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	magas	INC (	Tel:	Fax:	
Owner / Driver: (	1115 963	IH . INC(	)/Non-INC( )		
Policy No: ( ) Period	d: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:		
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2) QC Check / Post Repair Inspection	(	)		,	***************************************
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SN0922BE0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/11/2022 15:05 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/11/2022 15:05 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- 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 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.

	aforesaid.
ACCI	DENT STATEMENT
Date of Submission	the state of the s
Reported by	14/11/2022 15:05 (SGT)
Date of Accident	Both
Exact Location of Accident	13/11/2022 09:30 (SGT)
Exact Location of Accident Additional Location Information	Singapore
Additional Location Information Country/State of Loca	
Country/State of Loss	Singapore
DETAILS	S OF OWN VEHICLE
Vehicle Registration Number	SKZ2841J
INSURED/POLICYHOLDER	
Is company?	
Name Of Registered Owner	
14110 140	SIZII OZING
Email Address Mobile Phone No.	
Mobile Phone No	apexih@yahoo.com.sg
Alternative Phone No	(Phone) +65-96265007
VEHICLE PARTICULARS	
Manufacturer Model	
\$24475 A4475 A447 A447 A447 A447 A447 A447	•
Variant	Camry
accident which vehicle was being used at time of	
your vehicle?	
- maio Odicyory	Juma party
Transmission CC	
CC LORDONNINGERO CONTROL OF CONTR	Auto 2000
INSURANCE COMPANY	
Name of Insurance Company	
Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00020332200
DRIVER	
Name of Driver	
NRIC No	TAN SIEW SENG
Date Of Birth	SXXXX515F
Occupation	27/07/1964

Outdoor

Date Of Driving Pass	16/02/1982
Driving experience	100211002
Gender	15 12 116 7 11 5 3 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-96265007
Email Address	
Address	apexih@yahoo.com.sg
Address complement	BLK 302 HOUGANG AVE 5
Postcode	#04-439
	530302
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	
Weather Conditions	Side Swipe
Road Surface	Clear
THE THE PARTY OF T	Dry
OTHER INFORMATION	
Man and facilities	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
was any injured conveyed to hospital by ambulance?	No
was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
Translator's name	No
Translator's ID	•
Translator's phone number	•
Translator's email	-
Translator's email	-
Original language used in the statement	-
PASSENGER 1	a .
Name	PASSENGER
Gender	Female
DETAILS OF POLICE ACTION	
DETAILED OF FOLIOL ACTION	
Was the accident reported to the police?	
Police Station Name	Yes
Police Station Phone No.	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? f yes, against whom?	No
	-
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20221113/2043	
ATTACHMENT(S)	
are accident photos available for attachment?	Yes
Vas there any video contured by Cor Communication	No
DETAILS OF OTHER \	/EHICLE PROPERTY 1

Vehicle Registration Number	CMCOCETII
Vehicle Manufacturer	SMS9651H
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No Of Passenger (Including Driver)	-
Ho. Cit assenger (including briver)	-

# INJURED PERSONS DETAILS

### INJURED 1

Injuries Sustained  Injured person in which vehicle?  Were seat belts worn?  Was this injured conveyed to hospital by ambulance?  No  INJURED 2	Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Male
Name of injured person  Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Was this injured conveyed to hospital by ambulance?  PASSENGER Female	Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	Female SLIGHT SKZ2841J

#### 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 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.
- 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
- (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

Sketch Plan

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

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

14/11/2

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Declaration

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

Policyholder Rignature / Date & Time

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

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





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

l of 3 Report No. T/20221113/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2022 19:28			Vide Report No.: E/20221113/0082	Station Diary No.:	
Informan				107	
Name of Informant: TAN SIEW SENG			Address: APT BLK 302 HOUGANG AVENUE 5 #04-439 SINGAPORE 530302		
ID Type / ID No.: NRIC NO / S1667515F Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Email:	Mobile: 96265007	
Sex: Male	Age: 58	Date of Birth: 27/07/1964	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DIRECTOR			Driving Licence Information: Class: 3,4	Date of Evning	

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2022 09:30	Type of Location:
BUKIT TIMAH	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Two Way Traffic		Traffic Control: Traffic Light - Worki	ng	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side		de		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color		
SKZ2841J	Car			A TOTAL SOLD STATE	Condition	No of Passenge
	Cai	TOTOTA CAM	CAMRY 2.0	Black	Slightly	1
CMCOCEALL			AUTO		Damaged	'
SMS9651H Car TOYOTA	VOXY	Didok	Seriously			
	HYBRID 7-			2		
	SEATER	Photographic and the state of t	Damaged			
			1.8X CVT			

Details of Vahiola Inc.	Orani Promine III
Details of Vehicle Insurance	
Vehicle No. Insurance Company	
Vehicle NO.   Insurance Company	
mediance oblitipally	Insurance No Effective Evaluation
	Insurance No Effective Expiry Date





T/20221113/2043

2 of 3

Report No. T/20221113/2043

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			200 March 1997
	Insurance Company	Insurance No	Effective	Expiry Date
SKZ2841J		DMPCSNW000203	18/01/2022	17/01/2023
	(SINGAPORE) PTE, LTD,	32200		

#### Brief Details.

On 13/11/2022 at around 0930hrs, I was driving my car SKZ2841J together with a passenger along Mandari Road going towards woodlands road. As I was driving along the flyover, I saw that the traffic light was green. As I was driving, I saw another car SMS9651H who was on the opposite road, turning right into BKE.

