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SN08233D0006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/03/2023 17:06 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/03/2023 17:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as truthed and acceptance as possible. Any fallowing 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/03/2023 17:06 (SGT) Both Policyholder and Actual Driver 12/03/2023 01:30 (SGT) TPE, Singapore AT THE PASIR RIS DR 8 EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL1737X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

HAN MING JIE SXXXX238A mingjie091@gmail.com (Phone) +65-84986275

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Honda Civic

Employment

No - Claiming third party Private hire

Auto 1595

INSURANCE COMPANY

Transmission

CC

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00001682300

DRIVER

Occupation

Name of Driver NRIC No Date Of Birth

HAN MING JIE SXXXX238A 02/09/1991 Outdoor



ate Of Driving Pass	11/05/2010
riving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986275
Alt. Phone Number	<u>.</u>
mail Address	mingjie091@gmail.com
Address	BLK 470 PASIR RIS DRIVE 6 #06-446
Address complement	
Postcode	510470
s the driver the policyholder?	Yes
f No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
/ehicle Registration Number of Other Vehicle Owned by Driver	
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
To a local deviation of the control	Collision - Head to Rear
Type of Accident	
Weather Conditions Road Surface	Clear
коаа Бипасе	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)	2
Has the driver been approached by unknown person(s)	<u>.</u>
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	MONICA RUTH S.BASSIG
Name	Female
Gender	Temale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230312/2045	
ATTACHMENT/S)	
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
AND THE PARTY OF T	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ6287G
Vehicle Manufacturer	•
Vehicle Model	72
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)	
rie. of Fasseriger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	HAN MING JIE Male (Phone) +65-84986275 SLIGHT INJURY SLL1737X Yes No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old	MONICA RUTH S.BASSIG Female (Phone) +65-96164574 -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLIGHT INJURY SLL1737X Yes No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised 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
- 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' 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' 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), w	which may be sited outside of S	ingapore, for one or more of the a	above Purposes.	3
Ji	Ju	10=50am 13.03.23	mur	1363/202
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is 8. Time AT 7 HR PASIR	28 DR. J EXT	Witnessed by Reportin Personnel	
			Azsll	
			BESNJ	62876

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Declaration

V/Ve declare the foregoing particulars are true in every respect.

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13.03.23

Policyhotder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Report No. T/20230312/2045

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999 REPORT OF A TRAFFIC ACCIDENT	. 9	Station Diary No.:
Date/Time Report Made:	Vide Report No.:	36
12/03/2023 14:59	The second second second	

12/03/2023				
Informant's Name of Int HAN MING	formant:	ars .	Address: APT BLK 470 PASIR RIS DRIV 510470	VE 6 #06-446 SINGAPORE
ID Type / II NRIC NO / Nationality:	S9130238	•	Contact No.: Home/Office: Email:	Mobile: 84986275
SINGAPOI Sex: Male	RE CITIZE Age: 31	Date of Birth: 02/09/1991	Type of Informant: Driver	Institution / School Name:
Race: Chinese Occupatio SELF-EM	n: PLOYED		Driving Licence Information: Class: 3	Date of Expiry:
			3.0	

eneral Inform	nation of the Accide	Drink	Date/Time of	Type of Location:
Type of Accident:	Injury Others	Drive:	Accident: 12/03/2023.01:30	Bend
Location:	XPRESSWAY			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow:		Traffic Control:	,	Traffic Volume: Light
Type of Collis Between Mo	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Details of V	NAME OF THE PARTY	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	A SECURE OF THE PROPERTY OF ASSESSED TO SECURE		IA/Inita	Slightly	1
SLL1737X	Car	HONDA	CIVIC 1.6 VTI CVT	White	Damaged	•
SNJ6287G	Car	MAZDA	71,00	Red	Slightly Damaged	0

Details of Vi	ehicle Insurance	Control of the second second second		Frair Doto
Vehicle No.	Insurance Company	Insurance No	Effective	15/02/2024
SLL1737X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000016 82300	16/02/2023	15/02/2024





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

3 of 3 Report No. T/20230312/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SGT 3 S EVA SHERRIENA BINTI	Signature Of Informant:
S AFFINDY	
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2023 14:59
0.00	•
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI TAY CHUN KEEN	*.
Contact No.: 65476436	
x*	
NP168	

Date of Accident	: $12 \cdot 03 \cdot 2023$ Accident Time : $01 = 30 \text{ km}$ (24-HR-Format)
Who reported the accident?	: Owner / Driver / Both
Accident Place	: TPE at the Pasir Ris Dr 8 exit
Vehicle No (Car Plate No)	: SLL 1737 X Make/Model: Honda avic 1.6
Insurance Company	: China Taiping Policy No: DMHCSNW 00001682300
Fleet Policy	: YES/NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: HAN MING JIE S9130238A
Owner Contact No	: 849 8 6275 Owner's Hp Company Tel
Driver Name / IC No	: As Above
Driver's Date of Birth	: 02-09-199 Driver's License Pass Date: 11-05-2010
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: O WNEY
Driver's Address	: APT BLK 470 PASIR RIS DRIVE 6# 06-446 S (51047)
Driver's Contact No	:1) 8498 6275 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: MINGJIE 091@ gmail - 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)	: 2 person (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 : Derson
Other Party Driver's Particular (if any)	
VEHB: SNJ 6287 G	
VEH C :	
VEH D :	Name & Contact No:
VEH E :	Name & Contact No:
*NEW - Passenger's Name & Gender:	

Monica Ruth S. Bassig (Female)

Ji



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

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)

MZ406L/B

SN

AN0567A Cov. Type:C

CERTIFICATE No.

DMHCSNW00001682300

Engine No.: R16B21601417

Cha. No.:MRHFC5650GT001118

1. Index Mark and Registration Number of Vehicle

SLL1737X

AUTOSAFE

HAN MING JIE

2. Name of Policy Holder

\$\$1,250.00

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment
 (00:00:00) 16/02/2023

Excess Sect. I (Outside Singapore)

Excess Sect I.

S\$2,500.00

Excess Sect. II

S\$1,250.00

4. Date of Expiry of Insurance

15/02/2024

Excess Sect.II (Outside Singapore).

\$\$2,500.00

EX ON WINDSCREEN .

\$\$100.00

5. 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

HAN MING JIE

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.

* 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: AUTOSHIELD PTE LTD Authorised Officer

Authorised Signatory

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

©6389 6111

₱6222 1033

@www.sg.cntaiping.com