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SN08232K0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 20/02/2023 15:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (20/02/2023 15:19 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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

- 5. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of witholding of material facts may allow insurance companies to reputate 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	T STATEMENT	
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	20/02/2023 15:19 (SGT) Driver 17/02/2023 12:05 (SGT) Crawford St, Singapore TOWARDS KALLANG ROAD Singapore	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMS269M	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No CHUA CHEE HEONG SXXXX529E sshirlenes@hotmail.com (Phone) +65-97500304	
VEHICLE PARTICULARS		
Manufacturer Model 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 CC	Toyota LEXUS RX200T - Private use No - Claiming third party Private car Auto 1998	
INSURANCE COMPANY		
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00164442202	
DRIVER		
Name of Driver NRIC No Date Of Birth	SOON SAY LING, SHIRLENE SXXXX529E 18/11/1968	

18/11/1968

Indoor

Occupation

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	23/11/1990 32 YEARS AND 3 MONTHS Female (Phone) +65-90053101 - sshirlenes@hotmail.com 63 MARIAM WALK - 507124 No
Does Driver Own Other Vehicles?	Spouse 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	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's Phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?	No 2 No - Yes 2 No CHUA CHEE KIANG Male  No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
. LET TO SKETON FLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMD5926X -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	•
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and 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 Police for Investigation.
- 6. The 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.
- 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' law yers/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' law yers/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 law yers/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 (Indriver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Section Flam	
Kallana	y Road
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	H-1-84728211
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Describe Circumstances of the Accident	
On 17-02. 2023 at about 12:05pm. I was travelling	
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along Crawford street towards kallang Road - I was	
stationary due to the front traffic. Suddenly, vehicle B	
(SMD 5926x) hit my rear portion.	
	\$60.00 A
	CONTRACTOR OF THE

### Declaration

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

20/2/23 12.05pm

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

Witnessed by Reporting Centre

Personnel

Policyholder's Signature / Date & Time

Date of Accident	: 17.03. 13 Accident Time : 12:05 pm (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: Crawford street towards kallang Road
Vehicle No (Car Plate No)	: SMS J69 m Make/Model: Toyota Lexus
Insurance Company	: China Taiping Policy No: DMPCSNA 00164442202
Fleet Policy	: YES/QO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: CHUA (HEE HEONG (S6803529E)
Owner Contact No	: 9750 0304 Owner's HpCompany Tel
Driver Name / IC No	: Soon Say Ling, Shirlene
Driver's Date of Birth	: 18.11.1968Driver's License Pass Date: 23.11.1990
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	: 63 Mariam Walk Singapore 507124
Driver's Contact No	:1) 9005 3101 2)
Driver's Occupation	: (INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: Sshirlenes @ hotmail.com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	: Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: I driver I passenger
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use / Private Hire / Work Purpose : NO injwy
VEH B: SMD SGOG X (A) VEH C: VEH D: VEH E:	Name & Contact No:
*NEW - Passenger's Name & Gender	:
PAX	

CHUA CHER KURNER (M)

Maril



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

CERTIFICATE OF INSURANCE

AN0501A

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Mallaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNA00164442202

Engine No.: 8ARW199271

Index Mark and Registration

SMS269M

Cha. No.:JTJBAMCA002001863

Number of Vehicle

AUTOSAFE

2. Name of Policy Holder

CHUA CHEE HEONG

Named Drivers Ex Sect. I

\$\$750.00

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

13/07/2022 (00:00:00)

Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25

4. Date of Expiry of Insurance

12/07/2023

Ex Sect. I - Age >= 26

\$\$3,000.00 \$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN.

\$\$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.

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 \$\$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.: SGCARMART FINANCIAL SERVICES P/L AS HP OWNER

\* 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: Chua Suat Lay Sally **Authorised Officer** 

**Authorised Signatory**