I slowed down my vehicle, I then noticed that the car SMS9651H was coming closer towards me, and I hit the brakes. However, I did not manage to stop on time and collided with the car SMS9651H causing the said car to flip over. Both my passenger and I was not injured during the incident.

Afterwhich, I alighted from my vehicle and there was some passerby who was calling for assistance. After a few minutes traffic police came together with SCDF. The SCDF then helped 3 persons out of the car that flipped over. After which they were conveyed to the nearest hospital by ambulance. Traffic police then advised me to lodge a police report. Due to the accident, the front bumper of my car came off.





3 of 3 Report No. T/20221113/2043

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

#### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  J /  SGT 2 MUHAMMAD 'AQIB BIN  SHUKOR	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	13/11/2022 19:28
Officer In Charge Of Case:	Classification Of Case:
SI MOHAMMAD ABDILLAH BIN PALIL	
Contact No.: 65476246	
NP168	

Date of Accident		13.11.202	2 Accident Time	0930	) 124	-HR-Forms+1
Accident Place		Along	munda; nd	founds	Lucc	lands
Vehicle No. (Car Plat	e No.)	: S/CZ 284	UJ N	fake/Model:	Togeta	Camry
Insurance Company		china	Taiping	Policy N	o DMPCJ	
Owner or Company N	Vame / iC No.	Tan S	siew seng	5/66	7515	F
Owner or Company C			7 Owner's			
DRIVER'S Name/IC No	O.	. Tan sie	~ SENIG	51667	5151	P P P P P P P P P P P P P P P P P P P
DRIVER'S Date of Birt	h	27.07.19				
Relationship of Owne		: Spouse / Parents ,				and the second second second second
DRIVER'S Address	1		, Hungang Ac	re5, #00	4-439	,5(530302
DRIVER'S Contact No.,	/ Alt No. :	1) 962650	207	Month Market Burkey & The confidence of the registration and a single participation of the confidence	the continue of the destriction of the new consequence to become	PO CONTINUENCIA AND AND AND AND AND AND AND AND AND AN
DRIVER'S Occupation	:	INDOOR OUTDO	) (e.g. working ir	isidė or outsia	le office)	
Email Address	:	ay	oexih agahoo	1- (um. 59		
Weather & Road Surfa	:ce (	CLEAR & DRYY RAI	NING & WET / AFT	TER RAIN & W		
Reporting Type		Reporting Only	laim Other Party	Claim Own In	surance	
Number of Passengers	(Including Drive)	r): ol pri	ver, 01.	Passenser		
						ALLACATE SALADAR N
Was there any video C	aptured by car ca	amera: YES /(NO)				
Exact purpose for whic	th vehicle was be	ing used at the tim	e of accident Priv	ate Use Wor	rk Frurpose	
Any injury (If YES, Pleas		Tan siew.	SENG (m)	Driver	and the best and the species of the second s	
		unknown	(4)	Passenger	-	TOTAL COM MERCEL PROTECTION OF THE STREET
at .	<u>O</u> ć	her Party Driver's	Particular (if any)			
Vehide No	sms 965	514	Vehicle Na	:		ANNOUNCED TRACES ANNOUNCED TO THE STATE OF
Vehicle Make/Model	: unkn	own	Vehicle Make			Antonioringas valentes successive, group, yeaponalise, every
Name Driver	y construction of the same and another order of the party of the same and the same	procedurates in the order on any fire organization and any	Name Driver			The second secon
iC No. Driver/Contact:	Service of Advances and Company of the Company of t	SPANIS ABOUT CONTRACTION SPACE OF SPACE AND	iC No. Driver/	Contact: :	recovering the future of the transcending securities.	executive designation of the contract of the c
				-	in months of multiplicative forces and the management of	Office Advisory (1994) 1994 (1994) 1994 (1994)
Passangaris nomo 8. ge	200					



## 中国太平保险 (新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

MX1F

SN

AN0676A

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

DMPCSNW00020332200

Engine No.: 6ARP107865

Cha. No.:MR053DK5100104969

Index Mark and Registration

Number of Vehicle

SKZ2841J

Name of Policy Holder

TAN SIEW SENG

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

(00:00:00)

Named Drivers Ex Sect. I

\$\$750.00

18/01/2022

Additional Ex Other than Named Drivers:

\$\$3,000.00

4. Date of Expiry of Insurance

17/01/2023

Ex Sect. I - Age <= 25 Ex Sect. 1 - 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 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 futton 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)

One time Waiver of Excess for the first S\$500 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. : HL BANK

\* 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:

EZY-1 SERVICES PTE LTD Authorised Officer

Authorised Signatory