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Preferred Wksp / INC Assign Wksp / QW: (The state of the s		Tel:	ax:
TP Particulars: Vch No: GB1	-794F	INC ()/Non-INC()	
Owner / Driver: (CONTRACTOR OF THE PARTY OF THE	Tel:)
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) QC Check / Post Repair Inspection	()		
Upload Resurvey Photo [Repair Cost > \$30	000] ()		
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SN09231U000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/01/2023 19:51 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (30/01/2023 19:51 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 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 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

Date of Submission 30/01/2023 19:51 (SGT) Reported by Both Date of Accident 28/01/2023 14:15 (SGT)

Exact Location of Accident Singapore

Additional Location Information PASIR RIS DRIVE 12 TRAFFIC LIGHT JUNCTION

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

Vehicle Registration Number SJZ1330K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner WONG LOKE NGEE

NRIC No SXXXX708H

Email Address wln@kwongngee.com.sg Mobile Phone No (Phone) +65-96623280

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200

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

your vehicle? Vehicle Category

Transmission

1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNW00204022200 Policy Number / Cover Note Number

DRIVER

Name of Driver WONG LOKE NGEE NRIC No SXXXX708H Date Of Birth 02/08/1966 Occupation Indoor

Accident report SN09231U000I

Date Of Driving Pass 15/06/1984 Driving experience 38 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96623280 Alt. Phone Number Email Address wln@kwongngee.com.sg Address 20 RIVERINA WALK Address complement Postcode 518326 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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) Has the driver been approached by unknown person(s) 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 UNKNOWN Gender **Female** 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 THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WTH OWNER AND FILE TOO BIG **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBL794E Vehicle Manufacturer

Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU FUMING
Passport No/FIN	GXXXX602N
Contact Number	(Phone) +65-88227078
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

- Pleas ereport correctly 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.

Any lalse reporting may be referred to the Traffic Police Department for investigation. 5

- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singalore (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 reportbeing made available aforesaid.
- 8. Consert 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 posses sed 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 collective Lyreferred 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
- (ii) investigating the accident and/or my claims;

Aller (30/1/22

- (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
- (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	Actual Driver's Signature (If driver is not the policyholder) / Data & Time Witnessed by Reporting Centre Personnel
Sketch Plan Pasir Ris Dri	(Nama es in Tipious

Desc	ribe Circumstance of the Accident
	On Saturday 28th its
1	On Saturday 28th January at award 2: 15pm,
	Tattel Rad light to also
	Carry Co WIV Called Page 10 to
	a the passenger and all a the
	As for myself and my side Nacronson ?!
	ti ling, we have no while the
	As for myself and my side passenger, Soh Hi ling, we have no visible injury.
	As for my vehicle in along et = 1227
	rear bumper is constraint and a size 1330 kg the
rear	As for my vehicle, carplate 812 1330k, the rear bumper is cracked and feel woolbe at when driving.
-	
-	
Declar	ation

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
(IName as in NRIC/ID card)

ACCIDENT STATEMENT

	ACCIDENT DATE (28 101) 2023 (DD/MM/YYY). TIME (14 : 15) (HH:MM)
	· LOCATION: Pasir RIS Drive 12 fruffic Light line from
-	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: S)Z 1330K
	DINSURANCE COMPANY: China dulping
	CIFULCY NUMBER DIMONE NUMBER 2000
	THIRD BANK IN
	E) MAKE & MODEL: Mercedez & 200 AUTO MANUAL
	THE SALOUN / COURT / HARVI AVAILABLE
	b) PURPOSE OF USING AT ACCIDENTAL MOTORCYCLE)
	DARE YOU CLASSING IN THE PRIVATE UK.
	2. INSURED / POLICY HOLDER
	DINRIC/FIN/PASSPORT: S1774 708 H CONTACT: 9662 3280
	CIADDRESS: 20 Rivenna Wylk, \$518326
111	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
()	ided a divine AC ADDVO
•	D) NRIC/FIN/PASSPORT: (MALE / FEMALE)
	Female pusheyer CIADDRESS: CONTACT:
	BIOCCUPATION UNITS 1966 (DD/MM/YYYY)
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	f) YEARS FOF DRIVING EXPRERIENCE 15/06/1084 MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN!
	f) YEARS FOF DRIVING EXPRERIENCE 15/06/1084 MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIRECTOR OF THE DRIVER WELL OF THE DRIVER OF
	f) YEARSTOF DRIVING EXPRERIENCE 15/06/1084 MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROND SURFACE: (DRY (RAINING) OTHERS WAS ANYBODY IN HIRED.
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748 24	f) YEARSTOF DRIVING EXPRERIENCE 15/06/1084 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROND SURFACE: (DRY (WET) OTHERS WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
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	Sycapsof Driving Expression: ISO61084 Was Driver an Employee of the Insured's company? (YES: (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (NO) SI GIWEATHER CONDITION: (CLEAR (RAINING) OTHERS DIROND SURFACE: (DRY (WEI) OTHERS WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE OF VEHICLE NUMBER: (BL 794) OF DRIVER'S NAME: LIU FUMING OF NRIC/FIN/PASSPORT: G2404662N CONTACT: 88 22 1078 PRESENGED CONTACT: (D) PRESENGED CONTACT: (D) WRIC/FIN/PASSPORT: CONTACT: (CONTACT: (
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Motor Private Car

MX1E

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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)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00204022200

Engine No.: 27492031593534

Cha. No.:WDD2130422A509647

1. Index Mark and Registration

4. Date of Expiry of Insurance

SJZ1330K

AUTOSAFE

Number of Vehicle

WONG LOKE NGEE

2. Name of Policy Holder

Named Drivers Ex Sect. I

\$\$750.00

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

31/08/2022 (00:00:00)

Additional Ex Other than Named Drivers:

18/09/2023

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

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

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business. Ose 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 Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : DBS BANK 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.

Issued By: Chai Huilin Lynn Authorised Officer **Authorised Signatory**

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

O6389 6111

6222 1033

www.sg.cntaiping.com