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SN0922CF0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/12/2022 13:50 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (15/12/2022 13:50 (SGT))

SINGAPORE ACCIDENT STATEMENT

- IMPURIANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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 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 6. This report will, for a fee, be made available upon application by interested parties.
 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.

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Date of Submission Reported by Date of Accident	15/12/2022 13:50 (SGT) Both 15/12/2022 08:55 (SGT) Singapore
Exact Location of Accident Additional Location Information	TPE towards PIE/ECP before Elias Road exit Singapore
Country/State of Loss	

COLON OF THE PROPERTY OF THE P	OF OWN VEHICLE
Vehicle Registration Number	SLJ2887A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	SXXXX474B chweesancheok@gmail.com (Phone) +65-96167086
VEHICLE PARTICULARS	
	Toyota

VEHICLE PARTICULANS	
Manufacturer Model	Toyota Corolla COROLLA ALTIS 1.6 CVT
Variant Exact purpose for which vehicle was being used at time of	Private hire
accident Are you claiming under your own insurance policy for repair to	No - Claiming third party
your vehicle?	Private hire
Vehicle Category	Auto
Transmission CC	1598

INSURANCE COMPANY	MPANY
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Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00021862201
Policy Number 7 Gover Wester 1	

DRIVER

Name of Driver	Cheok Chwee San SXXXX474B
NRIC No	13/06/1952
Date Of Birth	Indoor
Occupation	

Gender (Phone) +65-96167086 Mobile Number (Phone) +65-9616708 Mobile Number (Phone) +65-9616	Date Of Driving Pass	02/08/1972 50 YEARS AND 4 MONTHS
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Vehicle Registration Number Vehicle Manufacturer Vehicle Model		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	Are accident photos available for attachment?	Yes
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	Was there any video captured by Car Camera?	NO NO
Vehicle Registration Number Vehicle Manufacturer Vehicle Model		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	DETAILS OF O	THER VEHICLE PROPERTY T
Vehicle Registration Number Vehicle Manufacturer Vehicle Model		
Vehicle Manufacturer Vehicle Model	Whiele Degistration Number	SMH7016M
Vehicle Model	Vahicle Manufacturer	acces =
Vehicle Variant	Vahicle Model	
	Vehicle Variant	······ -

Vehicle Colour	-
	Private car
Vehicle Category	I IIVate car
Name of Driver	-
Contact Number	-
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	Cheok Chwee San
•	Male
	(Phone) +65-96167086
Phone No	Blk 462A Sengkang West Way
Address	
Address Complement	#09-177
Post Code	791462
Approximate Age Years Old	70
Injuries Sustained	Driver back and neck pain.
Injuries Sustained	SLJ2887A
Injured person in which vehicle?	
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
vvas tino injuros servis	

15/12/22: GIA ansabminited. Availing Police

SINGAPORE ACCIDENT STATEMENT

Accident Date: 15 1277 Time: 09-55 hrs (hh;mm) 24 hr format
Accident Date.
Location TPE towards PIE/ECP before Elias Road Exit.
· ·
Vehicle Number SLJ 2887A
Insured Name CHEUK CHWEE SAN
NRIC/FIN SALR 64743 Contact Number 96/6 7086
Make 70407h Model CUROLLA ALTIS 1-6.CVT
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No, Pls select: (/) Third Party () Reporting
Insurance Company CHINA TRIPING
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMHCSNW0007862201
Name of Driver (Same as Insured
NRIC / FIN Contact Number 96/6 70f6
Date of Birth 13-06-1952
Driving Pass Date 02-1972
Occupation () Indoor () Outdoor
Gender () Male () Female
Email Address Chwee Sancheok & gmail-(om ()NO EMAIL
Address of Driver BUK 462A STNG KANG WEST #09-177
S (791462)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others Dr 22 106
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? Yes () No
If yes, injured detail Driver back & neck pain
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SMH 70/6M
Veh C
Veh D
Veh E
Veh F

Many pasenger - Worth KIN WAH HORACE (male)
Include Driver 2 person only.

Describe Circumstances of the Accident

ON 15/12/2022 at about 0855 Nouvs at along TPE towards TPE/PIE
before Elias Road Exit. I was travelling on the extreme right lane
at the above mentioned road and when my front vehicle
SION down and stop due to heavy traffic, hence I follow suit.
Condender T last a good income the really and surface T
Suddenly, I felt a great impact from the rear, and when I
alight, I realised that it was vehille (B) who hit onto the
rear portion of my vericial(A) causing damages to my vehicle.
I have I passenger onboard. After the accidents I felt
unwell and will Consult a doctor later.
Willest Ones Office Consult of the C
(A) SLJ2887A
(B) SMH-JUIGHM2 (B)
/ / ,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
X \
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

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 & Time

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

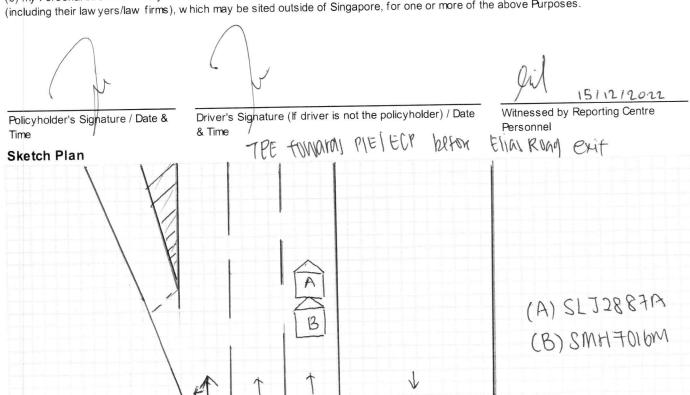
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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 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.





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD



Motor Hire Car

CERTIFICATE OF INSURANCE

MZ406L/B

R SN

AN0576A Cov. Type:C

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)

Engine No.: 1ZRY340188

CERTIFICATE No.

DMHCSNW00021862201

Cha. No.:MR053REH104560437

Index Mark and Registration 1.

SLJ2887A

AUTOSAFE

2. Name of Policy Holder

Number of Vehicle

CHEOK CHWEE SAN

18/11/2022

Excess Sect I.

S\$1,250.00

Effective date of the Commencement of 18/11/2022 Insurance for the purposes of the Regulations, (00:00:00)

Excess Sect. I (Outside Singapore)

\$\$2,500.00

Excess Sect. II

S\$1,250.00

Ordinance or Enactment 4. Date of Expiry of Insurance

17/11/2023

Excess Sect.II (Outside Singapore).

S\$2.500.00

FX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(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 driving the Motor

CHEOK CHWEE SAN

Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : LAKE VIEW CREDIT PTE LTD

* 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.

Authorised Signatory

Issued By: ____IMARKETING AGENCY **Authorised Officer**

6222 1033

www.sg.cntaiping.com

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

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