1497 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number DMPCSNW00180252202

DRIVER

Name of Driver SEE ZHEN PENG NRIC No SXXXX290A Date Of Birth 06/04/1998 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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?	22/07/2020 2 YEARS AND 4 MONTHS Male (Phone) +65-91547267 - zhenpeng19988@gmail.com BLK 504A MONTREAL DRIVE #05-44 - 750504 No Friend 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 Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
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 phone number  Translator's email  Original language used in the statement  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?	No 2 Yes No Yes 1 No No No No
If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER
DETAILS OF OTH	ER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF7165A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	12

Contact Number	1-1
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SEE ZHEN PENG
Gender	Male
Phone No	(Phone) +65-91547267
Address	:::::::::::::::::::::::::::::::::::::
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SML1217T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

# IMFORTANT 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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
- (ii) investigating the accident and/or my claims;

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- (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

ed by Reporting Centre Personne lame as in NRIC/ID card)

Sketch Plan

4 Es

Describe Circumstance of the Accident	
I WAS TRAVELLING ALONG SLE TOWARDS WOODLANDS	
ON LANE 1. THE VEHICLE IN FRONT SLOWED DOWN AND	
STOPPED. I FOLLOWED TO SLOW DOWN AND STOP.	
SUDDENLY, I FELT AN IMPACT FROM THE PEAR.	
- The state of the	
	20
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Declaration

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

Reg No 201728525H 77

16.

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

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



if no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Date of Accident: 07 / 11 /2022 (dd/mm/yy) Time of Accident: 19 36 (24-HR-FORMAT) Vehicle No.: SMLIZIAT Vehicle Make & Model / Engine (co): TOYOTA VIOS Private Hire: (Y R Exact location of Accident: SLE (BEFORE WOODLANDS AVENUE 2 EXIT) Policyholder's Name / TC No. 3 HENG SOON COLLECTION PTE LTD ROC/UEN (Company) 201728 575H Driver's Name / IC No. : SEE ZHEN PENG S98/1290A Driver's Contact No. : 9154 3163 Company Contact No / Owner Contact No: Driver's Address: BLK 504A MONTREAL DRIVE #05-44 SINGAPORE 751504 Owner Email address: HENGSOONABI @GMAIL.COM Insurance Company: CHINA TAIPING Driver Email address: ZHENPENG19988@GMAIL.COM 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) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ Outdoor Was being used at time of accident? Private use / Work purpose \*No. of Passengers (Including Driver): Passenger Name: Gender: Male / Female xc + Passenger Name: Gender: Male / Fennale x( ) 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 Camera? Yes / No Remarks: Any Injuries: Yes / No (If YES) Injured Person' Name: DRIVER Injured Person in Which Vehicle: SM-12177 Police Report filed: Yes / No. (If YES) Which Police Station: The Other Party(s) Details: L. Driver's Name / IC Not. Vehicle Not. S KF7165A



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1

R SN

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AN0420A Cov. Type:T

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.

DMPCSNW00180252202

Engine No.: 1NZY102066

Cha. No.:MR053HY9305168848

Index Mark and Registration

Number of Vehicle

SML1217T

2 Name of Policy Holder

HENG SOON COLLECTION PTE LTD

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

06/08/2022 (00:00:00)

Date of Expiry of Insurance

05/08/2023

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 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.

\* 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

N

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

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

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