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SN0923230004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 03/02/2023 13:23 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (03/02/2023 13:23 (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 9. Incompanies production of the 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	03/02/2023 13:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/02/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF COMMONWEALTH AVE W TOWARDS CLEMENTI AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5923Z
INSURED/POLICYHOLDER	
Is company?	·· No
Name Of Registered Owner	NEO JIT SUN
NRIC No	SXXXX402J
Email Address	andrewtan.jielun@gmail.com
Mobile Phone No	(Phone) +65-91447421

Nissan

VEHICLE PARTICULARS

Manufacturer

Alternative Phone No

Model	Urvan
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015332200

DRIVER

Name of Driver	NEO JIT SUN
NRIC No	SXXXX402J
Date Of Birth	27/10/1967

Occupation	Outdoor
Date Of Driving Pass	30/08/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91447421
Alt. Phone Number	•
Email Address	andrewtan.jielun@gmail.com
Address	APT BLK 707 CLEMENTI WEST STREET 2
Address complement	# 05-333
Postcode	120707
Is the driver the policyholder?	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	
insulance Company of Other Vehicle Office of Street	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
	The state of the s
Weather Conditions	Clear
Road Surface	Dry
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Na
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	
We also assistant reported to the police?	No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
THE RESIDENCE OF THE PARTY OF T	Market William Control of Control
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJZ6478K
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	Drivete con
Vehicle Category	Private car
Name of Driver	NICOLE

Contact Number	(Phone) +65-96631524
Address	-
Address complement	8
Postcode	•
Insurance Company Name	±r .
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO JIT SUN
Gender	Male
Phone No	(Phone) +65-91447721
Address	APT BLK 707 CLEMENTI WEST STREET 2
Address Complement	# 05-333
Post Code	120707
Approximate Age Years Old	•
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	PC5923Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

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

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

Sketch Plan

Signature (if driver is not the policyholder) / Date
(Name as in NRIC/ID card)

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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

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

HICLENO: PC 5923Z	MAKE & MODEL N'SSAN UCVAN AUTO / MANUAL
TE OF ACCIDENT	01/02/23 00.3.0
ME OF ACCIDENT:	12:30 HRS
OCATION OF ACCIDENT:	Slip Nd of Commonwealth Are W onto Clementi
(ACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE AVE 2
AME OF OWNER:	Neo Jit Syn
	H/P: 9)44 7721 OFFICE: HOME:
L NO:	318024027
RIC	707 clement: West Greet 2 \$ 05-333 (5) 17
DDRESS:	ANDREWTAN JIELUN @ & Mail. com
MAIL:	
LAIM TYPE:	OD / THISD PARTY / REPORTING ONLY
LEET POLICY:	yes / NO 3
NSURANCE COMPANY:	Chine Taiping
YPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	DMB16NV000 1533 2200
NAME OF DRIVER:	AS ABOVE / IF NO:
NRIC:	As above ANY PASSENGER: N.4.
DATE OF BIRTH:	27/10/1967 LICENCE PASSED DATE: 30/08/1985
OCCUPATION:	outdoor / Indoor
GENDER:	MARE / FEMALE
CONTACT NO:	H/P: As as of office: HOME:
ADDRESS:	As above
EMAIL:	As above
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSHIP:	_Ound
	CVEAR / RAINING / OTHERS:
WEATHER CONDITION:	DRY / WET / OTHER:
ROAD SURFACE:	NO / IF (ES, WHO? Neele Pain
ANY INJURIES:	Neo Jit Snn, 9144 7721
NAME & CONTACT:	Neo 117 344, 7144 4421
NAME & CONTACT:	
POLICE REPORT:	/ IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN	(b) IF YES, WHO?
VEHICLE B REG NO:	832 6478 ANY PASSENGERS: 1(F)
NAME OF DRIVER:	N:cole CONTACT NO: 9663 1524
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES (NO
WAS THERE ANY AUDIO RECORDED?	YES (ND)
ACCIDENT SCENE PHOTOS TAKEN?	YES NO
ACCIDENT PORTION:	tear portion
Have you been approach by unknown person solic	iting (s) / offering accident claims assistance? YES (NO) Automotive the Letter (1988)
WORKSHOP PARTICULAR:	68420051 / 67440510
CONTACT DEPENDING	Jun Ming
CONTACT PERSON:	67410510
FAX NO: WORKSHOP EMAIL:	sales@n51.com.sg



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

Motor Bus

MZ601/P

SN Cov. Type:T

AN0394A

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)

Engine No.: ZD30043534

CERTIFICATE No.

DMB15MW00015332200

Cha. No.: JN1TG4E25Z9701532

1. Index Mark and Registration Number of Vehicle

PC5923Z

2. Name of Policy Holder

NECT LIST STAN

Effective date of the Commencement of historizations of the purposes of the Regulations. (00:00:00)

805/H8V20022

Excess Sect. II

\$\$1,500.00

4 Date of Expiry of insurance

SUMBING/DITOR

5. Persons or Classes of Persons entitled to drive"

(a) The Policyholder.

(b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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.

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer, except the towing fother than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Fishs and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (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.

E AGE CY PIE LID Issued By: DENSO INSUR Authorsed 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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