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SN0922CJ0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/12/2022 16:21 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (19/12/2022 16:21 (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 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.

In the issue and acceptance of this Form by insurance companies is not an admission of policy manney in the part of the policy for investigation.
 Any false reporting may be referred to the Police for investigation.
 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.
 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

19/12/2022 16:21 (SGT) Date of Submission Reported by 17/12/2022 14:50 (SGT) Date of Accident Singapore Exact Location of Accident KPE(TPE) Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

SLA8880B Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? TAN WEI JIAN MARCUS Name Of Registered Owner SXXXX978G NRIC No marctwj@gmail.com **Email Address** (Phone) +65-81395057 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

**BMW** Manufacturer X3 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? Private car Vehicle Category Auto Transmission 2998

#### INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNW00250882200 Policy Number / Cover Note Number

#### DRIVER

CC

TAN WEI JIAN MARCUS Name of Driver SXXXX978G NRIC No 04/12/1988 Date Of Birth Indoor Occupation

25/02/2008 Date Of Driving Pass 14 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-81395057 Mobile Number Alt. Phone Number marctwj@gmail.com Email Address **BLK 126 PUNGGOL WALK** Address # 03-05 Address complement 828774 Postcode Yes Is the driver the policyholder? 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Ang Mo Kio Division Headquarters Police Station Name (Phone) +65-18002180000 Police Station Phone No (Fax) +65-64814246 Alt. Police Station Phone No 51 Ang Mo Kio Avenue 9 Singapore 569784 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED POLICE REPORT- F/20221217/7087 ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 SLQ9997H Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

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

### DETAILS OF OTHER VEHICLE PROPERTY 2

	SNA4894P
Vehicle Registration Number	SNA4094P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private 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)	-

#### SKETCH PLAN

#### IM PORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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.
- 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 Stirgapore (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)

Lunderstand, 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;
- (w) 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 Signi & Time	ature (f driver		policyholde	er) / Date			by Reporting		
Sketch Plan	Distribution of Stranger of Contraction and Stranger	KPE (	TPE)	s the physical galaxies to be founded as a confer-	maginia suscensigen mis	e planeare planeare agree about the con-	opportugiological del companyon di Sich	nggawatan ngga sakaway pagawan na mining	ger american	man come
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(B) - SLQ 9997H	a service of the serv		erinen erintagi i makai adarkilari Makai adarkilari erintagi erintagi e							managangan managangan
(c) - SNA4894P									and the second position of the second se	anner e en e

Describe Circumstances of the Accident
- Refer to police report attacked -
Report No.: F/20221217/7087
TEPORT 100 P 120 (21211/108)
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#### Declaration

PWe declare the foregoing particulars are true in every respect

Folicy holder's Signature / Date & Tune

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

Witnessed by Reporting Centre Personnel



1 of 2

Report No. F/20221217/7087

#### POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made	Vide Rep	oort No.		Station Diary No.
17/12/2022 23:35				
Name Of Informant	Address			
TAN WEN JIAN, MARCUS	BLK 126	PUNGGO	_ WALK #03-05 S	INGAPORE 828774
ID Type / ID No.	Contact	No.		
NRIC NO / S8851978G	Home/O	ffice:	Mobile:	
			81395057	
Nationality	Email Ad	ddress		
SINGAPORE CITIZEN	marctwj(	@gmail.con	1	
Occupation	Sex	Age	Date of Birth	Race
Real estate agent	Male	34	04/12/1988	Chinese
Institution/School Name	Languag	ge		
	English			
Date/Time Of Incident	Location	Of Inciden	t	
17/12/2022 14:45 - 17/12/2022 14:55	KPE EX	IT 9A		

#### Brief details.

I got knocked from the back while driving in KPE towards TPE just before exiting the KPE tunnel. Two other cars involved were behind me.

It happened when The 2 cars in front of me jammed break, I jammed break too, didn't hit the car in front but the 2 cars behind me collided into me subsequently. At the point, EMAS arrived and there were no reports of injury from me or the passengers in the other 2 cars. We took pictures of the accident and our IC. Agreed to approach our respective insurance companies to deal with the matter.

I have subsequently informed my insurance company as well.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2022 23:35
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

### POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. F/20221217/7087

I'm just writing in to serve as a record in case the other p	parties lodge a police report as well.
My car plate is SLA8880B. Other parties involved are SLQ9997H and SNA4894P	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2022 23:35
Officer In-Charge Of Case:	Classification Of Case:

