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SN08232R0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/02/2023 12:01 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/02/2023 12:01 (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 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 insurance companies are contained by the insurance companies.

and that copies of this report will, for a fee, be made available upon application by int	ntre established by the General Insurance Association of Singapore (GIA) for archiving terested parties. g 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	27/02/2023 12:01 (SGT) Both Policyholder and Actual Driver 24/02/2023 19:00 (SGT) Dunbar Walk, Singapore - Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SLU4958H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address	No GN JIANSHENG NICHOLAS (YIN JIANSHENG) SXXXX344H pickelasan5000@gmail.com

is company?	No
Name Of Registered Owner	GN JIANSHENG NICHOLAS (YIN JIANSHENG)
NRIC No	SXXXX344H
Email Address	nicholasgn5090@gmail.com
Mobile Phone No	(Phone) +65-81804606
Alternative Phone No	-

VEH	CLE	PART	ICUL	ARS

Manufacturer Model	BMW 523i
Variant	<u>~</u>
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? Vehicle Category	No - Claiming third party Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.	
Policy Number / Cover Note Number	DMPCSNA00199702201	

DRIVER

N(D)	
Name of Driver	TAY SU FEN
NRIC No	SXXXX120I
Date Of Birth	15/03/1994
Occupation	Outdoor

Date Of Driving Pass	06/06/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81399362
Alt. Phone Number	CE
Email Address	tsuziefern@hotmail.com
Address	5 CLOVER AVENUE
Address complement	CELERATION IS
Postcode Is the driver the policyholder?	579294
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Spouse
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Terrible Neglectation Number of Other Verlicle Owned by Briver	_
Insurance Company of Other Vehicle Owned by Driver	:=
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	=
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s)	
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	~
PASSENGER 1	
Name	
Gender	WONG LIJUAN ABIGAIL
	Female
PASSENGER 2	
Name	LEE MELLYN BATRICIA
Gender	LEE MEI LYN PATRICIA Female
	remale
PASSENGER 3	
Name	WONG YI KAI NATHANIE
Gender	Female
	Totalo
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No.
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom:	-
CIDCHMOTANICES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
DI EACE DEFED TO OVETON DI 111	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
	490400.90

Accident report SN08232R0004

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM2010K
Vehicle Manufacturer	*
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

- Please report <u>corrective</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 withholding of material facts may allow
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

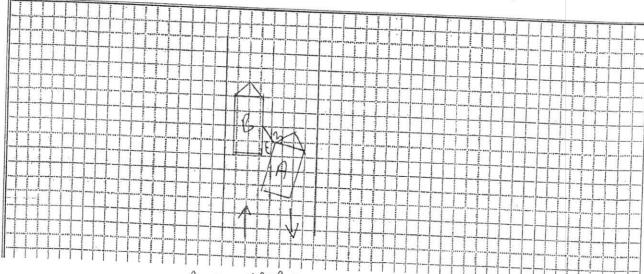
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



A: SLU 4958 H

Dunbar Walk

B: Smm 2010K.

Do the stated date and time. I was travelling along Dunbar Walk. The area was a landed estate and there were namy vehicles powking by the roadside. As vehicle B (Smm Zoro F) was blocking my path, I ensured that the read was clear before overtaking. I proceeded in a case manner. Enddenly, I felt an impact from the lett side of my vehicle. I stopped my vehicle and alighted. I then realised vehicle B (smm zorok) and opened the door without looking out for traffic which resulted in a collision with my vehicle.	Describe Circumstance of the Accident
Dunbay Walk. The area was a landed estate and there were many vehicles porking by the roadside. As vehicle B (Smm 2010 K) was blocking my path, I ensured that the road was clear before overtaking. I proceeded in a safe manner suddenly, I felt an impact from the left side of my vehicle. I stopped my vehicle and alighted. I then realised vehicle B (smm 2010 K) and opened the door without looking out for traffic which resulted	On the stated date and fine. I was travelling along
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the door without looking out for traffic which resulted	
in a collision with my valuele.	
	in a collision with my vehicle.

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

Witnessed by Reporting Centre Personnel

	Date of Accident	: 24 02 2023 Accident Time: (900 · (24-HR-FORMAT)	
	Accident Place	: Pundar Walk.	
	Vehicle Reg. No (Car plate No.)	CC: 2500. Vehicle Make/Model: BMW 523i	
	Insurance Company	: China Taiping Policy No. DMPC SNA 001997 02201	
	Name of Registered Owner	: Company / Individual AN JIANSHENG NICHOLAS.	
	ID of Registered Owner	: Co Reg No: Owner's NRIC No: 18918 344 4.	
Mi	cholas gr 5090 @ gmail - com	: Co Contact No: Owner's Contact No: 81804606	
	DRIVER'S Name	: Tay Su Fen. DRIVER'S NRIC No: 59409 1201.	
	DRIVER'S Date of Birth	: 15/03/1994 DRIVER'S License Pass Date 06/06/2019	
	Relationship bet. Owner & Driver	: Spouse Parents Children Sibling Employee Others:	
	DRIVER'S Address	: S. Clover Ave. 5(579294).	
	DRIVER'S Contact No./ Alt No.	:1) 8139 9362 2)	
	DRIVER'S Occupation	: INDOOR \OOTDOOR (eg. working inside or outside of an ofc)	
	Email Address	: tsuziefern @ hotmail . wm	
	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET	
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Income	
Number of Passengers (including Driver): 4. Name & Gender: Lee Mei Lyn Patricia (fenale) Was the accident reported to the police? YES NO Was there any video Captured by car camera: YES NO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Other Party Driver: Driver: Any injuries, if yes (name of the injured person)			
Other Party Driver's Particulars (if any)			
	Vehicle Reg No: SVMM LO (O K.	Vehicle Reg No.	
	Vehicle Make\Model:	Vehicle Make\Model:	
	Name DRIVER:	Name DRIVER:	
	IC No. DRIVER:		
	DRIVER'S Contact & add:		
	REPORT FORM EXPLAINED IN LENGTH	CHINESE / MALAY / TAMIL OTHERS:	
	WHO REPORTED THE ACCIDENT : OWNER	DRIVED LATE	
	TO TO LITE OF THE REAL PROPERTY OF THE REAL PROPERT	A DATA DE LOS ASSESSES ESTADOS DE LA CONTRACTOR DE LA CON	



中国太平保险 (新加坡) 有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN

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)

AN0624A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00199702201

Engine No.: 02877684N52B25AF Cha. No.:WBAFP32080C864102

Index Mark and Registration

SLU4958H

AUTOSAFE

Number of Vehicle Name of Policy Holder

Date of Expiry of Insurance

GN JIANSHENG NICHOLAS (YIN JIANSHENG)

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

23/09/2022

Named Drivers Ex Sect. I

S\$1,000.00

22/09/2023

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

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

Ex Sect. I - Age >= 26 * Age as at date of accident 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 losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HONG LEONG FINANCE 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

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Elise Lim Xin Yi Authorised 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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www.sg.cntaiping.com