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SN08233N0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 23/03/2023 12:07 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (23/03/2023 12:07 (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 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 23/03/2023 12:07 (SGT) Reported by **Actual Driver** 22/03/2023 14:50 (SGT) Date of Accident **Exact Location of Accident** Sin Ming Rd, Singapore SLIP ROAD TOWARDS MARYMOUNT Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car Auto

1998

SMD68E Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? **LEOW LI PENG** Name Of Registered Owner SXXXX026Z NRIC No leowcas@yahoo.com.sg **Email Address** (Phone) +65-90071468 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Mazda Manufacturer Biante Model Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00216252203

DRIVER

Name of Driver LIAW BOCK CHUAN NRIC No SXXXX562F 23/09/1959 Date Of Birth Occupation Indoor

Date Of Driving Pass	16/03/1987
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-90071468
Alt. Phone Number	
Email Address	leowcas@yahoo.com.sg
Address	BLK 453 HOUGANG AVENUE 10 #09-587
Address complement	-
Postcode	530453
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	
GENERAL INFORMATION OF THE AGGIDENT	
	AL 200 AT 1 AND A 1 AN
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Noda Gariaco	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
was any loreign verticle involved in the decident	2
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	_
Translator's ID	
Translator's phone number	
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
DETAILS OF TOLICE NOTION	
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
True troite any true supraise any	
CETAL COLOTUS	TO VEHICLE PROPERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJH4696E
Vehicle Manufacturer	
	15.
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	TAN WEI PENG
NDIC No	SXXXX969G

SXXXX969G

NRIC No

Contact Number	(Phone) +65-96954968
Address	.2*
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.
- 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 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 false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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' 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

& Time

Sketch Plan

SIM MINU ROAD SUP GOAD TOWARDS MARY MOUNT

Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)

(Name as in NRIC/ID card)

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

(Name as in NRIC/ID card)

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

(Name as in NRIC/ID card)

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

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Describe Circumstance of the Accident	
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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 & Time

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



Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 32 / 03 / 23 (dd/mm/yy) Time of Accident: 14 : 50 (24-HR-FORMAT) Vehicle Make & Model: ____ *Transmission : o Manual Exact location of Accident: Sin Ming Road (Slip Road) Marymount

Policyholder's Name: Leow Li Peng NRIC/FIN/REG No.: 57202016 Z *Policyholder's email address: | eowcas@yahov. Con. sq. Driver's Name: Llaw Bock Chuan *Driver's email address :____ Driver's Contact No.: 90071468 Company Contact No (If any): Date of birth: 33 9 59 Driving Pass Date: 16 3 87 Driver's Address: BLK 453 Hougang Ave 10 #09-587 (530453) Insurance Company: China Taiping Policy No.: DMPCSHADOJI6 252303 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft Relationship between Owner & Driver: (Please CIRCLE one only) Owner /Spouse / Children / Friend (Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) o Own Insurance / o Other Vehicle (The one you want to claim against)/ o Reporting (For Record Purpose) Tyce of Accident o Chain Collision o Read To Rear o Side Swipe o Other_____ Occupation (nature job) (Indoor/ o Outdoor *No. of Passengers / Including Driver): *Passenger Name: ___ Gender: Male / Female *Passenger Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) oClear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / q No Any Injuries: o Yes / o No (If YES) Injured Person' Name: Injured Person in Which Vehicle: _____ Any injured conveyed to hospital by ambulance? : o Yes o No Police Report field: o Yes / o No (If YES) Which Police Station: __ The Other Party (S) Details: 1. Driver's Name/IC No: Tan Wei Peng (584)59696 Vehicle No: 5JH 4696 F Driver's Contact No: 96954968 Insurance Company : ____ *No. of Passenger/(including Driver) : __ (If policyholder is not sure or did not check, please state so in the description portion of the report) 2. Driver's Name / IC No (if Any): _______ Vehicle No: ____ Driver's Contact No: Insurance Company : _____ *No. of Passenger/(including Driver) : ___ (If policyholder is not sure or did not check, please state so in the description portion of the report) *Independent Witness (If Any): ______ Contact No: ____



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

MX1F

AN0411A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00216252203

Engine No.: PE30803188

Cha. No.: JM6CC1071G0108698

1. Index Mark and Registration

Number of Vehicle

SMD68E

AUTOSAFE

2. Name of Policy Holder

LEOW LI PENG

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

27/09/2022

(00:00:00)

Additional Ex Other than Named Drivers:

\$\$3,000.00

4. Date of Expiry of Insurance

26/09/2023

Ex Sect. I - Age >= 26 * Age as at date of accident EX ON WINDSCREEN .

Named Drivers Ex Sect. I

Ex Sect. I - Age <= 25

\$\$500.00 S\$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 Vehicle.

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 S\$500 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.: HONG LEONG FINANCE LTD 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: 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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6222 1033

www.sg.cntaiping.com