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SN0823130007-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 03/01/2023 17:37 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (03/01/2023 17:55 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 policy liability.

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

03/01/2023 17:37 (SGT) Date of Submission Both Reported by 02/01/2023 13:20 (SGT) Date of Accident Westgate, Singapore Exact Location of Accident CARPARK GANTRY Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKJ9628Y Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? TAN JOON JEK Name Of Registered Owner SXXXX199J NRIC No joonjek@hotmail.com **Email Address** (Phone) +65-96624397 Mobile Phone No

VEHICLE PARTICULARS

Alternative Phone No

Honda Manufacturer Civic 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 - Reporting only your vehicle? Private car Vehicle Category Auto Transmission

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNW00195862200 Policy Number / Cover Note Number

1799

DRIVER

CC

TAN JOON JEK Name of Driver SXXXX199J NRIC No 29/08/1992 Date Of Birth Indoor Occupation

15/08/2022 Date Of Driving Pass 5 MONTHS Driving experience Male Gender (Phone) +65-96624397 Mobile Number Alt. Phone Number joonjek@hotmail.com Email Address BLK 146 POTONG PASIR AVENUE 1 #3-105 Address Address complement 350146 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 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 FRIEND Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No 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? No DETAILS OF OTHER VEHICLE PROPERTY 1 SMD9986X Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

SKETCH PLAN

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 <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.
- 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 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.

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Policyholder's Signature / Date & Time

v.Jun2022

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

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

Sketch Plan

WEST GANG GAUNCY EUNDAUCE

A) SKD 9626Y

P) SMD 9986X

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we willing to go for for pri sale settlement.	
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Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCID	ENT DATE: (2 . / . 1 . 1 202) (DD/MM/YYYY), TI	ME:()	3. ; 20)(HH:MM).
	ON: west gate carparli guity entrance.	7,"	N. C.
τ.	DETAILS OF VEHICLE DIVEHICLE NUMBER: 3161 962 37 BINSURANCE COMPANY: China Giorgia		
	CIPOLICY HUMBER: PMPCINW 001958622	.00	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY.	THIRD	PARTY FIRE &THEFT)
i.	f)TYPE: (SALOON) COUPE / MPV / VAN / LORRY / I g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL	/ MOTO	CYCLE! OTHERS)
's ₁₁	HIPURPOSE OF USING AT ACCIDENT TIME: VERY NEW TOWN INSURA	ACE (YE	S/KO)
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(Including driver)		CONTA	
(2)	G) ADDRESS:		
	e) OCCUPATION: (NDOOR) OUTDOOR)		: ,
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4.	TE NO. RELATIONSHIP OF THE DRIVER WITH	11100111	D: Obler
5,	DINOAD SURFACE: (DRY / WET / OTHERS	FIERS	
	WAS ANYBODY INJURED (YES / NO)		
7,	IF YES, PLEASE STATE WHICH POLICE STATION!		1
Who of passanger	THIRD PARTY VEHICLE SM D46 9186 X	_MODEL	(C2A
Cluding driver.)	b) DRIVER'S NAME: 1003 100 200 CO NRIC/FIN/PASSPORT: 5143 1497 9	CONT	ACT: 9/21 1932
() 9.	THIRD PARTY VEHICLE	MODE	•
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()			;
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email.= Joonjek@hot mail (Om.



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

Motor Private Car

CERTIFICATE OF INSURANCE
otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1997 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Maiaysia)

MX1

SN

AN0770A

Cov. Type:F

CERTIFICATE No.

DMPCSNW00195862200

Engine No.: R18A14011323 Cha. No.:JHMFD16309S201934

Index Mark and Registration

Number of Vehicle

SKJ9628Y

2. Name of Policy Holder

TAN JOON JEK

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

17/08/2022 (16:58:14)

Date of Expiry of Insurance

16/08/2023

Persons or Classes of Persons entitled to drive

(a) The Policyholder.

(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

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.

* 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ASSURE (SINGAPORE) PTE LTD 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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□6222 1033

www.sg.cntaiping.com



PORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM				
Original Report No: Supplied 30007, Name (as shown in NRIC): Janu How Jak	Vehicle Registration No:			
Name (as shown in NRIC): 1000 From SRK	NRIC/FIN/Passport No:XXXX/1970			
(*Vehicle Driver/Policyholder) (*) Please delete as ap	propriate			
Address:				
Contact (Tel):	Mobile No.:			
Email Address:				
Date of Accident: 0200 2023	Time of Accident: 13:25			
Place of Accident: WHEN GAME CORPORED	E GRAMMANUK			
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ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accide	ont and would like to include additional information of			
make the following amendments:	incuma would like to more as assessment			
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13	LA S			
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	B/91/2022			
Policyholder / Actual Driver's Signature Date:	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:			