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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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/12/2022 11:40 (SGT) Both 14/12/2022 13:25 (SGT) 734 Woodlands Cir, Block 734, Singapore 730734 DROP OFF POINT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMU9308P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No NG KOK LEONG THOMAS SXXXX486B thomasngkl@gmail.com (Phone) +65-98150800

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

Honda

Shuttle

Employment

No - Claiming third party Private hire Auto 1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (\$ingapore) Pte. Ltd. DMHCSNA00014252202

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

NG KOK LEONG THOMAS SXXXX486B 14/01/1963 Outdoor



Date Of Driving Pass	05/01/1983
Driving experience	39 YEARS AND 11 MONTHS
Driving experience Gender	Male
	(Phone) +65-98150800
Mobile Number	-
Alt. Phone Number	thomasngkl@gmail.com
Email Address	BLK 627 BUKIT BATOK CENTRAL #07-638
	BER 027 BORRES
Address complement	650627
	Yes
Deletionship of the Driver With the insured	•
- · 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	
	Hit and run / Vandalism / Damaged whilst parked
Type of Accident	Raining
Weather Conditions	Wet
Road Surface	,,,,,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of vehicles involved in the accident?	No
Was anybody injured in the Accident?	-
Was any injured in the Accident. Was any injured conveyed to hospital by ambulance?	Yes
d and a property (Idiliducu)	
t Descendere (Incliffing Dilvel)	•
Has the driver been approached by unknown person(s)	No
Translator's name	_
Translator's name Translator's ID	_
Translator's ID Translator's phone number	
Original language used in the statement	n =:
Oliginar and	
A TOURS ACTION	
DETAILS OF POLICE ACTION	
land land	No
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	110
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
1	Yes
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	103
	- SPOREDTY 1
DETAILS OF O	THER VEHICLE PROPERTY 1

	SMD6945J
Vehicle Registration Number	-
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Vehicle Colour
Vehicle Category
Name of Driver
Contact Number



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

Circle

		On	141	2.2022		ha	C-1-	13:	201	1rc	1 ,	vic.	Francis	10 11:	and
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Declaration

WWe 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

	14.12. 2022 Accident Time: 13:25hrs (24-HR-Format)
Date of Accident	Owner / Driver / Both
Who reported the accident?	Owner , bitter (drop off point)
Accident Place :	Blk 734 Woodland circle (drop off point)
Vehicle No (Car Plate No)	SMU 9308P Make/Model: Honda Shuttle 1.561
Insurance Company :	China Taiping Policy No: DMHCSNA 00014252002
	1100 (DO)
Fleet Policy	Charles / Third Party / Third Party Fire & Theft
Type of Coverage	: Ng Kok Leong Thomas (S1609486B)
Name of Owner / IC No	: Ng Rok Leong Mones
Owner Contact No	: 9815 0800 Owner's Hp Company Tel
Driver Name / IC No	: As above
Driver's Date of Birth	: 14.01.1963 Driver's License Pass Date: 05 Jan 1983
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Owner
	: Blk 627 Bukit Botok Central #07-638 S 650627
Driver's Address	2)
Driver's Contact No	
Driver's Occupation	: INDOOR (e.g. working inside or outside office)
Email Address	: thomas ngkl @ gmail.com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
	: Reporting Only / Claim Third Party / Claim Own Insurance
Reporting Type	1 Deliver
Number of Passenger(include Driver)	
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO t : Private Use / Private Hire / Work Purpose
6.78 190 900	Party Driver's Particular (if any)
VEHB: SMD 69457	Name & Contact No:
VEH C:	Name & Contact No:
VEH D :	Name & Comact 10.
VEH E:	Name & Contact No:
*NEW - Passenger's Name & Gend	



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

Motor Hire Cer

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Competituation) Act (Chapter 159)

Motor Vehicles (Third-Party Risks and Compensation) Ruses, 1960

Motor Vehicles (Third-Party Risks and Compensation) Ruses, 1969

Motor Vehicles (Third-Party Risks) Rules, 1969 (Molaysis)

MZ406LB

ANOI20A Cov. Type:C

CERTIFICATE NO.

DMHCSNA00014252202

Engine No.: L1598020365 Chn. No. GK82100278

frides Mark and Registration

SMUB308P

AUTOSAFE

Number of Vahicle 2 Name of Pokey Holser

NG KOK LEONG THOMAS

Excess Sect !

1

8\$1,250.00

Effective dails of the Commercement of Insurance for the purposes of the Regulations (00:00 00)

Excess Sud 1 (Outside Singaporu)

\$\$2,500 00

Excess Sect. II

\$\$1 250 00

4 Date of Expuy of Insurance

Excess Sect. Il (Outside Singapore). EX ON WINDSCREEN. \$\$2,500.00

03/09/2023

5. Persons or Classes of Persons enotice to drive

As per Named Onver(s) stated below.

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 drying the Motor Vehicle.

NG KOK LEONG THOMAS

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 Use for social demostic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Peticy does not cover (1) Use for receiving, pode-making, reliability trial or speed-testing (2) Use whilst druwing a trailer except the bowing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. SWEESENG CREDIT PTE LTD 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 Compansation) 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: Lee Kian Herng Fred Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2002083B4E) #3 Anson Road #16-00 Springleaf Tower Singapore 079909

@63896111

66222 1033

@www.sg.cntaiping.com