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SN08232D0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/02/2023 13:24 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/02/2023 13:24 (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

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 13/02/2023 13:24 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/02/2023 08:00 (SGT) **Exact Location of Accident** 527 Ang Mo Kio Ave 10, Singapore 560527 Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SNE1168B**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AARON QUEK TZE SENG (GUO ZICHENG) NRIC No SXXXX363D Email Address aaronquek.gc@gmail.com Mobile Phone No (Phone) +65-81988661 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Alphard 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 Private car Transmission Auto CC 2493

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00001902301

DRIVER

Name of Driver AARON QUEK TZE SENG (GUO ZICHENG) NRIC No SXXXX363D Date Of Birth 17/09/1985 Occupation Outdoor

Date Of Driving Pass Driving experience	15/02/2013	
Gender	10 YEARS	
Mobile Number	Male	
Alt. Phone Number	(Phone) +65-81988661	
Email Address	- agranguels ''	
Address	aaronquek.gc@gmail.com BLK 553 ANG MO KIO AVENUE 10 #03-1988	
Address complement	- NO AVENUE 10 #03-1988	
Postcode	560553	
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 L. D.	-	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Calliai - Mais au	
Weather Conditions	Collision - Major/Minor Rd	
Road Surface	Clear	
	Dry	
OTHER INFORMATION		
Was and for the same of the sam		
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	
rias the univer been approached by linknown person(s)		
Soliciting/ollering accident claims assistance?	No	
Translator's name Translator's ID	-	
	-	
Translator's phone number	<u>-</u> 2	
Translator's email	-	
Original language used in the statement	-	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	N .	
Was notice of intended Prosecution given?	No	
If yes, against whom?	No	
	-	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
TEL SELVE EN TO SKETCH PLAN		
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	WITH OWNER	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number		O-61-AMPERIUM
Vehicle Manufacturer	SMF3358M	
Vehicle Model	•	
Vehicle Variant	Ε	
Vehicle Colour	-	
Vehicle Category		
Name of Driver	Private car	
	_	

Accident report SN08232D0002

Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Namo	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
(moldang bilver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	AARON QUEK TZE SENG (GUO ZICHENG) Male (Phone) +65-81988661
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLIGHT INJURY SNE1168B Yes No

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 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 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)

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
- (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
- (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.

Driver's Signature (if driveris not the policyholder) / Dale

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

Sketch Plan

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ation							

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

Poheyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	13/2/27 Assident Till 8:00 Am
Accident Place	: 15/2/27 Accident Time: 8:00 am (24-HR-FORMAT)
Vehicle Reg. No (Car plate No.)	. SNEIL68 B CC: 2500
Insurance Company	China Tairing Ball of DMNG 1867
Name of Registered Owner	: Company/Individual Aaron Gruk 721 SINg
ID of Registered Owner OWNER EMAIL ADDRESS: AAron Quek. GC G gmail. 120	: Co Reg No: Owner's NRIC No: S8528363D
DRIVER'S Name	: Co Contact No: Owner's Contact No: \$ 1988 66
DRIVER'S Date of Birth	DRIVER'S NRIC No:
Relationship bet. Owner & Driver	: 11 9 19 5 DRIVER'S License Pass Date 15/2/13 : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \ License \ Parents \ Children \ Sibling \ Employee \ Others: \ License \ Parents \ Children \ Sibling \ Employee \ Others: \ License \ Pass Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DRIVER'S Address	: 553 Any mo kio Are (0 #03-1985 5(510553)
DRIVER'S Contact No./ Alt No.	:1) 81988661 33
DRIVER'S Occupation	2)
Email Address	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only   Claim Other Party   Claim Own Insurance
Was the accident reported to the police Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the injuries)	ver):Name & Gender; ver YES \NO camera: YES \ NO being used at the time of accident: Private use \ Work purpose
Other F Vehicle Reg No: SMF 3358 M	Party Driver's Particulars (if any)
Vehicle Make\Model:	Vehicle Reg No:
Name DRIVER:	TARKE WYOUGH;
IC No. DRIVER:	
DRIVER'S Contact & add:	
	o contact & add;
WHO REPORTED THE ACCIDENT	HNDSE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER /	DRIVER / BOTH



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Hire Car

CERTIFICATE OF INSURANCE

MZ406L/B

SN

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)

AN0687B Cov. Type:C

CERTIFICATE No.

DMHCSNW00001902301

SNE1168B

Engine No.: 2ARJ200199

Index Mark and Registration

Cha. No.:AGH300214237

Number of Vehicle

AUTOSAFE

Name of Policy Holder

AARON QUEK TZE SENG (GUO ZICHENG)

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

Excess Sect 1.

\$\$1,250.00

Ordinance or Enactment

25/01/2023

Excess Sect. I (Outside Singapore)

\$\$2,500.00

4. Date of Expiry of Insurance

24/01/2024

Excess Sect. II Excess Sect.II (Outside Singapore).

\$\$1,250.00 \$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

AARON QUEK TZE SENG (GUO ZICHENG)

6. Limitations as to use:

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

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

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE 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

©63896111

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: CREDENCEL AGENCY PTE LTD Authorised Officer

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

₱6222 1033

www.sg.cntaiping.com