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# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT 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

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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.

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 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

# ACCIDENT STATEMENT

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

03/01/2023 15:03 (SGT) Both 01/01/2023 00:45 (SGT) Woodlands Street 13, Singapore OPEN CARPARK Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNE2424E

INSURED/POLICYHOLDER

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

No KHOO CHIN KWANG SXXXX452Z hwapengauto@singnet.com.sg (Phone) +65-88422424

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

CC

Mercedes E250

Private use

No - Claiming third party Private car Auto

1796

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00173792200

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KHOO CHIN KWANG SXXXX452Z 15/07/1966 Indoor

Date Of Driving Pass 07/05/1987 Driving experience 35 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-88422424 Alt. Phone Number **Email Address** hwapengauto@singnet.com.sg BLK 104 WOODLANDS STREET 13 #12-206 Address Address complement Postcode 730104 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 Side Swipe Clear Weather Conditions Road Surface Dry 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) 2 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 PASSENGER 1 LEE CHYE HONG Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

WITH OWNER

Reasons for not uploading a video of the accident

Vehicle Registration Number	SLV3347Y
Vehicle Manufacturer	Kia
Vehicle Model	20
Vehicle Variant	-
Vehicle Colour	<u>.</u> .
Vehicle Category	Private car
Name of Driver	RAZALE BIN ABDUL KARIM
NRIC No	SXXXX573E
Contact Number	· ·
Address	·
Address complement	·
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1. <del>-</del>

# 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 <u>truthful</u> and <u>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 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.
- 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 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

Sketch Plan

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

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

A: SNE 2424E
B: SLV 3347Y

A
B

Describe Circumstance of the Accident	1
PLEASE REFER TO POLICE RE	PORT 7/20230101/7014 7
7,00,00	7 7 7 7
	/
	/
	/
/	/
Was there any video captured by Car Camera?	Yes I) NO WITH TRAFFIC POLICE RPT
Has the driver been approached by unknown pers	
	02
Namen's LEE CITYR HONG	Gender: FEMALE (Spouse)
Name	Gender:
Name	Gender:

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

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





Damaged

Effective

Insurance No

**Expiry Date** 

1 of 3

Report No. T/20230101/7014

Station Diary No.:

# Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

01/01/2023 1	1:41							
Informant's	Particu	lars						
Name of Informant: KHOO CHIN KWANG		Address: 104 WOODLANDS STREET 13 #12-206 SINGAPORE 730104						
ID Type / ID No.: NRIC NO / S1749452Z			Contact No.: Home/Office: Mobile: 88422424					
Nationality: SINGAPORE	CITIZE	ΞN	Emai kenkh	l: noo1966@gma	il.com			
	Age: 56	Date of Birth: 15/07/1966	Type Drive	of Informant:				
Race: Chinese			Engli			Institution	on / Sc	hool Name:
Occupation:			Drivir Class	ng Licence Info s: 3	rmation:	Date of	Expiry	:
Seneral Info		of the Accident Non-Injury		Drink	Date/Tim	ne of		Type of Location
Type of Accident:		Attended by Police		Drive:	Accident 01/01/20	:		Car Park
Location:				•				
WOODLAN	OS STR	REET 13						
Weather:			Roa	d Surface:				Speed Limit:
Clear			Dry				15 Kn	
Traffic Flow: Two Way				fic Control: Controlled			Mode	
Type of Coll Between Mo		ehicles - Head On						ne conveyed by lance:
D-4-1163	/abiala	Involved	(Carron service)					
Details of V				Model	Color	Co	nditio	No of
Vehicle No. SLV3347Y	Type Car	Make		Model	00101	00	Halio	0
CNIEDADAE	Car	MERCE	DES	F250 CGLA	Silver	Se	riously	2

BENZ

**Details of Vehicle Insurance** 

Vehicle No. Insurance Company

Vide Report No.:





2 of 3

Report No. T/20230101/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE2424E	CHINA TAIPING INSURANCE			
	(SINGAPORE) PTE. LTD.			

Details of Person						
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL	Use of Ped	lestrian (	Cross	ing: NA	
Driver			100			
Name	RAZALE BIN ABDUL KARIM		ID No.		S1384573M	
Related Vehicle	SLV3347Y (Car)		Contact No.		93201067	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL			
No. of Days gran	lo. of Days granted Medical Leave NIL Degree			of NIL		
Driver			of the second			
Name	KHOO CHIN KWANG		ID No.		S1749452Z	
Related Vehicle	SLV3347Y (Car)		Contact No.		88422424	
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL	
Date	NIL	Date		NIL		
No. of Days gran	nted Medical Leave NIL	Degree of	f	NIL		

# Brief Details.

On 01 Jan 2023 about 1245am, I was driving home on a 2 way traffic at car park Block 104 Woodlands Street 13.

