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# **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 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**

06/02/2023 20:56 (SGT) Date of Submission Reported by Date of Accident 05/02/2023 05:00 (SGT) Exact Location of Accident Singapore BUGIS + (OPPOSITE OPEN CARPARK) Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMU6668U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WEE HWEE KUAN NRIC No SXXXX298E **Email Address** clarence98@hotmail.com Mobile Phone No (Phone) +65-98881134 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer **BMW** Model 320i Variant ..... Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category

Transmission

Private use

No - Reporting only Private car

Auto 1997

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00041322200

DRIVER

Name of Driver CLARENCE NG JUN RONG NRIC No TXXXX707E Date Of Birth 27/05/2001 Occupation Indoor



Date Of Driving Pass	21/11/2020					
Driving experience	2 YEARS AND 3 MONTHS					
Gender	Male					
Mobile Number	(Phone) +65-98881134					
Alt. Phone Number	(Filotie) +03-98881134					
Email Address	clarence98@hotmail.com					
Address	524A TAMPINES CENTRAL 7					
Address complement	#02-51					
Postcode	521524					
Is the driver the policyholder?	No No					
If No, Relationship of the Driver with the Insured						
Does Driver Own Other Vehicles?	Relative No					
Vehicle Registration Number of Other Vehicle Owned by Driver	140					
verified region during of other verified by briver	-					
Insurance Company of Other Vehicle Owned by Driver	-					
GENERAL INFORMATION OF THE ACCIDENT						
Type of Accident	Hit and run / Vandalism / Damaged whilst parked					
Weather Conditions	Clear					
Road Surface	Dry					
OTHER INFORMATION						
Was any foreign vehicle involved in the accident?	No					
Number of vehicles involved in the accident	1					
Was anybody injured in the Accident?	No					
Was any injured conveyed to hospital by ambulance?	-					
Was any other vehicle or property damaged?	No					
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	<b>*</b>					
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 CIRCUMSTANCES OF ACCIDENT.						
ATTACHMENT(S)						
Are conident photos quallable for the horses						
Are accident photos available for attachment?	Yes					
Was there any video captured by Car Camera?	No					

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Pleas creport correctly the details of the accident to speed up the claims process.
- 2. This Firm must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as fruthful 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 alse 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 Singercore (SIA) for archiving and that copies of this report will for a fee be made available upon application by inferested parties.
- 7. By the odgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the reportising made available aforesaid.
- 8. Consert under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insider, 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 possesse City my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have issued 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 if certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall packages) tand/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 times, may/are permitted to collect, usa, 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/haw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

aure

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

Witnessed by Repurling Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan SMU 666 8 11

# SKETCHFLAN

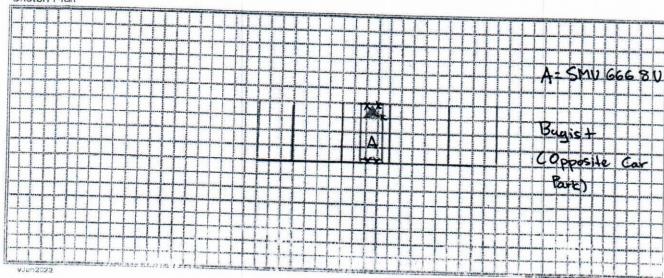
# IMPORTANT NOTICE

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- 2. This Firm 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.
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- (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 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.

	Quoe	taufikh
Policyholder's Signature / Date & Time	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		



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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 (Name as in NRIC/ID card)

# AGCIDENT STATEMENT

ACCIDENT DATE OS OR 2013 (DE	D/MM/YYY). TIME-( 05 : 00 ) (HH:MM)
LOCATION: Bugis + Copposi	ite open carpark)
1. DETAILS OF VEHICLE	
DIVEHICLE NUMBER: SMU6668	12
MINITIDALION	•
CIPOLICY IIII C	
CIPOLICY NUMBER: DMPCSNWC	20041322200
OF CHAIR COMPREHENSIVE	/ THIRD PARTY / TLYDD BADTY FIRE & THIRD
MYPEISALDON / COURT / MAY AV	AN / Comment
h)PURPOSE OF USING AT ACCIDENT	TTIME Personal
THE TOU CLAIMING LINDER YOUR	Olaret a toring
O. I LLOSE STATE ITHIRTY PARTY	CLAIM / REP.ORTINO ONLY
: TOULLY HOLDER	•
DINER CENTRAL	Kuan [MA)E / FEMALE
DINRIC/FIN/PASSPORT: S69092	age contract.
CIADDRESS: BIK 140 Bedok	North Street 2 #02-210
# COMMUNITOR SITE	
Lie of persongs DRIVER ALSO	POLICY HOLDER .
Induding distant all MAME Clarence No Jun	Paul
C. S DINGC/FIN/PASSPORT- 1011 7202	
CJADDRESS: 524 A Tampines	E CONTACT: 9888 1134 Central 7 HOZ-51 521524
"d) DATE OF BIRTH: (27/05/20	DD/MM/YYYY) .
E/OCCUPATION: (INDOOR / OTTO)	OP!
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5. GIWEATHER CONDITION: (CLOAR / R.A. b) ROAD SURFACE: (DIO / WET / OTHE	AINING / OTHERS
O WAS ANYRODY IN HIDE OF	CIO
/. GIREPORTED TO POLICE (YES / NOT	•
IF YES, PLEASE STATE WHICH POLICE	STATION-
8. THIRD PARTY VEHICLE	·
	MODEL:
eluding driver) b) DRIVER'S NAME	
c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
of passenger d) VEHICLE NUMBER:	MODEL:
ORIVER'S NAME	
HRIC/FIN/PASSPORT:	CONTAGT:
	***************************************
	i

Email = clarence 98 @ hotmail.com

VIDEO = -



Motor Private Car

MX1E

SN

Cov. Type:C

AN0699A

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.

DMPCSNW00041322200

Engine No.: A0660169N20B20B

1. Index Mark and Registration

Cha. No.:WBA3B12070F136114

Number of Vehicle

SMU6668U

**AUTOSAFE** 

Name of Policy Holder

WEE HWEE KUAN

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

01/03/2022 (00:00:00)

Named Drivers Ex Sect. I

\$\$950.00

Additional Ex Other than Named Drivers:

Date of Expiry of Insurance

28/02/2023

Ex Sect. I - Age <= 25

\$\$3,000.00

Ex Sect. I - Age >= 26 \* Age as at date of accident \$\$500.00

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

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 lpsses 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.: HENLY ENTERPRISES CO 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 Road Transport Act, 1987 (Malaysia).

Please see reverse

INSMART ENTERPRISE C/O NO. 1 KAKI BUKIT ROAD 1 For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

SINGAPORE 415934

TEL 6376 0222 FAX: 6271 7033

Issued By: INSMART ENTERPRISE

Authorised Officer

**Authorised Signatory** 

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) **1** 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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**6222 1033** 

www.sg.cntaiping.com