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SN08233G0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/03/2023 10:38 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

VERSION: 1 (16/03/2023 10:38 (SGT))

Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Driver
 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

Date of Submission 16/03/2023 10:38 (SGT) Reported by Driver Date of Accident 15/03/2023 17:35 (SGT) **Exact Location of Accident** Kim Keat Link, Singapore Additional Location Information **CROSS JUNCTION** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1991

No - Claiming third party

Vehicle Registration Number **SLQ4940D**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM MING HWEE NRIC No SXXXX287B Email Address rachelybq@hotmail.com Mobile Phone No (Phone) +65-91255350 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00155332205

DRIVER

Name of Driver RACHAEL YONG BIQI NRIC No SXXXX560B Date Of Birth 23/05/1994 Occupation Indoor

Date Of Driving Pass 02/06/2015 Driving experience 7 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-98763415 Alt. Phone Number **Email Address** rachelybq@hotmail.com Address BLK 258 KIM KEAT AVENUE #13-36 Address complement Postcode 310258 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 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 SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBE1173C Vehicle Manufacturer Toyota

Dyna

Commercial vehicle

RAMAIAH SUBRAMANIAN

(Phone) +65-83994573

200	
Accident report	SN08233G0001

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

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

- 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 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)

Lunderstand, 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.

16/03/23

Policyholder's Signature / Date & Time 99.48 hrs

Driver's Signature (If driver is not the policyholder) / Date & Time 09.48 HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

KIM KERT LINK JUNCTION

Describe Circumstances of the Accident
ON IS (13/2023 & ABOUT 1735 HRS, I WAS DELVINGINKIM
KERT LINK, WHILE WAITING FOR ON COMING WEHLLE FROM
APPOSITE DECEMENT OF THE OF THE PARTY OF THE
THE WELL SUCKE
THE DEFICE COCCIDED TO THE LETT OF MY VEHICLE.
I WIGHTO STATE THAT MY CAR COMES WITH A PRONTLIP
(BRABUS) FOR AMG UNE FRONT BUMPER, HOWEVER IT WAS
VEGINA CRACKED HE LEK THE COLLISION. I HAVE WENDERED TO
PICK UP A SMALL PCS AS A PROOF.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 09.48 hrs

Driver's Signature (If driver is not the policyholder) / Date & Time 09.48 HRS

Witnessed by Reporting Centre Personnel

Date of Accident	15/03/2023 Accident Time: 1735/13 (24-HR-Format)		
Accident Place	KIM KEAT LINK CROSS JUNCTION		
Vehicle. No. (Car Plate No.)	SLQ49400 Make/Model: MERCEDES CZDO		
Insurace Company	:CHINATAIPINA Policy No: DMPCSN ADD15623		
Owner or Company Name /IC No.	LIM MING HWEE (892282878)		
Owner or Company Contact No.	Owner's Hp 9 1255350 Company Tel		
DRIVER'S Name / IC No.	RACHAEL YONGBIQI (89418560B)		
DRIVER'S Date Of Birth	3/05/1994 DRIVER'S License Pass Date 02/06/2015		
Relationship of Owner & Driver	Spouse Parents \ Children \ Sibling \ Employee\ Others:		
DRIVER'S Address	BLK 258 KIM KEAT DIE HIZ-26		
DRIVER'S Contact No./ Alt No.	SPORE 310258 2) 98763415		
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)		
Email Address	: rachelybarehotmail.com		
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET		
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance		
Number of Passengers (Including Dr			
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of and I mile		
Other Pa	arty Driver's Particular (if any)		
Vehicle. No: GBE11730			
Vehicle Make\Model: TOYOTA C	Vehicle Make\Model:		
Name Driver: RAM AVAH SUBRAMANIAN Name Driver:			
IC No. Driver/Contact: 839945	73 IC No. Driver/Contact:		

^{*} NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private 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 (Malaysie)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E

SN

DR0555P

Cov. Type:C

CERTIFICATE No.

DMPCSNA00155332205

Engine No.: 27492030966730

Cha. No.:WDD2050422R277862

Index Mark and Registration

Number of Vehicle

SLQ4940D

AUTOSAFE

2. Name of Policy Holder

LIM MING HWEE

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

12/07/2022

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

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

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

Date of Expiry of Insurance

11/07/2023

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. Ose for social, correstic 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. Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK 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: Yeo Kok Wei Joel Authorised Officer

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com