Vehicle Number Kia: SLV3347Y hit on my vehicle.

I was driving on my way keeping on the left and I made a stop, SLV3347Y failed to keep left and driving on the centre of the road, and hit on the Right hand front of my vehicle.

Police and Traffic Police arrived on scene.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230101/7014

# CONTINUATION OF REPORT

NP168

Informant is not able to provide sketch

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: 01/01/2023 11:41
Officer In Charge Of Case: TP / TPIB / KOH WEI JIE Contact No.: 97303412	Classification Of Case:

Send/Fax to:		Submitt	ed.		
	SINGAPORE ACCI	DENT STATEMENT			
The state of the s	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	(Marchander)			
Date of Accident:	BASIC INFORMATION  O( 0) 7023 Time of Accident: CO ////				
Exact Location:		Time of Accident:	0045		
	1 0000 CANIO	5 ST 13 - OPEn	I CAR PARK.		
The second secon	The property of the second sec	DWN VEHICLE	The state of the s		
Vehicle Registration No.	3NE 2424 E	NRIC / FIN / Passport no	: S17494522		
Name of Registered Owner:	MR KHOO CHIN ,	KWANG	70		
Owner's Email:	nwapengauto @	singnef. com. sg.			
Owner's Address:	BIK 104 WOOL	DLANDS ST 13 #16	9-206 S(730/04)		
Vehicle Make:	MIBENZ	Vehicle Wodel:			
Engine Capacitty (cc):		Transmission:	Auto / Manual		
Type of Claim:	Own Damage / Third Par				
Vehicle Category:	Private / Commercial / Mo				
Name of Insurance Co:	CHINA TAIPING	INSURANCE (S)	PTE L-70		
Type of Policy:	Comprehensive / Third P	arty / Third Party, Fire & Th	eft		
Policy Number:	DMPCSNWO	00569 78 710			
and the second of the second s		VER			
Name of Driver:	DES	VER	same as		
NRIC / FIN / Passport no:	S1749452Z	Date of Sirth:	Carrio do		
Occupation:	(Indoor) Outdoor	Driving Pass Date:	15/07/1966		
Contact Number:	88422424	Gender:	Male) Female		
Address:	ALK IDG WODDI A	12 ST 12 #12-20			
Relationship with Owner:	Owner / Employee / Spous		6 S(730104)		
Translater Name:	Owner / Employee / Opoda	Translater NRIC:			
Translater Contact no:		Translater email:			
Transacti Contact III.	GENERAL INFORMATION				
Type of Collision:	Chain collision / Side Swip		HEAD TO HEAD		
Weather Condition:	Clear Raining / Others:	Road Surface:	Dry) Wet		
Video available:	Yes/ No	ivoad Guriace.	Diy) wet		
Was anybody injured?	Yes (No) No	Police Report Made?	Yes/ No		
No. of passenger onboard (inc			T Cay NO		
	00				
	DETAILS OF O	THER VEHICLE			
nen appipulativa filosofi y besprinten esis euroenia filosobi gornadi, deut latigi (GPTRAS) di gg. Masi latiglia pi	Vehicle 1	Vehicle 2	Vehicle 3		
Vehicle Registration No:	SLV 3347 Y				
Vehicle Wake / Model:	KIA				
Name of Driver:	RAZALE BIN ABDUL	14 ARIM			
NRIC / FIN / Passport no:	S1384573E	201.36			
Contact Number:	013077310-				
Name of Insurance Co:		***************************************			
	DETAILS O	F WITNESS			
Name:	DETMISO	Contact Info:			
TO STATE OF THE ST					
	DETAILS OF INJ	JURED PERSON			
	Person 1	Person 2	Person 3		
Name / in which vehicle?:					
2 2 2 2 2 2 20 1000		77 S Q E 400 S 200			

Driver's Daclaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or innaccurate information that are submitted.

Signature of Driver

Date and time

Motor Private Car

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)

MX1E

SN

AN0420A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00173792200

Engine No.: 27186030003428 Cha. No.:WDD2120472A078200

Index Mark and Registration

SNE2424E

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

KHOO CHIN KWANG

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

19/07/2022 (12:56:00)

Named Drivers Ex Sect. I

\$\$750.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

5\$3,000,00

4 Date of Expiry of Insurance

18/07/2023

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

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 S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for each Policy Year. Authorised Workshops for each Policy Year.

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.

Lim Lee Choo Issued By: Authorised Officer

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