HICLE NO: SLA8880B	MAKE & MODEL: BMW X3 M40; (AUTO) MANUAL
DATE OF ACCIDENT	17 112 120
TIME OF ACCIDENT	
LOCATION OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE
ACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (CREVITED S)
AME OF OWNER	Tan Wei Jian, Marcus  Office. MOBILE 8139 5057
MAIL marctwj@gmail.com	Office.
RIC	588511100
LAIM TYPE	OD / CHIRD PARTY / REPORTING ONLY
LEET POLICY	YES / NO?
NSURANCE CO.	Ching Taiping
YPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
	DMPCSNW00250882200
OLICY NO.	AS ABOVE / IF NO.
NAME OF DRIVER	588519784
DATE OF BIRTH	04/12/1988
ANY PASSENGER	YES /NO
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	25/02/2008
GENDER	(Male) / Female
CONTACT NO	Mobile: 81395057 Office.
FMAIL:	
ADDRESS	BILC 126 Punggol Walk #03-05 5(828774)
	NO / If yes : Reg No: INSURER.
DOES DRIVER OWN OTHER VEHICLES?	NO / II yes : Reg Tes
DOES DRIVER OWN OTHER VEHICLES?	
RELATIONSHIP	Employee / If No. Owner
RELATIONSHIP WEATHER CONDITION	Employee / If No. Owner
RELATIONSHIP WEATHER CONDITION ROAD SURFACE	Employee / If No. Owner  Clear / Raining / Other:
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES	Employee   If No. Owner  Clear   Raining   Other.  Ory   Wet   Other.
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE	Employee.   If No. Owner  Clear   Raining   Other.  Ory   Wet   Other.  Or   If yes : Who?  No   If yes : Who?
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT	Employee.   If No. Owner  Clear   Raining   Other.  Ory   Wet   Other.  No   If yes : Who?
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE	Employee   If No. Owner  Clear   Raining   Other :  Or   Wet   Other :  No   If yes : Who?  No   If yes : Who?
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE	Employee.   If No. Owner  Clear   Raining   Other.  Ory   Wet   Other.  No   If yes : Who?
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO	Employee   If No. Owner  Clear   Raining   Other :  Or   Wet   Other :  Or   If yes : Who?  No   If yes : Who?  No   If yes   Where?  VEN!  SLQ997H Any Passenger : Unknow 1
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME	Employee   If No. Owner  Clear   Raining   Other :  Or   Wet   Other :  No   If yes : Who?  Any Passenger : Unknown :  SNA 48949 Any Passenger : Unknown .
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE D NO.	Employee   If No. Owner  Clear   Raining   Other :  Ory   Wet   Other :  No   If yes : Who?  No   If(yes) Where?  No   If(yes) Where?  SLQ997H Any Passenger : Unknown :  Any Passenger : Unknown :  Any Passenger : Unknown :
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE D NO  VEHICLE D NO	Employee   If No. Owner  Clear   Raining   Other :  Or   Wet   Other :  No   If yes : Who?  Any Passenger : Unknown :  SNA 48949 Any Passenger : Unknown .
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE D NO.  VEHICLE D NO.  VEHICLE F NO.	Employee   If No. Owner  Clear   Raining   Other :  Ory   Wet   Other :  Ory   Other   Other :  Ory   Other   Other :  Ory   Other   Other :  Ory   Other   Other    Ory   Other   Other    Ory   Other   Other    Ory   Other   Other    Ory
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE D NO.  VEHICLE D NO.  VEHICLE F NO.  ANY WITNESS	Employee   If No. Owner  Cleap   Raining   Other.  Dry   Wet   Other.  No   If yes : Who?  No   If yes : Who?  No   If yes : Who?  No   Any Passenger : Unknown  Any Passenger : Unknown  Any Passenger : Any Passenger :  Any Passenger :  Any Passenger :  Any Passenger :  Any Passenger :
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE C NO  VEHICLE E NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?	Employee / If No: Owner  Clear / Raining / Other:  Dry / Wet / Other  No / If yes: Who?  No / If yes: Who?  No / If yes: Who?  Any Passenger: Unknown  Any Passenger: Unknown  Any Passenger:  Any Passenger:  Any Passenger:  Any Passenger:  Any Passenger:  Any Passenger:  YES / No
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE D NO.  VEHICLE E NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?	Employee / If No: Owner  Clear / Raining / Other:  Dry / Wet / Oth
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE C NO  VEHICLE E NO.  VEHICLE E NO.  WEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	Employee   If No: Own;  Clear   Raining   Other :  Or   Wet   Other :  No   If yes : Who?  No   If yes : Who?  No   If yes : Who?  Any Passenger : Unknown :  Any Passenger : Unknown :  Any Passenger :  YES   NO  YES   NO  YES   NO
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE C NO  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?  Who is Reporting	Employee   If No. Owner  Clear   Raining   Other.  Dry   Wet   Other.  No   If yes : Who?  Any Passenger : Unknown  Any Passenger : Unknown .  Any Passenger :  Any Passenger :  Any Passenger :  Any Passenger :  YES   NO  YES
RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIV  VEHICLE B NO.  NAME  CONTACT NO  VEHICLE C NO  VEHICLE C NO  VEHICLE E NO.  VEHICLE E NO.  WEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	Employee   If No. Owner  Clead   Raining   Other:  Off   Wet   Other:  Off   If yes: Who?  No   If yes: Who?  No   If yes   Who?  No   Any Passenger: Unknown  Any Passenger:  Oriver   Owner (Both)  English) Mandarin   Others:



Motor Private Car

#### CERTIFICATE OF INSURANCE

MX1E

SN

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)

AN0723A Cov. Type:C

CERTIFICATE No.

DMPCSNW00250882200

Engine No.: 21025211B58B30A Cha. No.:WBATS320X0LA45452

Index Mark and Registration Number of Vehicle

SLA8880B

Name of Policy Holder

TAN WEN JIAN, MARCUS

Effective date of the Commencement of 28/10/2022 Insurance for the purposes of the Regulations, (00:00:00)

Named Drivers Ex Sect. I Additional Ex Other than Named Drivers:

S\$1,500.00

Ordinance or Enactment

Date of Expiry of Insurance 27/10/2023 Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

EX ON WINDSCREEN .

\$\$3,000.00 \$\$500.00

\* Age as at date of accident

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 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. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first SS1,000 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.: TOKYO CENTURY LEASING (S) 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.

Chua Suat Lay Sally

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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