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SN08231H0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/01/2023 12:53 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/01/2023 12:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process. 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

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.

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

17/01/2023 12:53 (SGT) Date of Submission Driver Reported by 16/01/2023 20:00 (SGT) Date of Accident Bayshore Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Honda

SKC6241H Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? CHEER KENG HEONG Name Of Registered Owner SXXXX077H NRIC No oancheer@hotmail.com **Email Address** (Phone) +65-83836059 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Civic Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Private car Vehicle Category Auto Transmission 1500

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMPCSNW00189792200 Policy Number / Cover Note Number

DRIVER

NGUYEN THI OANH CO Name of Driver SXXXX222Z NRIC No 03/06/1986 Date Of Birth Indoor Occupation

Date Of Driving Pass	19/08/2021	
Driving experience	1 YEAR AND 5 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-83836059	
Alt. Phone Number	-	
Email Address	oancheer@hotmail.com	
Address	BLK 686A WOODLANDS DRIVE 73 #04	-52
Address complement		
Postcode	731686	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Spouse	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver	110	
Vehicle Registration Number of Other Penietre	-	
Insurance Company of Other Vehicle Owned by Driver	æ	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
Road Sulface	Diy	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?	<u>.</u>	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
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?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
TELACE REPERTOR ONE TO THE EAST		
ATTACHMENT(C)		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
		Application of the part of the
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
some states at the contract of		
Vehicle Registration Number	SMJ146G	
Vehicle Manufacturer	-	
Vehicle Model	-	
Vehicle Variant	-	
Vehicle Colour	-	
Vehicle Category	Private car	
Name of Driver	DUSTIN CLAY WILBURN	

DUSTIN CLAY WILBURN

SXXXX144G

NRIC No

Name of Driver

 Contact Number
 (Phone) +65-97451180

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctiv</u> the details of the accident to speed up the claims process.
- 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 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 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 evailable 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)

l 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 Insurars 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.

Not upon The Oanh C Driver's Signature (if driver is not the policyholder) / Date

Policyholder's Signature / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Describe Circumstance of the Accident	
On the Stated time / date, I was driving along	
Baychore Road.	derivative de la constitución de
My car was stationery at the junction as it was	2.5
red light. Suddenly, which emj146G hit onto my cour.	The second secon

Declaration

Policyholder's Signature / Date & Time

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

Na with The Oanh Co Drivers Signature (If driver is not the policyholder) / Date 8. Time

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

2

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16 / 01 / 33 (dd/mm/yy) Time of Accident: 20 : 00 (24-HR-FORMAT)
Vehicle No.: SEC 6241 H Vehicle Make & Model: Honda Civic
*Transmission: o Manual & Auto *C.c: 1500
Exact location of Accident: Bayshore load
Policyholder's Name: Chier king Heng NRIC/FIN/REG No.: S7563077H
*Policyholder's email address: reporting emycur.59
Driver's Name: NguyLn Thi Oanh Co NRIC/FIN/REG No.: S86623222
*Driver's email address: Oancheer & hotmail- com
Driver's Contact No.: 8383 6059 Company Contact No (If any):
Date of birth: 03.06.86 Driving Pass Date: 19 Aug 21
Driver's Address: BIC 686A Woodlands & Dr 73 #04-50 \$731686
Insurance Company: China Taiping
Policy No.: DMPC 2000 00189793000 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to daim? (Please TICK one only)
o Own Insurance / o Other Vehicle (The one you want to claim against)/ o Reporting (For Record Purpose)
Tyce of Accident
o Chain Collision o Head To Rear o Side Swipe o Other
Occupation (nature job) o Indoor / o Outdoor *No. of Passengers / Including Driver):
*Passenger Name: Gender: Male / Female
*Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident)
*Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) OCIET & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
*Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female *Weather condition & Road conditions? (On the day of accident) O Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / o No
*Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) OCIET & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
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*Passenger Name: *Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) OCTEAR & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / o No Any Injuries: o Yes / o No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report field: c 'es , No (If YES) Which Police Station: The Other Party (S) Details:
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*Passenger Name: *Passenger Name: Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) OCTEAR & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / o No Any Injuries: o Yes / o No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report field: c 'es , No (If YES) Which Police Station: The Other Party (S) Details:
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*Passenger Name: *Passenger Name: Gender: Male / Female *Passenger Name: Weather condition & Road conditions? (On the day of accident) Octear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / o No Any injuries: Injuries: O Yes / o No (If YES) Injured Person' Name: Injuries Sustain: Injuried Person in Which Vehicle: Police Report field: c'es , No (If YES) Which Police Station: The Other Party (S) Details: 1. Driver's Name / IC No: Outh'n Clay wilburn C+1601446 Vehicle No: Sm71466 Driver's Contact No: Insurance Company:
*Passenger Name: *Gender: Male / Female *Passenger Name/ of Name / Details: *Passenger Name: *Passenger Name: *Passenger Name / Openale *Passenger Name: *Passenger Name / Openale *Passenger Name: *Passenger Name: *Gender: Male / Female *Passenger Name / Openale *Passenger Name: *Passenger Name: *Gender: Male / Female *Passenger Name / Openale *Passenger Name: *Passenger Name / Openale *Passenger Name: *Passenger Name / Openale *Passenger Name: *Passenger Name / Openale *Passenger Name / Op

Nguyen Thi Oanh Co

CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0711A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00189792200

Engine No.: LDA24020876 Cha. No.:JHMFD36209S206224

Index Mark and Registration

SKC6421H

AUTOSAFE

Number of Vehicle

Name of Policy Holder

Date of Expiry of Insurance

CHEER KENG HEONG

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

01/10/2022

Named Drivers Ex Sect. I

\$\$500.00

(00:00:00)

Additional Ex Other than Named Drivers:

30/09/2023

Ex Sect. I - Age <= 25

S\$3.000.00 \$\$500.00

Ex Sect. I - Age >= 26 * 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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our 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.

Issued By: Elise Lim Xio Yi **Authorised Officer**

Authorised Signatory

aiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) son Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

66222 1033

www.sg.cntaiping.com